New Canaan Health Department
New Food Service Plan Review Checklist

All items listed below must be submitted together in order for the attached Application to be considered complete.

1. **Completed Plan Review Application**

2. **Plan Review Fee** (varies by Class- see below)

<table>
<thead>
<tr>
<th>✓ One</th>
<th>Class</th>
<th>Type of Menu</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I.</td>
<td>Commercially Prepared Prepackaged food</td>
<td>$125.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hot and Cold Beverages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>II.</td>
<td>Cold TCS Foods*</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hot dogs, Kielbasa and Commercially Prepared Soups</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Served Within Four (4) Hours</td>
<td></td>
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<tr>
<td></td>
<td>III.</td>
<td>Hot and Cold TCS Foods*</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No cooling or reheating previously cooked and cooled food items</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IV.</td>
<td>Hot and Cold TCS Foods*</td>
<td>$400.00</td>
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<tr>
<td></td>
<td></td>
<td>Served four or more hours after preparation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Cooling, reheating, serving immune compromised individuals,</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>preschool age children, or older adults</td>
<td></td>
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</table>

*NOTE: Class II, III and IV food service establishments shall employ a Certified Food Protection Manager who is the Person in Charge (PIC).*

*TCS = Time/Temperature Control for Safety (formerly PHF or Potentially Hazardous Food)*

3. **Proposed menu or list of food items to be sold**
   - Menu with ingredients
   - Hazard Analysis and Critical Control Point Plan (HACCP) examples
   - Special Processes
   - Food Allergen information
   - Consumer Advisory information
4. **Copies of Food Protection Manager Certification** for Class 2, 3 and 4 facilities. Also copies of a state issued driver license or photo identification.

   *A Certified Food Protection Manager (CFPM)* who is the Person in Charge (PIC) is required for Class 2, 3 and 4 Facilities. The Certified Food Protection Manager (CFPM) must have taken and passed an approved Food Protection Manager course *Formerly called the Qualified Food Operator or QFO.

5. **Four (4) sets of architectural floor plans of the facility (minimum size 11”x 14”)**

   Floor plans shall contain the following information:
   - Scale ¼” = 1 foot.
   - Name and address of facility.
   - Site plan: location of facility relative to other buildings, streets and location of trash container/storage.
   - Label all rooms with proposed use.
   - Finish schedule for all floors, walls, ceilings and floor/wall juncture.
   - Label all equipment. Include equipment schedule with manufacturer and model number for each piece of equipment (All equipment must be NSF approved or equivalent).
   - Sink locations: Food preparation sinks, 3 bay sink, dump sinks, utility sinks, and handwashing sinks. Note: Handwashing sinks are required in all food preparation areas, food dispensing areas, dishwashing areas, and restrooms.
   - Show drain boards for dishwashers and/or 3 bay sinks
   - Locations of all shelving, drying racks, rolling carts, etc.
   - Plumbing plan: Hot and cold water supply lines, drain lines from equipment, floor drains, waste lines, backflow prevention devices. Show location of grease interceptor (AGRU), if required.
   - Hot water generating equipment location. Include information on hot water storage capacity, recovery rate and projected facility hot water usage.
   - Lighting diagram and schedule (Light bulb shields or shatter proof bulbs are required in all food storage, preparation and service areas). Include foot candles of light as required (based on type of area: food prep, storage, etc.).
   - Ventilation diagram and schedule
   - Insect and rodent control: All windows that open shall have screens, all doors shall be tight fitting, all exterior doors and screen doors shall be self-closing. Restrooms doors shall be self-closing.
   - Food storage: Adequate refrigeration and freezer space based on number of meals, processes used to prepare food and delivery frequency.
   - Show locations of dry good storage; bulk containers, paper goods, etc.
   - Utensils, containers, clean equipment storage
   - Separate chemical storage

   **Note:** No changes to the approved plans shall be made without Health Department approval.

6. **Manufacturer’s specification sheets** (cut sheets) for all equipment to be used in the facility.

   **Note:** Equipment must be NSF approved or equivalent

<table>
<thead>
<tr>
<th>Before opening for business, the following items will need to be completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Final Health Department Inspection is required prior to operation.</td>
</tr>
<tr>
<td>- Submit a completed Food Service License Application (submit at time of Final Inspection with License Fee)</td>
</tr>
<tr>
<td>- Submit a copy of the final proposed menu</td>
</tr>
<tr>
<td>- Submit a copy of the Employee training program, QFO certificate or Person In Charge</td>
</tr>
<tr>
<td>- Submit the completed Tax Form (Form must be signed by the Assessor and the Tax Collector)</td>
</tr>
<tr>
<td>- Copy of Pest Control Contract</td>
</tr>
<tr>
<td>- Copy of AGRU Cleaning/Grease Hauler Contract</td>
</tr>
<tr>
<td>- Copy of Garbage Hauling Contract</td>
</tr>
</tbody>
</table>
New Canaan Health Department
Food Service Plan Review Application

☐ New  ☐ Remodel  ☐ Reclassification  ☐ Change of ownership

Name of Establishment: ____________________________________________

Location: ________________________________________________________

Category: ☐ Restaurant  ☐ Bakery  ☐ Retail Market  ☐ Other: ______________

Number of Seats: ______  Type/Class of Facility: ______  Number of Staff per shift: ______

Indicate any of the following highly susceptible populations that will be served or catered to:
☐ Nursing Home  ☐ Child Care Center  ☐ Health Care Facility  ☐ Assisted Living Center  ☐ Pre-school

Specialized processes conducted within Establishment:
☐ Acidification (sushi, etc.)  ☐ Sous Vide  ☐ Sprouting Beans  ☐ Reduced Oxygen Packing (vacuum sealing)
☐ Smoking  ☐ Curing

Attach a HACCP plan or detailed company procedure with template of logs maintained for product going through an above listed process conducted within the facility.

Meals Served (check where applicable):
☐ Breakfast  ☐ Lunch  ☐ Dinner  ☐ Late Night

Hours/days of operation: __________________________________________

CONTACT INFORMATION

Name of Owner: __________________________________________________

Mailing Address: _________________________________________________

Telephone/Cell #: __________________________  Email: __________________________

Applicant (if other than owner): _______________________________________

Title (owner, manager, architect, etc...): ________________________________

Mailing Address: _________________________________________________

Telephone/Cell #: __________________________  Email: __________________________

Note: Architect’s plans (4 sets) with complete specifications of all equipment and a proposed menu must be submitted together with the Fee in order for the Application to be considered complete.

I hereby certify the information contained in this application to be correct to the best of my knowledge.

Signed: ____________________________  Date: ____________________________
Instructions: Please complete the form as completely as possible. If something is not applicable, please enter N/A.

A. Structural

All surfaces MUST be smooth, non-absorbent, easily cleanable and durable.

1. **Floors:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Material/Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation areas</td>
<td>________________________</td>
</tr>
<tr>
<td>Dishwashing areas</td>
<td>________________________</td>
</tr>
<tr>
<td>Storage rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Rest rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Dining rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Bar area</td>
<td>________________________</td>
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</tbody>
</table>

2. **Walls:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Material/Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation areas</td>
<td>________________________</td>
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<tr>
<td>Dishwashing areas</td>
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</tr>
<tr>
<td>Storage rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Rest rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Dining rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Bar area</td>
<td>________________________</td>
</tr>
<tr>
<td>Coving Material</td>
<td>________________________</td>
</tr>
</tbody>
</table>

* Areas behind grills/stoves must be stainless steel.
** Exposed waste water lines, gas lines or conduits are prohibited.

3. **Ceilings:**

<table>
<thead>
<tr>
<th>Area</th>
<th>Material/Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation areas</td>
<td>________________________</td>
</tr>
<tr>
<td>Dishwashing areas</td>
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<tr>
<td>Rest rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Dining rooms</td>
<td>________________________</td>
</tr>
<tr>
<td>Bar area</td>
<td>________________________</td>
</tr>
</tbody>
</table>

* Porous ceiling tiles are prohibited in food preparation and dishwashing areas.
** Exposed waste water lines, gas lines or conduits are prohibited.
4. **Doors and Windows:**
   Indicate: screened ________ air curtain ________ self-closing ________
   other __________________________________________________________

5. **Lighting Requirements:**
   Protective shielding required
   Indicate: shatterproof bulbs ________ light covers ________
   other __________________________________________________________
   ** Minimum lighting requirements: **
   food prep/kitchen 50-foot candles of light
   Storage & rest rooms 20-foot candles of light
   Walk-in unit’s 10-foot candles of light

6. **Ventilation in Cooking and Dishwashing areas:**
   • **All hoods/ventilation systems must be approved by the Fire Marshal.**
   • **Applicable permits must be obtained from the Building Department.**
   Indicate type of cooking line ventilation proposed: __________________________
   Ventilation in Dishwashing area provided: ____________________________________

7. **Rest Rooms:**
   *Number of toilets/urinals for female: _____ male: _____; Number of sinks for female: _____ male: _____
   *(It is recommended that one sink be provided for every toilet/urinal.)*
   Restrooms vented to exterior of building: ☐ Yes ☐ No Self-closing doors: ☐ Yes ☐ No
   Separate employee restroom: ☐ Yes ☐ No (Employee restrooms must not directly open into kitchen /prep area.)
   1-4 seat facilities must provide at least one unisex handicap restroom.
   If 15 seats or more are proposed, separate male/female restrooms are required.
   Restrooms for public must not be accessed through food preparation or food storage areas.
   All restroom doors must be equipped with self-closing devices and be solid, non-vented.
   Water temperature at hand washing sinks in restrooms shall not exceed 115 degrees.

8. **Plumbing:**
   ♦ **GREASE TRAPS ARE REQUIRED FOR SOME CLASS II (depending on menu) AND ALL CLASS III & CLASS IV
      ESTABLISHMENTS**
   a.) Type of Grease Recovery System: ___________________________ Interior: ________ Exterior: ________
   b.) List all equipment to be served by the grease trap: ______________________________________________
   c.) Describe where recovered grease will be stored: ________________________________________________
   ♦ List all equipment needing air gaps or backflow prevention devices (ice machine, carbonators, mop sinks,
   dishwasher, etc.): ______________________________________________________________
   ♦ Dipper well for ice cream scoops provided as needed: ☐ Yes ☐ No ☐ N/A
9. **Hand washing facilities:**

Hand sinks are required in all food preparation areas, dispensing areas, bar area, restrooms, and dish washing areas. Liquid soap & disposable towels/drying device are required at each sink.

Indicate number and location of designated hand washing sinks (do not include restrooms) TOTAL: __________

Location: 1. ___________________________ 2. ___________________________

3. ___________________________ 4. ___________________________

B. **Design, Construction and Installation of Equipment:** (FLOOR PLAN MUST BE ATTACHED)

10. All Equipment NSF or equal: ☐ Yes ☐ No  *Note: Domestic grade equipment prohibited.*

- Floor drain required near line area for proper cleaning. ☐ Yes ☐ No
  
  If floor drain is not proposed, indicate how cleaning will be accomplished?

- Separate food preparation sink with an indirect drain provided: ___________________________

- Is equipment moveable to facilitate cleaning of floors and walls? ☐ Yes ☐ No

C. **Cleaning-Sanitizing of Equipment and Utensils:**

11. 3-bay sink with drain board provided ___________________________ Adequate? ___________________________

   Sink is large enough to submerge the largest piece of equipment or utensil used? ☐ Yes ☐ No

   Is the sink a single unit and constructed of galvanized metal or equal? ☐ Yes ☐ No

   If No, please describe: ____________________________________________

   Two drain boards provided? ☐ Yes ☐ No  If No, is wall mounted shelving provided? ☐ Yes ☐ No

   - Drain board must be at least 24 inches in length.
   - Wall mounted drain shelving may be substituted for one drain board (wire rack over the sink area).

12. Mechanical Dishwashing Proposed? ☐ Yes ☐ No  Sanitizing method: ☐ Hot ☐ Chemical

   - Provide name, make and model of mechanical dish machine: Unit must be commercial grade, NSF or equal.

   Indicate type of chemical for low temperature sanitizer _________ adequate storage for dish racks? ☐ Y ☐ N

   Hot water sanitizer must reach 180°F on final rinse. Is separate booster heater proposed? ☐ Yes ☐ No

13. **Hot Water Supply:**  

   Hot water heater: Make: ___________________________ Model: ___________________________
Recovery rate: ________________ gallons/hour at ________________ degrees F.

Storage tank capacity: ________________ gallons.

D. **Food, Equipment and Utensil Storage:**

14. **Walk-in Refrigerator and Freezer Units:**

<table>
<thead>
<tr>
<th>Material/Finish</th>
<th>Refrigerator</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors</td>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>Walls</td>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>Ceiling</td>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>Size</td>
<td>______________</td>
<td>______________</td>
</tr>
</tbody>
</table>

15. **Reach-in Refrigerator and Freezer Units (domestic units prohibited):**

<table>
<thead>
<tr>
<th>Refrigerator</th>
<th>Freezer</th>
<th>Bain Marie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make/Model #</td>
<td>______________</td>
<td>______________</td>
</tr>
<tr>
<td>Size/Quantity:</td>
<td>______________</td>
<td>______________</td>
</tr>
</tbody>
</table>

Are separate units provided for raw meats, poultry, seafood and produce?  ☐ Yes  ☐ No

Describe how cross-contamination will be prevented IF separate units are not used (e.g. raw meat on lower shelves, designated storage shelves based on food product):

___________________________________________________________________________________________

___________________________________________________________________________________________

16. **Hot holding Units in the kitchen:**  ☐ Yes  ☐ No  Make/Size/Model#: ___________________________

17. **Ice Machine Provided:** ______________ Water Cooled: ______________ Air Cooled: ______________

Proper air gap provided for water supply line: ______________ Condensate Drain Line: ______________

18. **Self Service Salad Bar/Buffet Proposed?**  ☐ Yes  ☐ No  Hot food offered?  ☐ Yes  ☐ No  Cold food?  ☐ Yes  ☐ No

Equipment Name/Size/model#:

___________________________________________________________________________________________

Sneeze guard provided as required?  ☐ Yes  ☐ No  Adequate: __________________________

19. **Is catering operation proposed?**  ☐ Yes  ☐ No  if yes, how will food be transported? List equipment:
E. **General Storage Areas:**

- All shelving must be at least 6” off the floor to aid in cleaning – wood shelving prohibited.

20. **Dry Storage** – Adequate to keep food separate from general supplies: _______________________________________________

- **Bulk storage containers must be food grade (bins, buckets).**

Separate area for cleaning supplies/chemical storage: _______________________________________________

- **Insecticides*/rodenticides* must be separate from cleaning & sanitizing agents. (*must be commercially applied)**

21. **Separate mop sink and storage room/area proposed as required?** □ Yes □ No

- **Mop basin must be floor-style basin, not elevated. Hooks required for mops.**

22. **Indicate where employee personal items are to be located:** _______________________________________________

23. **Laundry facility proposed?** □ Yes □ No  
   Clean linen storage: _______ Dirty linen storage: _______

- **If proposed must be separate from food service preparation and storage areas.**

F. **Trash, Grease and Rubbish:**

24. **Indicate dumpster volume, cubic yards and collection interval:** _______________________________________________

25. **Dumpster located on a cement pad with enclosure, equipped with tight covers and not near storm drains?** □ Yes □ No

26. **If dumpster in NOT proposed, describe how and where rubbish will be removed/stored:** _________________

27. **Describe method and location of unwanted grease storage:** _______________________________________________

   Provide name of rendering company: _______________________________________________

28. **Self-application of pesticides/insecticides is prohibited. Indicate how pest control management will be performed.** _______________________________________________

G. **Emergency Preparedness:**
29. Will the facility be served by an emergency electric generator?  □ Yes □ No  If Yes, please list all equipment that will be powered:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

H. Policies to Minimize Risk to Customer/Public Health:

♦ All facilities serving potentially hazardous food must employ a Person In Charge (PIC) who is a Certified Food Protection Manager (CFPM) and must be on-site at least 30 hours per week. Alternates are acceptable at those times when the PIC is not available, if a “Certificate of Demonstrable Knowledge” is provided to this office by the owner of the establishment.

Provide name(s) of PIC(s) with certificate(s) indicating proof of training:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Provide name(s) of Alternate(s):

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

♦ Temperature violations have been implicated in many cases of food related illness. List categories of all food prepared more than six (6) hours in advance of service (roast, soups, etc.) and describe methods used for hot holding or cooling large volumes of prepared food:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

♦ Sick food handlers can make customers sick if they come to work. Describe policy to exclude/restrict ill employees. And will employees be entitled to paid sick leave?  □ Yes □ No

___________________________________________________________________________________________
___________________________________________________________________________________________
Hand washing and personal hygiene is an essential component of employee training. Provide a description of your plan to provide employee training.

General Notes:

- Food handlers must be restricted from working with the food if: nauseous, with abdominal cramps, vomiting, severe cold, or with open, infected cuts or burns on the hands or arms.
- All potentially hazardous food (PHF) must be maintained within the proper temperature and must not be above 41°F or below 135°F for more than 4 hours, including preparation time.
- Bare hand contact with ready to eat food is prohibited (use gloves, wax paper, utensils).

The Plan Review Application will be reviewed by the New Canaan Health Department. Once the application has been approved, and all other applicable Town Departments have completed their reviews, approval will be given to being construction of the facility.

The applicant must notify the New Canaan Health Department prior to starting construction of the facility. The Health Department will periodically check in on the progress of facility construction to ensure that all Health Department requirements are met.

For office use only:

Plan review conducted by: ______________________________________________________________

Review Date(s): ______________________________________________________________________________________

Comments and recommendations: ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________