



Town of Greenwich  
Department of Health  
Division of Environmental Services  
(203) 987-1001

## Food Establishment Plan Review Application

Fee: \$ \_\_\_\_\_

Name of Facility \_\_\_\_\_

Location \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Architect/Engineer \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of Facility (Check those Applicable)

- Food Store
- Food Service Establishment
- Seasonal Restaurant (6 months or less)
- Temporary Establishment (14 days or less)
- School, Club, or Private Dining Facility
- Caterer

Nature of Application (Check One)

- New Facility
- Change of Ownership
- Remodeling or Conversion

Water Supply (Check One)

- Public Supply
- Private Well

Sewage Disposal (Check One)

- Town Sewer
- Septic System

Plan Review packet must accompany menu, specification sheets for all proposed equipment (new or used), 3 complete sets of proposed floor plans, and all information requested on pages 2, 3 and 4 of this plan review packet.

Hours of Operation: Sun \_\_\_\_\_ Thurs \_\_\_\_\_  
Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tues \_\_\_\_\_ Sat \_\_\_\_\_  
Wed \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Number of Staff: \_\_\_\_\_  
(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Total Occupant Load of Facility: \_\_\_\_\_  
(Show calculations on plans)

Maximum Meals to be Served\*:  
(approximate number total between  
Deliveries {usually from Sat-Mon})

Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_

Projected Date for Start of Construction: \_\_\_\_\_

Completion: \_\_\_\_\_

Type of Service:  
(check all that apply)

Sit Down Meals \_\_\_\_\_  
Take Out \_\_\_\_\_  
Caterer \_\_\_\_\_  
Itinerant Vendor \_\_\_\_\_  
Other \_\_\_\_\_

**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:**

\_\_\_\_\_ Full Proposed Menu with recipes and HACCP for each PHF item (including seasonal, off-site and banquet menus)

\_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan

\_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside facility (dumpsters, walk-ins, etc.)

\_\_\_\_\_ Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation

## Contents and Format of Plans and Specifications:

1. The 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.

2a. The menu submitted must be broken down by all items in the recipe. Specify if each item will be raw, pre-cooked, commercially packaged, ready to eat, frozen, or whatever best describes it. Example:

Menu Item:

### **Grilled Mexican Chicken Sandwich with French Fries and Cole Slaw**

Chicken	-Raw
Salsa	-Commercially prepared
Roll	-Commercially packaged
French Fries	-Frozen
Cole Slaw	-Premade in-house, refrigerated

3. The plan shall show the location and when requested drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its common name.

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 the 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 handwashing facilities used for no other purpose shall be designated for each toilet facility and in each of the areas of food preparation (accessible location for all food handlers). When separate room(s) is designed for ware washing, a hand sink must also be provided.

7. The plan layout shall contain:

- Room size
- Aisle space
- Space between and behind equipment
- The placement of the equipment on the floor plan.

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 including floors, walls, ceilings and coved juncture bases;

- c. Plumbing schedule to include location of floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections (Grease Trap – this item must be included on design plans and approved by Sewer Department before submitting to Health Department);
- d. Lighting schedule with protectors;
- Food contact surfaces – 50 foot candles
  - All other areas – 20 foot candles
- 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. 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)
- o. Qualified Food Operator for facility – Provide copy of Certificate
- p. Designated Alternate for facility – Signed Statement on File
- q. Training materials for employees – Food Preparation workers need to be trained by QFO, records kept

Please refer to the FDA's [Food Establishment Plan Review Guide](#) in order to complete the rest of this application – it is a 160 page document which can help you with the calculations that are needed.

**ALL ITEMS ON FIRST FOUR PAGES MUST BE SUBMITTED AND BE COMPLETE BEFORE HEALTH DEPARTMENT CAN BEGIN PLAN REVIEW. UNTIL PLAN REVIEW HAS BEEN COMPLETED, THIS DEPARTMENT WILL NOT SIGN OFF BUILDING PLANS.**

## FOOD PREPARATION REVIEW

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

<b>Category:</b>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs	( )	( )
2. Thick meats, whole poultry	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, chowders, casseroles, etc.)	( )	( )
5. Bakery goods (pies, custards, creams)	( )	( )
6. PHF's cooked to order - _____	( )	( )
7. Raw or lightly cooked fish w/ documentation from supplier on freezing methods	( )	( )
8. Other _____	( )	( )

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

### Food Supplies:

1. Are all food supplies from inspected and approved sources?      YES / NO
2. What will be delivery schedule for:

Fresh Meats and Poultry	M____T____W____Th____F____Sa____
Fish and Seafood	M____T____W____Th____F____Sa____
Fruits and Vegetables	M____T____W____Th____F____Sa____
Dairy	M____T____W____Th____F____Sa____
Dry Goods	M____T____W____Th____F____Sa____

### Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0 F and below, and refrigerated foods at 45 F (5 C) and below?      YES / NO

Provide the method used to calculate cold storage requirements.

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?

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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	( )	( )	( )	( )	( )
Running Water (Less than 70 F)	( )	( )	( )	( )	( )
Microwave	( )	( )	( )	( )	( )
Cooked Frozen (indicate weight)	( )	( )	( )	( )	( )
Other	( )	( )	( )	( )	( )

**Cooking:**

1. What type of food product thermometers (0-212°F) be used to measure final cooking/reheating temperatures of PHF's? \_\_\_\_\_ How Many? \_\_\_\_\_

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

Beef roasts	130°F (121 min)
Seafood	145°F (15 sec)
Pork	155°F (15 sec)
Eggs	145°F (15 sec)
Comminuted Meats	155°F (15 sec)
Poultry	165°F (15 sec)
Other PHF's	145°F (15 sec)
Reheated PHF's	165°F (15 sec)

2. List types of cooking equipment.

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**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.

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2. How will cold PHF's be maintained at 45°F (5°C) and below during holding for service? Indicate type and number of cold holding units.

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**Reheating:**

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

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**Cooling:**

Please indicate by checking the appropriate boxes how PHF's will be cooled to 45 F (5 C) within 6 hours (140 F to 70 F in 2 hours and 70 F to 45 F in 4 hours).

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
Shallow Pans	( )	( )	( )	( )	( )
Ice Baths	( )	( )	( )	( )	( )
Reduce Volume	( )	( )	( )	( )	( )
Rapid Chill	( )	( )	( )	( )	( )
Other:	( )	( )	( )	( )	( )

**Preparation:**

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

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2. Number of Qualified Food Operators employed at the facility? \_\_\_\_\_

Certification course name \_\_\_\_\_

Individual's name \_\_\_\_\_

Certificate number \_\_\_\_\_

How many hours does this employee work per day? \_\_\_\_\_ per week? \_\_\_\_\_

Who will be the Designated Alternate at this Facility? \_\_\_\_\_

How many hours does this employee work per day? \_\_\_\_\_ per week? \_\_\_\_\_

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: \_\_\_\_\_

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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? \_\_\_\_\_

Which Chemical used: \_\_\_\_\_ 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 being mixed and/or assembled? \_\_\_\_\_

7. Will all produce be washed on-site prior to use? YES / NO

Have you included an approved food preparation sink used for washing produce in your design: YES / NO

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (45°F - 140°F) during preparation. \_\_\_\_\_

**A. Finish Schedule**

Applicant must fill-in materials (i.e., quarry tile, stainless steel, 4" plastic covered molding, etc.)

Area	Floor	Cove Base	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Other				

**B. Insect and Rodent Harborage**

APPLICANT: Please check appropriate boxes.

	YES	NO	N/A
1. Are all outside doors self-closing with rodent proof flashing?	( )	( )	( )
2. Are screen doors provided on all outside entrances?	( )	( )	( )
3. Do all operable windows have a minimum #16 mesh screening?	( )	( )	( )
4. Are all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	( )	( )	( )
5. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	( )	( )	( )
6. Are air curtains be used? If yes, where? _____			



**C. Garbage and Refuse**

**Inside:**

7. Do all containers have lids? ( ) ( ) ( )

8. Will refuse be stored inside? ( ) ( ) ( )

If so, where? \_\_\_\_\_

9. Is there a can cleaning sink or area? ( ) ( ) ( )

**Outside:**

10. Will a dumpster be used? ( ) ( ) ( )

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

11. Will a compactor be used? ( ) ( ) ( )

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

12. Will garbage cans be stored outside? ( ) ( ) ( )

13. Describe surface and location where dumpster/compactor/garbage cans are to be stored .

\_\_\_\_\_  
\_\_\_\_\_

14. Describe location of grease storage receptacle. Frequency of Pick-up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Is there an area to store recycled containers? ( ) ( ) ( )

Describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Plumbing**

Please specify if you have provided an Air Gap, Air Break, Integral Trap, "P" Trap, Vacuum or Condensate Pump on:

16. Steam Tables \_\_\_\_\_

17. Dipper Wells \_\_\_\_\_

18. Refrigeration condensate/drain lines

19. Hose connection \_\_\_\_\_

- 20. Potato Peeler\_\_\_\_\_
- 21. Water Closets\_\_\_\_\_
- 22. Urinals\_\_\_\_\_
- 23. Dishwasher\_\_\_\_\_
- 24. Garbage Grinder\_\_\_\_\_
- 25. Ice Machines\_\_\_\_\_
- 26. Ice Storage\_\_\_\_\_
- 27. Sinks:
  - a. Mop\_\_\_\_\_
  - b. Janitor\_\_\_\_\_
  - c. Handwash\_\_\_\_\_
  - d. 3 Compartment\_\_\_\_\_
  - e. 2 Compartment\_\_\_\_\_
  - f. 1 Compartment\_\_\_\_\_
  - g. Lavatory\_\_\_\_\_
  - h. Water Station\_\_\_\_\_
- 28. Other\_\_\_\_\_

Are floor drains provided, if so, indicate location:\_\_\_\_\_

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**E. Water Supply**

- 29. Is water supply public ( ) or private ( ) ?
- 30. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

- 31. Is ice made on premises ( ) or purchased commercially ( ) ?
- If made on premises, are specifications for the ice machine enclosed? YES ( ) NO ( )

Describe provision for ice scoop storage:\_\_\_\_\_

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Provide location of icemaker or bagging operation\_\_\_\_\_

**F. Sewage Disposal**

- 32. Is building connected to a municipal sewer? YES ( ) NO ( )
- 33. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

**G. Dressing Rooms**

- 34. Are dressing rooms provided? YES ( ) NO ( )

35. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) \_\_\_\_\_

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**H. General**

36. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ( ) NO ( )

Indicate location \_\_\_\_\_

37. Are all toxics for use on the premise and retail sale, including personal medications, stored away from food preparation and storage areas? YES ( ) NO ( )

38. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ( ) NO ( )

39. Are laundry facilities located on premise? YES ( ) NO ( )

If yes, what will be laundered and where? \_\_\_\_\_

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40. Location of clean linen storage: \_\_\_\_\_

41. Location of dirty linen storage: \_\_\_\_\_

42. Are food grade containers being used to store bulk food products? YES ( ) NO ( )

Indicate type: \_\_\_\_\_

43. Indicate all areas where exhaust hoods are installed: \_\_\_\_\_

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Review with Fire Marshal's Office? YES ( ) NO ( )

**I. Sinks**

44. Is a separate mop sink present? YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment and means to dispose of wastewater: \_\_\_\_\_

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45. If the menu dictates, is a separate food preparation sink present? YES ( ) NO ( )

**J. Dishwashing Facilities**

46. Will sinks or a dishwasher be used for warewashing?

- Dishwasher ( )
- Two compartment sink ( )
- Three compartment sink ( )

47. Dishwasher

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_  
 Booster Heater \_\_\_\_\_  
 Chemical Type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

48. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

49. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

50. Is hot water generator sufficient for the needs of the establishment? YES ( ) NO ( )  
 Size \_\_\_\_\_ Gallons Per Hour Recovery \_\_\_\_\_

51. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

52. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

53. What type of sanitizer is used?

- Chlorine ( )
- Iodine ( )
- Quaternary ammonium ( )
- Hot Water ( )
- Other ( )

54. Are test papers and/or kits available for checking sanitizer concentration? YES ( ) NO ( )

**K. Handwashing/Toilet Facilities**

55. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )

56. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
 YES ( ) NO ( )

57. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

58. Is soap dispenser (wall mounted, individual free standing pump dispensers) available at all handwashing sinks?  
 YES ( ) NO ( )

59. Are hand drying facilities (paper towels, air blower, etc.) available at all handwashing sinks? YES ( ) NO ( )

60. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

61. Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )

62. Are all toilet room doors self-closing? YES ( ) NO ( )

63. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

64. Is a handwashing sign posted in each employee restroom? YES ( ) NO ( )

**L. Dry Goods Storage**

65. Is the projected frequency of deliveries specified? YES ( ) NO ( )

How Often? \_\_\_\_\_

66. Is appropriate dry goods storage space provided based upon menu, meals and frequency of deliveries? YES ( ) NO ( )

**M. Small Equipment Requirements**

67. Please specify the number and types of each of the following:

Slicers \_\_\_\_\_

Cutting boards \_\_\_\_\_

Can openers \_\_\_\_\_

Mixers \_\_\_\_\_

Floor mats \_\_\_\_\_

Other \_\_\_\_\_

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STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Greenwich Department of Health may nullify final approval.

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
Owner(s) or responsible representative(s)

Date: \_\_\_\_\_

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**Approval of these plans does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state Public Health Codes governing food service establishments.**