

Chatham Health District Food Plan Review Application



ALL ITEMS MUST BE RECEIVED BY CHATHAM HEALTH INCLUDING PAYMENT BEFORE A REVIEW WILL BE CONDUCTED

TYPE OF APPLICATION: <input type="checkbox"/> New \$200 <input type="checkbox"/> Renovation/Remodel \$200 <input type="checkbox"/> Change of Ownership \$200		PROJECTED START DATE: _____ PROJECTED COMPLETION DATE: _____	
TYPE OF FOOD OPERATION (Select All That Apply): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Grocery <input type="checkbox"/> Convenience Store <input type="checkbox"/> Bakery ¹ <input type="checkbox"/> Bar ¹ <input type="checkbox"/> Alcohol Production ¹ (Brewery/Winery/Distillery) <input type="checkbox"/> Daycare Center ² <input type="checkbox"/> Long Term Care <input type="checkbox"/> School <input type="checkbox"/> Soft Serve Ice Cream ¹ <input type="checkbox"/> Other: _____			
CLASSIFICATION <input type="checkbox"/> Class I <input type="checkbox"/> Class II ³ <input type="checkbox"/> Class III ³ <input type="checkbox"/> Class IV ³ (Descriptions Page 3)			
OPERATIONAL PERIOD <input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal (Less than 6 Months per Calendar Year)			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment: _____			
Establishment Address: _____	Town: _____	ZIP: _____	
OWNERSHIP INFORMATION			
Name of Owner: _____			
Address: _____	Town/City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
APPLICANT INFORMATION (e.g., ARCHITECT/ENGINEER/OWNER/OTHER)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____	Town/City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
FOOD OPERATION INFORMATION			
Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Restaurant Seating Capacity # Of Indoor Seats: _____ # Of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Other: _____	Maximum number of meals <input type="checkbox"/> Breakfast ____ <input type="checkbox"/> Lunch ____ <input type="checkbox"/> Dinner ____ Public Restrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No

The following documents must also be submitted along with this application:

- Menu or complete list of food and beverages to be offered (**HACCP plans may be required**).
- Specification sheets for all equipment (recommended NSF/UL commercial grade equipment)
- Floor plans clearly drawn to scale (minimum 11 x 14 inches in size) which includes:
 - Floor plan-Food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Outside equipment (dumpsters, well, septic system, grease trap-if applicable).
 - All equipment-Provide specification sheets and clearly number/cross-key locate on floor plan
 - Sinks-handwashing, ware washing, food preparation, dump, and mop sinks.
 - Plumbing layout-sewer lines, cleanouts, floor drains, floor sinks, vents, automatic grease recovery unit or grease interceptor tank, hot and cold water lines, and sanitary sewer.
 - Exhaust ventilation layout-hood and make-up air returns and ducts, if applicable.
 - Finish schedule-floor, coved base, wall, and ceilings for all areas (see Finish Schedule Pages).
 - Color-coded flow chart-food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).

Class I- (Most Coffee, Ice Cream Shops, Gas Stations, and Taprooms with limited food) Prepackaged food that is not Time and Temperature Controlled for Safety (TCS requiring hot or cold holding), commercially prepackaged and fully cooked food that is TCS and either cold-held or heated for hot holding, but not cooled and preparation of non-TCS foods

Class II- (Most Non-Cooling Fast Food) Preparation of limited menu TCS food that is served immediately, cold-held or hot-held for an unspecified length of time. No cooling of TCS foods allowed and no highly susceptible populations or special processes.

Class III (Most Restaurants with cooling) Preparation of an extensive menu of TCS food involving complex processes including cooking, cooling, reheating for hot holding, and handling of raw ingredients. Does not include highly susceptible populations

Class IV-Highly susceptible populations (hospitals, long-term care, preschools providing food, child and adult daycare), and special processes (acidification, smoking, curing, reduced oxygen packaging, sprouting seeds, etc.).

Note: Current Certified Food Protection Managers Certificate (Required for Class II-IV)

¹CT Department of Consumer Protect Approval and Permit Required <https://portal.ct.gov/dcp>

²CT Office of Early Childhood Review and Approval Required <https://portal.ct.gov/oec>

³Requires a current Certified Food Protection Manager <https://portal.ct.gov/DPH/Food-Protection-Program/Main-Page>

Signature:	Date:
Print Name:	Title:

OFFICE USE ONLY

Date Received:	Payment Received Date:	Reviewer:
Date Approved:	Further Review Required:	Reviewer Signature:
Cash:	Check:	Credit Card:

FOOD (2022 FDA CODE CHAPTER 3)

FOOD SOURCES (2022 FDA FOOD CODE §3-201 to 3-203, 3-603, 3-801)

1. Food from approved sources (no home prepared food, foraged mushrooms, non-commercial fish, etc)? Yes No
 - a. **Provide all food sources with the attached menu**
2. Consumer Advisory (reminder and disclosure) is provided for all animal foods that are raw, undercooked, or not otherwise processed to eliminate pathogens (§3-603)? Yes No N/A
3. Shellfish shall meet the commercial source and labeling requirements of §3-201.15, §3-202.18 & §3-203.12? Yes No N/A
4. Prepackaged juice shall be pasteurized and/or complies with §3-202.110? Yes No N/A
5. High Risk Populations serving unpasteurized juice/eggs, raw sprouts, raw or undercooked animal foods? Yes No N/A

FOOD DELIVERY/RECEIVING (§3-202 and 3-203)

1. All cold Time/Temperature Control for Safety (TCS) foods received $\leq 41^{\circ}\text{F}$, raw eggs at air temp of $\leq 45^{\circ}\text{F}$? Yes No
2. All hot TCS foods received $\geq 135^{\circ}\text{F}$? Yes No N/A
3. All frozen foods shall be received frozen or rejected? Yes No N/A
4. All food packages shall be received in good condition, free of damage, and/or contamination? Yes No
5. How often will frozen foods be delivered? Daily Weekly Other: _____
6. How often will refrigerated foods be delivered? Daily Weekly Other: _____
7. How often will dry foods or supplies be delivered? Daily Weekly Other: _____

FOOD STORAGE (§3-202 and 3-301-307)* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

1. Food and food containers (except pressurized beverages and milk in plastic crates) stored 6" off floor? Yes No
2. No food storage in dressing, locker, toilet, garbage, or mechanical rooms? Yes No
3. No food storage under stairs, below sewer lines, below leaking water lines or other contamination sources? Yes No
4. Food protected from contamination by other foods, chemicals, patrons, or contaminants? Yes No

FOOD PREPARATION (§3-3 to 3-5 and Chapter 4)

1. Food contact surfaces smooth, durable, easily cleanable, and resistant to damage? Yes No
2. Thin probed, calibrated (within 2°F) and sanitized food thermometers for taking all food temperature? Yes No
3. Air thermometers in the warmest spot of all cold holding units and coldest part of hot holding units? Yes No

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION, EQUIPMENT and/or Method(s)	MEETS CRITERIA (RS to circle and Initial)
Produce Washing §3-302.15			
Thawing §3-501.13			
Cold Holding §3-501			
Cooking §3-401			
Hot Holding §3-401.11 & 13 Hot food maintained at 135°F			
Cooling §3-501.14-15 Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			
Reheating §3-403 Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			
Date marking §3-501 For all food containers opened and prepared onsite			

FINISH SCHEDULE (2022 FDA CODE CHAPTER 6)

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic covered molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RS to circle and Initial)
Food Preparation	<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/epoxy <input type="checkbox"/> Tile <input type="checkbox"/> FRP <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/Epoxy <input type="checkbox"/> FRP <input type="checkbox"/> Other	
Dry Food Storage	<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/epoxy <input type="checkbox"/> Tile <input type="checkbox"/> FRP <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/Epoxy <input type="checkbox"/> FRP <input type="checkbox"/> Other	
Warewashing Area	<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/epoxy <input type="checkbox"/> Tile <input type="checkbox"/> FRP <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/Epoxy <input type="checkbox"/> FRP <input type="checkbox"/> Other	
Walk-in Refrigerators and Freezers	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other	
Service Sink	<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/epoxy <input type="checkbox"/> Tile <input type="checkbox"/> FRP <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/Epoxy <input type="checkbox"/> FRP <input type="checkbox"/> Other	

Refuse Area	<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/epoxy <input type="checkbox"/> Tile <input type="checkbox"/> FRP <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/Epoxy <input type="checkbox"/> FRP <input type="checkbox"/> Other	
Toilet Rooms and Dressing Rooms	<input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Vinyl Tile <input type="checkbox"/> Vinyl Sheet <input type="checkbox"/> Other	<input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/epoxy <input type="checkbox"/> Tile <input type="checkbox"/> FRP <input type="checkbox"/> Other	<input type="checkbox"/> Drywall/Epoxy <input type="checkbox"/> FRP <input type="checkbox"/> Other	
Other: Indicate					
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES (2022 FDA CODE CHAPTERS 4-7)

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA (Circle and Initial)
Handwashing Facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: ____ Food Preparation ____ Warewashing Area ____ Toilet/Restrooms • Provided: Hot/cold water, Liquid hand soap, Paper towels, Trash can, HW Sign <ol style="list-style-type: none"> 1. Splash guards if next to food prep area and/or clean utensils Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Test strips <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Test strips or <input type="checkbox"/> Hot Water-<input type="checkbox"/> Temperature labels or <input type="checkbox"/> Waterproof Max/Min Thermometer • Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
Food Prep Sink	<ul style="list-style-type: none"> • Separate food prep sink provided for washing produce, ice baths, etc? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
Dump Sink	<ul style="list-style-type: none"> • Dump sink for waste liquids (drinks, smoothies, coffee, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
Mop Sink	<ul style="list-style-type: none"> • Mop sink for disposal of mop water and other wastewater? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	

Water Supply	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? Public <input type="checkbox"/> Non-public/Private <input type="checkbox"/> <ul style="list-style-type: none"> ○ If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> • Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/> • Will there be an ice bagging operation? Yes <input type="checkbox"/> No <input type="checkbox"/> • What is the capacity and location* of the water heater? ___Gal. <input type="checkbox"/> Check if Tank-less <p>*Identify location on plan. Provide specifications for the water heater</p>	
Sewage Disposal	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? Public <input type="checkbox"/> Non-public/Private <input type="checkbox"/> <p>If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/></p> <p>Attach copy of written approval and/or permit.</p> • Will grease traps/interceptors be provided? Yes <input type="checkbox"/>* No <input type="checkbox"/> *Identify location on plan. 	
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> • Are all floor drains identified on the submitted floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 	
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Self-closing doors and covered receptacles in women’s room Yes <input type="checkbox"/> No <input type="checkbox"/> • Ventilation Type: Active fan to outside <input type="checkbox"/> Working window with screen <input type="checkbox"/> • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> (hot water shall not exceed 115 in public area) 	
Dressing Rooms	<ul style="list-style-type: none"> • Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> • Describe storage facilities for employee personal belongings _____ 	
Linens	<ul style="list-style-type: none"> • Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If yes, what will be laundered and where? _____</p> <p>If no, how and where will linens be cleaned? _____</p> • Identify location of clean and dirty linen storage: _____ • How often will linens be delivered and picked up? _____ 	

Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials _____ • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ • Identify the location of the facilities for cleaning of mops and other cleaning equipment? _____ 	
Pest Control	<ul style="list-style-type: none"> • Licensed Pest Control Operator: _____ • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ <p>NOTE: Dumpsters and grease containers stored on a concrete pad, not grass/dirt/gravel</p>	

MANAGEMENT AND PERSONNEL

(2022 FDA CODE CHAPTER 2 and CT GENERAL STATUTES 19a-36h-1, 4-6)

PERMIT HOLDER, OWNER/OPERATOR, PERSON IN CHARGE (PIC), CERTIFIED FOOD PROTECTION MANAGER (CRPM) AND DESIGNATED ALTERNATE (DA) RESPONSIBILITIES

1. Permit Holder is or designates a PIC to be present during hours of operation (§2-101 and CT Gen Statutes 19a-36h-4)? Yes No
2. PIC will meet all duty requirements of §2-103.11 including training, monitoring, and supervising staff/facility? Yes No
3. PIC for Class II-IV Facilities is a current CFPM for only one facility (Statutes 19a-36h-4b)? Yes No N/A
4. Owner/Manager has documented Alternate Person in Charge when CFPM not present (Statutes 19a-36h-4c)? Yes No N/A
5. Permit Holder requires employees report illness to PIC and owner/operator/PIC notifies Chatham Health District? Yes No
6. PIC will exclude/restrict employee and/or prevent employment of conditional employee with is observed or reported illness symptoms, diagnosed illness, and/or history of illness exposure per §2-201-11 & 12? Yes No
7. Employees will comply with exclusion and restrictions mentioned above? Yes No
8. Facility will have a written procedures for employees to clean-up of vomiting or diarrheal events (§2-501.11)? Yes No
9. PIC ensures all employees meet the personal cleanliness and hygienic practices of §2-3 and 2-4? Yes No
10. PIC ensures all employees are trained in food safety requirements and all major allergens §2-103? Yes No

CHATHAM HEALTH DISTRICT REVIEW COMMENTS

