

**Uncas Health District Food Plan Review Application** 

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

<b>TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Renovation/Remodel <input type="checkbox"/> Change of Ownership		<b>PROJECTED START DATE:</b> _____ <b>PROJECTED COMPLETION DATE:</b> _____	
<b>TYPE OF FOOD OPERATION (Select All That Apply):</b> <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Grocery <input type="checkbox"/> Convenience Store <input type="checkbox"/> Bakery <sup>1</sup> <input type="checkbox"/> Bar <sup>1</sup> <input type="checkbox"/> Alcohol Production <sup>1</sup> (Brewery/Winery/Distillery) <input type="checkbox"/> Daycare Center <sup>2</sup> <input type="checkbox"/> Long Term Care <input type="checkbox"/> School <input type="checkbox"/> Soft Serve Ice Cream <sup>1</sup> <input type="checkbox"/> Other: _____			
<b>CLASSIFICATION</b> <input type="checkbox"/> Class I <input type="checkbox"/> Class II <sup>3</sup> <input type="checkbox"/> Class III <sup>3</sup> <input type="checkbox"/> Class IV <sup>3</sup> (Descriptions Page 3)			
<b>OPERATIONAL PERIOD</b> <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			
<b>Hours/Days of Operation</b> <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: _____	<b>Restaurant Seating Capacity</b> # Of Indoor Seats: _____ # Of Outdoor Seats: _____ Square Feet of Facility: _____	<b>Type of Service (check all that apply)</b> <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Other: _____	<b>Maximum number of meals</b> <input type="checkbox"/> Breakfast ____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____ <b>Public Restrooms?</b> <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)**

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

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

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

<b>Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	<b>Title:</b>

**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 ( $41^{\circ}\text{F}$ ) \_\_\_\_\_; 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)
<b>Produce Washing</b> §3-302.15			
<b>Thawing</b> §3-501.13			
<b>Cold Holding</b> §3-501			
<b>Cooking</b> §3-401			
<b>Hot Holding</b> §3-401.11 & 13 Hot food maintained at 135°F			
<b>Cooling</b> §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			
<b>Reheating</b> §3-403 Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			
<b>Date marking</b> §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)
<b>Food Preparation</b>	<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	
<b>Dry Food Storage</b>	<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	
<b>Warewashing Area</b>	<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	
<b>Walk-in Refrigerators and Freezers</b>	<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	
<b>Service Sink</b>	<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	

<b>Refuse Area</b>	<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	
<b>Toilet Rooms and Dressing Rooms</b>	<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	
<b>Other: Indicate</b>					
<b>Identify the finishes of cabinets, countertops, and shelving:</b>					

# 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)
<b>Handwashing Facilities</b>	<ul style="list-style-type: none"> <li>• Identify number of the handwashing sinks in food preparation and warewashing areas:            ____ Food Preparation    ____ Warewashing Area    ____ Toilet/Restrooms</li> <li>• Provided: Hot/cold water, Liquid hand soap, Paper towels, Trash can, HW Sign _____            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"/></li> </ul>	
<b>Warewashing Facilities</b>	<p><b>MANUAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the length, width, and depth of the compartments of the 3-compartment sink:            _____</li> <li>• 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? _____</li> <li>• Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:            _____</li> <li>• What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____   <input type="checkbox"/> Test strips</li> </ul> <p><b>MECHANICAL DISHWASHING</b></p> <ul style="list-style-type: none"> <li>• Identify the make and model of the mechanical dishwasher: _____</li> <li>• 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</li> <li>• Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>	
<b>Food Prep Sink</b>	<ul style="list-style-type: none"> <li>• Separate food prep sink provided for washing produce, ice baths, etc? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul>	
<b>Dump Sink</b>	<ul style="list-style-type: none"> <li>• Dump sink for waste liquids (drinks, smoothies, coffee, etc)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul>	
<b>Mop Sink</b>	<ul style="list-style-type: none"> <li>• Mop sink for disposal of mop water and other wastewater? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></li> </ul>	

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



<p><b>Poisonous/Cleaning Storage</b></p>	<ul style="list-style-type: none"> <li>• Identify the location and storage of poisonous or toxic materials _____</li> <li>• Where will cleaning and sanitizing solutions be stored at workstations? _____</li> <li>• How will these items be separated from food and food-contact surfaces? _____</li> <li>• Identify the location of the facilities for cleaning of mops and other cleaning equipment? _____</li> </ul>	
<p><b>Pest Control</b></p>	<ul style="list-style-type: none"> <li>• Licensed Pest Control Operator: _____</li> <li>• Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</li> <li>• Will air curtains be used? If yes, where? _____</li> </ul> <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	
<p><b>Refuse, Recyclables, and Returnables</b></p>	<ul style="list-style-type: none"> <li>• Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• Identify how and where garbage cans and floor mats will be cleaned? _____</li> <li>• Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor</li> <li>• Identify locations of grease storage containers: _____</li> <li>• Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> <li>• Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____</li> </ul> <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 |
| 4. Owner/Manager has documented Alternate Person in Charge when CFPM not present (Statutes 19a-36h-4c)?  | Yes | No |
| 5. Permit Holder requires employees report illness to PIC and owner/operator/PIC notifies Uncas 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 |

# **UNCAS HEALTH DISTRICT REVIEW COMMENT**

