

CAROLINE CALDERONE BAISLEY
DIRECTOR OF HEALTH



MICHAEL LONG, Director
DIVISION OF ENVIRONMENTAL SERVICES
DOUGLAS SERAFIN, Laboratory
DEBORAH TRAVERS, Director
DIVISION OF FAMILY HEALTH
THOMAS MAHONEY, Director
SPECIAL CLINICAL SERVICES

DEPARTMENT OF HEALTH

BODY CARE / MASSAGE PLAN REVIEW
APPLICATION AND CHECKLIST

Facility Name:					
Contact Name:		Contact Phone:			
Facility Address:					
City:		State:		Zip:	

- ❑ 1. Submit Plan Review Application. All applicable information must be provided.
- ❑ 2. Submit Plan Review Fee payable to the Town of Greenwich.
Refer to Town of Greenwich Website at www.greenwichct.org for current fees or contact Division of Environmental Services at 203-987-1001.
- ❑ 3. Submit three (3) sets of complete construction plans (minimum 11" x 14") with accurate layout to minimum scale of 1/4"=1'. Include square footage of total facility. All items on layout must be labeled with common names, including all fixed and mobile equipment and appliances.

Include the following on the construction plan (See *Town of Greenwich Body Care Facilities Technical Standards and Requirements and/or Massage Establishment Technical Standards* for specific details):

- Adequate and properly placed hand sinks, including each separate body care room and/or area, chemical mixing room, toilet facilities.
- All hairwashing stations (if applicable)
- Utility sink
- Floor drains appropriately placed (if applicable)
- Backflow prevention devices (if applicable, where needed and type used)
- Lighting and ventilation schedules for all areas.
- Cabinets: materials used to construct and finishes.
- Refuse area.
- Toilet facilities.

- Wall, floor and ceiling surfaces (must be non-porous, light in color, easily cleanable).
- Description of use of each room and area.

Provide complete information on the following plan review application checklist items.

- ❑ 4. List of all equipment and appliances, including the manufacturer specification sheets for each.
 - a. Description of protocols for use.
 - b. Manufacturer, state and local restrictions for use (if applicable).
- ❑ 5. List of all products being used and the product specification sheets.
- ❑ 6. Drug dispensing license from Consumer Protection (where applicable).
- ❑ 7. Physicians registration with the State of CT for supervision of staff (where applicable).
- ❑ 8. Description of protocol for disinfection of facility, equipment, appliances and individuals employed for each procedure, after each use, and daily.
- ❑ 9. Description of protocol for sharps containment and disposal (where applicable).
- ❑ 10. Description and/or samples of all forms to be used for patient care for all procedures being offered.
- ❑ 11. Description of appointment scheduling protocol. Include how these records will be kept and what information will be included.
- ❑ 12. Location for storage of employee's belongings.
- ❑ 13. Food and Beverages.
 - Will any be offered? If so, what, where, when and how?
 - Is there an employee lounge/room and what will be offered in this area?

All items on this checklist that are applicable must be complete and submitted at the time of initial plan review. Incomplete plan review information will result in a hold on approval of construction plans and they will not be approved for submittal to any other town agency or department.

NOTE: The Application to Operate a Body Care Facility and/or Massage Establishment must also be completed and submitted to this Department along with the appropriate fee. This Department will issue the License to Operate a Body Care Facility or Massage Establishment in the Town of Greenwich after a satisfactory pre-operational inspection. The Application to Operate does not have to be submitted with the Plan Review. If it is submitted at the same time as the plan review please submit fees with separate checks.