

FOODSERVICE PLAN REVIEW

Application Requirements & Guidelines

The Bethel Health Department is concerned about your time and expense in building or remodeling a foodservice establishment. We would like to make the plan review process as quick and trouble free as possible. To help assure a timely review process, please read and follow the Plan Review Guidelines attached. Failure to submit complete and required information will cost you time and may result in additional fees and delays.

This application is your checklist of everything you will need to submit to us to insure a timely approval.





BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street
Bethel, CT 06801 - (203) 794-8539

Submit with this application:

- *1. **CFPM certificates for all new CFPM staff**
- 2. **A current copy of your menu**

Application # _____
 Licensing Year _____
 Date _____

FOOD ESTABLISHMENT LICENSE APPLICATION

Pursuant to the Code of the Ordinances of the Town of Bethel and the State Public Health Code, application is hereby made for a license to operate a food establishment in the Town of Bethel. By this application, it is hereby agreed that the food establishment will comply with the provisions of these regulations. *Licenses are not transferable.*

Check One:	Amt. Due	Amount Pd	Cash/Ck#	Receipt #
<input type="checkbox"/> 213.1 Yearly License Renewal (Class 1)	\$175.00	_____	_____	_____
<input type="checkbox"/> 213.2 Yearly License Renewal (Class 2)	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.3 Yearly License Renewal (Class 3)	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.4 Yearly License Renewal (Class 4)	\$375.00	_____	_____	_____
<input type="checkbox"/> 212.1 New business/Change of Owner (Class 1)	\$175.00	_____	_____	_____
<input type="checkbox"/> 213.2 New business/Change of Owner (Class 2)	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.3 New business/Change of Owner (Class 3)	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.4 New business/Change of Owner (Class 4)	\$375.00	_____	_____	_____
<input type="checkbox"/> 215 Reinspection Fee	\$ 75.00	_____	_____	_____

Name of Business _____

Location of Business (Street #) _____ (Street) _____

Business Phone _____ Business Fax: _____ Cell Phone: _____

Email Address _____

24 Hr. Emergency Contact Name (**REQUIRED**) _____ Phone _____

Type of Business: Restaurant Market/Grocery Store Deli/Convenience Store Caterer
 Vendor Corporate Cafeteria School/ Day Care Health Care Institute Other

(If partnership or more than one owner, please submit a list of all names, titles, home addresses and home phone numbers.)

Home Address (No PO Boxes) _____

Home Phone _____

Certified Food Protection Manager (CFPM) _____ Cert.# _____

*Alternate CFPM _____ Cert.# _____

Person In Charge: _____

Please submit a copy of the CFPM certificates for your CFPM, Alternate CFPM and all other CFPMs on staff with this application

Check All Applicable Boxes

Water: public well not applicable
Sewage Disposal: sewer septic system not applicable
Grease Trap: internal external heat assisted not applicable
Liquor Served: yes no (If yes, please submit a copy of liquor license.)
Seating Capacity: _____

Hours of operation: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____
Example: Mon: 11-9 Tues 11-9 Wed 11-9 Thu 11-9 Fri 11-10 Sat 11-10 Sun closed

Note: Establishments on private water supply wells must submit a complete water analysis report from a state certified laboratory prior to the issuance of an annual license.

Signature of Licensee _____ **Date** _____

Prior to submitting this application to the Health Department, it must be approved by the office of the Tax Collector. APPLICATIONS RECEIVED WITHOUT THIS APPROVAL WILL NOT BE ACCEPTED.

Approved: _____
 Tax Collector

Date: _____

Licenses are issued after Tax Collector approval.



The following information is required when the business is owned by a partnership or Corporation. Please complete the necessary information for each partner.

Name of Business: _____

Business Partners:

Name (emergency person – 24 hr. availability) _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of Licensee _____ Date _____

Name _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of Licensee _____ Date _____

Name _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of Licensee _____ Date _____

Name _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of Licensee _____ Date _____

Name _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of Licensee _____ Date _____



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street,
Bethel, Connecticut 06801
(203) 794-8539

APPLICATION FOR INSTALLATION OF A COMMERCIAL KITCHEN VENTILATION HOOD

NEW INSTALLATION

REPLACEMENT

Food Establishment _____

Address _____

Fabricator/Manufacturer of Hood* _____

Address _____

City _____ State _____ Zip _____ Phone _____

*If fabricator is custom building unit detailed plans and installation instructions are required. If using production model, manufacturer's name, address, model number, spec sheets and installation instructions are required.

I hereby certify that I will conform with the following requirements:

1. The hood and ventilation system shall be stainless steel, will meet NFPA Standard #96 and will be NSF listed and approved by the building department.
2. The wall behind the cooking equipment will be covered with stainless steel and shall extend from the hood to the floor in a manor that will prevent grease build up and facilitate cleaning.
3. Detailed plans shall be submitted to the Health Department, the Building Department and the Fire Marshall for approvals prior to the start of construction.
4. Any additions, deletions or modifications to the plans shall be submitted to the above offices for approval prior to making changes.
5. The Health Department reserves the right to require modifications should unexpected conditions arise.
6. The exhaust system shall be installed in accordance with the manufacture's instructions or the building or fire codes, whichever is most restrictive.

Signature of Contractor _____ Date _____

Business Name _____ Contact Name _____

Business Address _____ Telephone _____



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street,
Bethel, Connecticut 06801
(203) 794-8539

To: The Department of Liquor Control
165 Capitol Avenue
Hartford, CT 06106

I certify that:

Name of Permittee

Name of Establishment

Street

Town

complied with the requirements of the State Public Health Code of places dispensing food and beverages at the time of inspection.

Date

Signature of Director of Health
or Authorized Agent

PLAN REVIEW GUIDELINES

1. Plans must be complete, to scale ($\frac{1}{4}$ inch = 1 foot), and must include the following:
 - a. A sample menu.
 - b. Name, seal and signature of architect who did plans (if applicable) and date of plan.
 - c. Equipment layout.
 - d. Equipment list by manufacturer and model number.
**All equipment must be NSF approved or equivalent.
Use of non-commercial equipment is prohibited.**
 - e. Manufacturers equipment specification sheets (cut sheets).
 - f. Mechanical diagrams, including plumbing, electrical, heating and ventilation.
 - g. Interior finish schedule.
2. Fill out application for plan review and include application fee Initial Plan Review: Class 1 (\$150) Class 2 (\$200) Class 3 (\$300) Class 4 (\$300) Revised Plan Review: (\$100.00) made payable to the '**Town of Bethel**'.
3. You will be notified in writing after your plans are reviewed and approved.
4. **Required inspections:**
 - a. After plumbing roughed in.
 - b. After wall, floor and ceiling finishes are in.
 - c. After hood is installed.
 - d. After equipment is installed and establishment is ready to open.
5. **DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN CONSENT FROM THIS OFFICE.**
6. A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.
7. A pre-operational inspection must be conducted by this office and a license obtained before you can open for business.
8. Sign-off on a liquor permit will not occur until after the pre-operational inspection.

If there are any equipment changes, building modifications, etc. after the original plans have been approved, you must notify us for our approval.

Thank you for your cooperation.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Information accompanying the plan shall include: the proposed menu, seating capacity, projected daily meal volume for food service operations.
3. The plan shall show the location and when requested elevated drawings of all food service equipment. **Each piece of equipment shall be clearly labeled on the plan with a number that will be the same on the plan, on the schedule/list of equipment and on the each spec sheet that will be submitted with the plan.**
4. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate hand washing facilities used for no other purpose shall be designated for each toilet room and in the immediate area of food preparation, food dispensing, and utensil washing.
7. The plan layout shall contain room size, space between and behind equipment and placement of the equipment on the floor.
8. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.
9. The plan and specifications shall also include:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room to include floors, walls, ceilings and covered juncture bases;
 - c. Plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead waste waterlines, hot water generating equipment with capacity and recovery rate, back flow prevention, waste water line connections;
 - d. Lighting schedule with protectors;
Food contact surfaces = 50 foot candles (540 lux)
All other areas = 20 foot candles (220 lux)
During periods of cleaning = 10 foot candles (110 lux)

- e. Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment;
- f. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that state and local regulations are to be complied with;
- g. A color-coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service)
 - food and dishes (portioning, transport, service)
 - dishes (clean, soiled, cleaning, storage)
 - utensil (storage, use, cleaning)
 - trash and garbage (service area, holding, storage)
- h. Ventilation schedule for each room;
- i. A mop sink with facilities for hanging wet mops;
- j. Garbage can washing area/facility;
- k. Cabinets for storing toxic chemicals;
- l. Dressing rooms, locker areas, employee rest areas and/or coat rack as required;
- m. Completed checklist;
- n. Site plan (plot plan).

FOOD PREPARATION REVIEW

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

	<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1.	Thin meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
2.	Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
3.	Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hot processed foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Other: _____		

* A generic HACCP plan for each category of food should be obtained for reference from the health department.

PLEASE CHECK / ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F (5°C) and below? Yes No

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Yes No
 If yes, how will cross-contamination be prevented? _____

3. Does each refrigerator/freezer have a thermometer? Yes No
 Number of refrigeration units: _____
 Number of freezer units: _____

4. Is there a bulk ice machine available? Yes No

THAWING:

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water Less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen (indicate wt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOKING:

1. Will food product thermometers (0 - 212°F) be used to measure final cooking reheating temperatures of PHF's? Yes No

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roast	130°F	121 minutes
seafood	145°F	15 seconds
pork	155°F	15 seconds
eggs	145°F	15 seconds
comminuted meats	155°F	15 seconds
poultry	165°F	15 seconds
other PHF's	145°F	15 seconds
* reheated PHF's	165°F	15 seconds

2. List type of cooking equipment: _____

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140°F (60°C) and above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) and below during holding for service? Indicate type and number of cold holding units.

COOLING:

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARATION:

1. Please list categories of food prepared more than 12 hours in advance of service.

2. Will employees be trained in good food sanitation practices using a certified food service sanitation course? Yes No

Name of course _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods? Yes No

4. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No
Please describe briefly: _____

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?
Chemical Type: _____
Concentration: _____
Test Kit: Yes No
6. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

7. Will all produce be washed prior to use? Yes No
Is there an approved location used for washing produce? Yes No
8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

9. Provide a HACCP plan for each category of vacuum packaged food item.

FINISH SURFACES REVIEW

I FLOORS

Floors must be smooth, impervious, non-absorbent, easily cleanable and commercial grade. Quarry tile, commercial vinyl tile or a seamless poured epoxy floor is acceptable.

II WALLS

Walls must be smooth, impervious, non-absorbent, light colored and easily cleanable. All food prep, warewashing or other areas subject to abuse or splashing must be either FRP (Fiberglass Reinforced Polyester), ceramic tile, commercial marble or stainless steel. Exposed waterlines, waste lines, gas lines or conduits are prohibited.

A 4-inch cove molding must be supplied on all walls. Indicate type of coving:

- vinyl base quarry tile base

III CEILINGS

Ceilings must be smooth, impervious, non-absorbent and easily cleanable. Painted sheetrock or vinyl faces suspended ceiling tiles are acceptable. Porous tiles are acceptable only in customer seating areas. Exposed waterlines, waste lines, gas lines or conduits are prohibited.

		Material	Finish	Color	<input type="checkbox"/>
Kitchen	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Prep Area	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Warewashing	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Storage Rooms	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Restrooms	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Bar	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Locker Room	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>

IV DOORS AND WINDOWS

All doors and windows must be tight fitting to exclude the entrance of insects and rodents. Doors and drive-thru windows must be self-closing. Screening material shall not be less than 16 mesh to the inch.

- Windows that open: screened self-closing
- Outside doors: screened self-closing

V LIGHTING

50-foot candles of light must be provided on all working surfaces and equipment in food preparation, food storage, utensil washing and hand washing areas.

20-foot candles of light must be provided in toilet rooms measured at a distance of 30 inches from the floor.

Protective shielding must be provided for all light fixtures in food and clean equipment areas. Shatterproof bulbs such as "tuff-skin" or "shat-r-shield" may be used in place of plastic shields.

VI VENTILATION

Ventilation must be adequate so that all areas are kept reasonably free from excessive heat, steam, condensation, vapors, fumes or objectionable odors. Exhaust hoods must be designed to prevent grease or condensate from dripping into the food and the filters or baffles must be readily removed for cleaning. Make-up air must be of adequate size, design and properly located. Fire protection equipment must be installed so that it does not create a cleaning problem or compromise the integrity of the original hood design. Intake air ducts must be designed and located to prevent the

Hoods shall meet National Fire Protection Act Standard #96, be constructed of stainless steel, and shall be NSF approved.

Cubic feet of air per minute exhausted through hood _____

Cubic feet per minute of make-up air _____

VII TOILET FACILITIES

Toilet facilities available to the public and employees are required. (Check with the Building Official to confirm restroom requirements for your food service establishment.)

Facilities must be available to the public without passing through the kitchen.

Must be located within 500 feet if facility is located in multi-purpose building.

of water closets for Men _____ Women _____
of lavatories for Men _____ Women _____
of urinals _____

- Toilet facilities must be available and accessible all times establishment open.
- Sanitary napkin receptacles must be provided in female restrooms.
(covered waste container)
- Restrooms vented to outside by mechanical fan.
- Restrooms must have self-closing doors.

VIII HANDWASHING FACILITIES

- Handwashing facilities shall be provided for each food preparation area, food dispensing area, utensil washing area, and toilet rooms.
- All handwashing facilities provided with hot and cold water under pressure.
- Each hand washing station provided with liquid soap dispenser and appropriate hand drying
 - paper towels
 - electric dryer
- Faucet type to be used _____
- Note:** Any self-closing or metering faucet must be capable of providing a flow of water for at least 15 seconds.

IX FOOD PREP SINK

- All raw fruits and vegetables shall be washed thoroughly before being cooked or served. A separate sloped backsplash sink shall be provided for these food preparations.

X CHEMICAL STORAGE

- All toxic materials including cleaning compounds, pesticides, sanitizers, etc. must be stored in an area away from food preparation, and in a locked cabinet.
- Location _____

XI CLEANING EQUIPMENT STORAGE

- Cleaning equipment (mops, brooms, etc.) shall be stored in a room completely separate from food storage or prep, utensil storage areas or utensil washing.
- Slop sink with backflow preventer provided.

XII DRESSING ROOMS

- Are separate dressing rooms provided? yes no
- Are lockers provided? yes no
- If not, describe storage facilities for employees' personal belongings (purse, coat, shoes, etc.) _____

XIII LAUNDRY FACILITIES

Are laundry facilities located on premises? yes no
If yes, what will be laundered? _____
Washing Machine yes no
Dryer yes no
Location of clean linen _____
Location of dirty linen _____

XIV GARBAGE AND REFUSE

Interior

Will refuse be stored inside? yes no
If so, where _____
Is there a garbage can cleaning sink or area yes no

Exterior

Will dumpster be used? yes no
Number _____ Size _____
Frequency or pick up _____
Contractor _____

Will a compactor be used? yes no
Number _____ Size _____
Frequency of pick up _____
Contractor _____

Note: Dumpsters must be on concrete pad construction and screened or fenced from view. See Process and Guidelines to be followed for Food Service Plan Reviews. All dumpsters and compactors must be leak proof and have tight fitting lids.

Will garbage cans be stored outside? yes no
Describe surface and location where dumpster / compactor / cans are to be stored

Type and location of grease storage receptacle _____

Is there an area to store recycled containers? yes no
Describe _____

XV DISHWASHING FACILITIES

The **Building Department** requires detailed information on the use of the sinks noted on plans to determine what plumbing connections are necessary

A 3-compartment sink must be provided with compartments that are large enough to submerge the largest piece of equipment used.

Size of each compartment: L _____ W _____ D _____

Drain board at least 24 inches provided at each end of sink. Wall mounted drain shelving may be substituted. (Wire shelves over sink.)

Will a dishwasher be used? yes no

NSF Approved yes no

Make _____ Model _____

Type of machine high temp chemical

Hot water requirements: _____ gallons per hour of _____ degree F water.

Booster Heater: Make _____ Model _____

Indirect waste line provided: yes no Ventilation required: yes no

XVI HOT WATER SUPPLY

Hot water heater: Make _____ Model _____

Fuel Type oil gas electric Size _____ gallons

Hot water requirements of establishment are _____ gallons per hour, based on usage requirements of all fixtures.

XVII GREASE TRAPS

Applicants are required to plan for the construction of a grease trap/interceptor in accordance with the treatment requirements of the Water Pollution Control Authorities. Information is available through the WPCA and the Building Department.

XVIII EQUIPMENT – DESIGN, CONSTRUCTION, INSTALLATION

All foodservice equipment and utensils must be NSF approved or equivalent

Deli case refrigerators must meet CRMA standards

Equipment including ice machines and ice storage equipment shall not be located under exposed sewer lines, waste lines or other sources of contamination.

Equipment used for food preparation or storage shall be installed so as to facilitate cleaning around and beneath each unit.

For all floor mounted equipment, the space between adjoining units, and between a unit and a wall must be either closed or sealed if exposed to seepage, or sufficient space provided to facilitate easy cleaning between, behind and beside equipment.

Equipment, which is placed on tables or counters, must either be readily moveable, sealed thereto, or mounted on legs at least 4 inches high to facilitate easy cleaning.

Cooking equipment (ranges, stoves, fryolators, etc.) shall be mounted on lockable castors and supplied with a flexible reinforced AGA listed Z21.69-97 gas connection hose. Spacing requirements listed below are not applicable in this instance.

Floor mounted cooking equipment, which is not able to be mounted on castors, must be installed on and sealed to a non-absorbent masonry pad having a minimum thickness of 6 inches.

Space Requirements:

If equipment is less than 24 inches wide, the space between equipment and wall must be at least 6 inches.

If equipment is more than 24 inches but less than 72 inches wide, the space between equipment and wall must be at least 12 inches.

If equipment is more than 72 inches wide, the space between equipment and wall must be at least 18 inches.

XIX REFRIGERATION AND FREEZER STORAGE

WALK IN REFRIGERATORS

WALK IN FREEZERS

Floors	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Ceilings	_____	_____	_____	_____
Size	_____	_____	_____	_____

Interior finishes must be smooth, non-absorbent and easily cleanable.

Floors can be pre-fabricated from manufacturer or may be quarry tile.

A floor drain must be provided in the walk-in refrigerator with the floors pitched to the drain. If this is not possible, a drain must be provided immediately outside the walk-in door.

REACH-IN REFRIGERATORS AND FREEZERS

of refrigerators _____ capacity _____ cubic feet

of freezers _____ capacity _____ cubic feet

Thermometers must be provided in all refrigeration units in a location where they can be seen easily.

XX FACILITIES TO PROTECT FOOD

All utensils and equipment must be stored at least 12 inches off the floor, and must be clean, dry and protected from splash and dust.

Hot holding units must be capable of maintaining food at an internal temperature of 140 degrees F or above, during display, service or holding periods.

If food is transported to another location off premises, food must be protected from contamination and held at proper holding temperatures. List equipment and procedures:

Appropriate thermometers required to monitor temperatures.

Are you having a salad bar? yes no

Type of foods: cold hot

Method of keeping foods cold: ice electric cold plate

Method of keeping hot food: _____

Permanent drain installed yes no

Adequate sneeze guards provided

Are frozen deserts being portioned and dispensed? yes no

Running water dipper provided? yes no

Separate food preparation area provided for Sushi bar?
 yes no not applicable

XXI DRY STORAGE

The dry storage space required depends on menu, number of meals, quantity purchased and frequency of delivery.

Room free of overhead sewer and waste line pipes.

Adequate metal shelving provided. (Bottom shelves 12 inches above floor.)

Adequate metal or durable dunnage racks provided.

Adequate food containers with tight fitting covers and dollies provided.
Food dispensing scoops provided.

XXII PLUMBING AND CROSS CONNECTION CONTROL

You must hire a professional plumber with permits issued through the Building Department. Plumbing code regulations must be adhered to.

The Building department requires detailed information on use of the sinks noted on plans to determine what plumbing connections are necessary.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval.

Signature(s):

_____ owner(s) or responsible representative(s)

Date: _____

I have provided/will provide the plumbing contractor with the information on pages 20-22.

Signed: _____

Date: _____

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.