FOOD SERVICE PLAN REVIEW APPLICATION

West Haven Health Department

WEST HAVEN HEALTH DEPARTMENT
355 MAIN STREET
WEST HAVEN, CT 06516
PHONE: 203-937-3660
FAX: 203-937-3976
www.cityofwesthaven.com

West Haven Health Department Food Service Plan Review Application

West Haven Health Department (WHHD) would like to welcome you to the city and our office.

The following information will assist you with obtaining a food service permit necessary to operate a food service establishment. In order to make the process simple, please observe the following procedures:

Step 1

Contact the Planning and Zoning Department to initiate the application process for your business application. They will assist you with the process and notify you if your area is zoned for such business proposal.

Step 2

It is also important that you contact the following departments: Building, Fire, Tax, Assessor, and Water Pollution Control Authority for approval before any construction or renovation of an establishment.

Below is the contact information for each department:

City of West Haven Fire Department

Center Fire District: (203) 937-3710 - 366 Elm Street

West Shore Fire District: (203) 933-8420 - 860 Ocean Avenue

Allingtown Fire District: (203) 933-2541 - 20 Admiral Street

Other Departments in the City Hall – 355 Main Street

Health Department: (203) 937-3660

Planning & Zoning: (203) 937-3580

Building Department: (203) 937-3590

Assessor's Office: (203) 937-3515

Tax Collector: (203) 937-3525

Water Pollution Control Authority: (203) 937-3637

Step 3

All new, change of ownership, and renovating/remodeling food service establishments must go through a **plan review application** process with the City of West Haven Health Department before construction or opening of any food service establishment.

All required plan review documentation must be submitted and approved by the Health Department sanitarian before the start of any construction.

Once construction begins, it must proceed according to the approved plan. Any changes must be reviewed and approved by the WHHD before the work is done.

You must have all the necessary permits required from the Building, Zoning, and Fire departments before you begin construction.

Contact the Water Pollution Control Authority for all Grease Recovery Unit for review and approval. This only applies to Class 2, 3, and 4 food service establishments.

Note: If you open your establishment without the proper permit, it will be closed for not complying with the food code and may be subjected to fines.

The Food Service Plan Review Application is available online at www.cityofwesthaven.com under the "Environmental Health" section or in the office.

Step 4

The following documents must be submitted for review before approval:

- A dated floor plan showing the location of all equipment, plumbing, electrical, mechanical ventilation, employee-designated areas, dry storage, bathrooms, bar, dining room, and basement. The plan shall be a minimum of 11 x 14 inches in size, and the floor plan layout should be numbered, labeled, and accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
- The finished materials used for floors, walls, ceilings, and wall juncture types (coving) identified on the floor plan.
- The equipment list numbered and in numerical order with the corresponding location of equipment on the floor plan.
- The manufacturer specification sheets for each piece of food service equipment (cut sheets) numbered and in order with the corresponding equipment list on the floor plan.
- A site plan showing the location of the business in the building, the location of the building on site, including alleys and streets, and the location of any outside equipment (dumpsters, grease barrels, external grease trap, well, and septic system - if applicable).
- A proposed menu (including seasonal, off-site, and banquet menus) with a description of the food items.
- A copy of the garbage contract for solid waste removal and grease removal.
- A copy of the professional exterminator contract for the establishment.

- A copy of the Certified Food Protection Manager (CFPM) certification, if applicable. A CFPM is needed for Class 2, 3, and 4 food service establishments.
- A copy of the completed Food Service Plan Review Application.

Note: If your proposed establishment is a bakery or grocery store, please contact the Department of Consumer Protection at (860) 713-6160.

Step 5

Plan Review/Approval

Please allow the Health Department ten (10) business days to review your plan review application. You will be contacted for an appointment to discuss the plans and/or to schedule an on-site review. The Health Department will provide recommendations and/or changes to the plan to ensure compliance with the food codes. After the plan is reviewed and approved, the Health Department will issue an approval letter for the plan review.

Step 6

Construction Inspections

During construction, periodic inspections may be made to check on progress and to help alleviate any problems or questions that may arise. These can be coordinated with the sanitarians who review the plan.

After the construction is completed, the owner or operator must contact the Health Department and all City Officials for a final inspection. You must obtain all necessary signatures from the City Officials on the Health Department Food Service Permit Application.

Step 7

Food License Issuance

An inspection must be made following the completion of construction and prior to opening the establishment. At that time the establishment will be inspected for compliance with the original plan submission. All equipment and plumbing must be in operation, the establishment must be cleaned and sanitized, and ready for business. If the inspection is satisfactory, a food service permit will then be issued.

Note: Please keep pages 1-4 for your reference.

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FOOD SERVICE ESTABLISHMENT PLAN REVIEW

New Establishment: $150 Change of Ownership: $80

☐ NEW ☐ CHANGE OF OWNERSHIP ☐ REMODEL/CONVERSION

Please allow the Health Department ten (10) business days to review your plan review application.

Type of Establishment:

☐ Restaurant ☐ Institutional Facility ☐ Daycare ☐ Grocery Store

☐ Gas Station/Convenience Store ☐ Other _____

Name of Establishment: _____

Address of Establishment: _____

Phone Number of Establishment: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone Number: _____

Owner's Email Address: _____

Applicant's Name: _____

Title of Applicant (owner, manager, architect, etc.): _____

Applicant's Phone Number: _____

Applicant's Email Address: _____

Applicant's Signature: _____

Office Use Only:

Date Paid: _____ Amount Paid: _____

Sanitarian Assigned: _____

I have submitted plans/applications to the following authorities: (Please check below)

☐ Assessor's Office
☐ Planning and Zoning
☐ Building Department
☐ Fire Department
☐ Water Pollution and Control Authority
☐ Liquor Commission
☐ Department of Consumer Protection
☐ Others _____

Hours of Operation:

	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Number of Seats: _____

Total Square Feet of Facility: _____

Maximum Meals to be Served (Approximate Number):

Breakfast _____

Lunch _____

Dinner _____

FOOD PREPARATION REVIEW

Select categories below of Time Control for Safety Food (TCS) to be handled, prepared, and served in your establishment.

Category	Select below:
Thin meats, poultry, fish, eggs (e.g., hamburger, sliced meats, fillets)	☐ Yes ☐ No
Thick meats, whole poultry (e.g., roast beef, whole turkey, chickens, hams)	☐ Yes ☐ No
Cold processed foods (e.g., salads, sandwiches, vegetables)	☐ Yes ☐ No
Hot processed foods (e.g., soups, stews, rice/noodles, gravy, chowder, casseroles)	☐ Yes ☐ No
Baked goods (e.g., pies, custards, cream fillings & toppings)	☐ Yes ☐ No
Others: _____	☐ Yes ☐ No

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? ☐ Yes ☐ No

2. How often these food items below will be delivered:
    a. Frozen foods _____
    b. Refrigerated foods _____
    c. Dry goods _____

3. How will dry goods be stored?

    _____
    _____
    _____

4. Provide the amount of space (square feet) allocated for:
    a. Frozen foods _____
    b. Refrigerated foods _____
    c. Dry goods _____

5. What type of containers will be used to store bulk food products (must be food grade containers approved)?

_____

_____

COLD STORAGE:

1. Is an adequate approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F and below? ☐ Yes ☐ No

2. Will refrigeration meet National Sanitation Foundation (NSF) or commercial-grade requirements? ☐ Yes ☐ No

3. Does each refrigerator/freezer have a thermometer? ☐ Yes ☐ No

   a. Number of refrigeration units: _____ b. Number of freezer units: _____

4. Is there a bulk ice machine available? ☐ Yes ☐ No

5. 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?

   _____

   _____

   _____

THAWING FROZEN TIME CONTROL FOR SAFETY FOODS (TCS):

Please indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. **More than one method may apply**.

Approved Thawing Methods	**THICK FROZEN FOODS**	**THIN FROZEN FOODS**
Refrigeration	☐	☐
Submerge in running water less than 70°F	☐	☐
Microwave (as part of the cooking process)	☐	☐
Cooked from frozen state	☐	☐
Other (please describe)	☐	☐

COOKING:

1. Will food thermometers be used to measure final cooking/reheating temperatures of TCS foods? ☐ Yes ☐ No

List the type of temperature measuring device: _____

Note: Facility must have at least **two** calibrated digital food thermometers to monitor food temperatures.

HOT/COLD HOLDING:

1. How will hot TCS food be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.

   _____
   _____
   _____

2. How will cold TCS food be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

   _____
   _____
   _____

COOLING:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F within 6 hours (i.e., from 135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours).

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES	VEGETABLES
Shallow	☐	☐	☐	☐	☐	☐
Ice Baths	☐	☐	☐	☐	☐	☐
Reduce Volume or Size	☐	☐	☐	☐	☐	☐
Rapid Chill	☐	☐	☐	☐	☐	☐
Other (describe)	☐	☐	☐	☐	☐	☐

REHEATING:

1. How will TCS foods 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 that will be used for reheating foods.

   _____
   _____
   _____

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

   _____
   _____
   _____

PREPARATION:

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

   _____
   _____
   _____

2. Will disposable gloves and/or utensils be used to prevent handling of ready-to-eat foods?
   ☐ Yes ☐ No
   If no, please specify: _____
   *No bare hand contact with ready to eat foods.

3. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be prechilled before being mixed and/or assembled?
   ☐ Yes ☐ No

   If not, how will ready-to-eat foods be cooled to 41°F?

   _____
   _____
   _____

4. Will all produce be washed on-site prior to use? ☐ Yes ☐ No
   If no, please specify: _____
   (Produce must be washed before chopping, cutting, or slicing)

5. Is there a designated sink used for washing produce? ☐ Yes ☐ No

   Describe:

   _____
   _____

6. Describe the procedure used for minimizing the length of time TCS food will be kept in the temperature danger zone (41°F – 135°F) during preparation.

_____
_____
_____

7. Will the facility be serving food to a highly susceptible population? ☐ Yes ☐ No

   If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

_____
_____
_____

A Hazard Analysis Critical Control Point (HACCP) plan for specialized processing methods such as vacuum packaged food items prepared on-site, Acidification of rice, Reduced Oxygen Packaging, Sous Vide, or otherwise required by the regulatory authority must be provided to the Health Department for review.

Note: Variances may be needed from the Connecticut Department of Public Health for some of these processes.

EMPLOYEE REQUIREMENTS:

1. Will food employees be trained in food safety and allergen awareness? ☐ Yes ☐ No

   Please describe the method of training: _____
   _____

   Number of employees: _____

2. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? ☐ Yes ☐ No
   Please describe:

_____
_____
_____

FINISH SCHEDULE:

Please describe which materials will be used in the table below. (e.g., Quarry Tiles, Fiber Resistant Polymers (FRP), Stainless Steel, 4" Plastic Coved Molding, etc.)

AREA	FLOOR (material)	COVING (material)	WALLS (material)	CEILING (material)
KITCHEN				
BAR				
FOOD STORAGE				
FOOD PREP				
TOILET ROOMS				
DRESSING ROOMS				
GARBAGE & REFUSE STORAGE				
MOP SERVICE BASIN AREA				
WAREWASHING STATION				
WALK-IN REFRIGERATORS AND FREEZERS				
OTHER AREAS				
Identify the finishes of cabinets, countertops, and shelves:				

INSECT AND RODENT CONTROL

1. Will the establishment have a professional exterminator contract? ☐ Yes ☐ No
    a. Provide name of exterminator: _____
    b. Frequency of extermination: _____
2. Will all outside doors be self-closing and rodent proof? ☐ Yes ☐ No
3. Are screen doors provided on all entryways left open to the outside? ☐ Yes ☐ No
4. Do all openable windows have a minimum #16 mesh screening? ☐ Yes ☐ No
5. Will air curtains be used? ☐ Yes ☐ No
   If yes, where? _____
6. Is the placement of electrocution devices identified on the plan? ☐ Yes ☐ No
7. Will all pipes & electrical conduit chases be sealed? ☐ Yes ☐ No
8. Will all ventilation systems exhaust and intakes be protected? ☐ Yes ☐ No
9. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? ☐ Yes ☐ No

GARBAGE AND REFUSE

Inside

1. Will refuse be stored inside? ☐ Yes ☐ No
2. Is there an area designated for garbage can or floor mat cleaning? ☐ Yes ☐ No
   If no, where? _____

Outside

1. Will a dumpster be used? ☐ Yes ☐ No
2. Number of dumpsters _____ What size? _____
3. Frequency of pickup _____
4. Name of contractor _____
5. Will a compactor be used? ☐ Yes ☐ No
6. Number of compactors _____ What size? _____
7. Frequency of pickup _____
8. Name of contractor _____
9. Will garbage cans be stored outside? ☐ Yes ☐ No

10. Do all dumpsters/garbage cans have lids? ☐ Yes ☐ No
11. Describe surface and location where dumpster/compactor/garbage cans are to be stored: (must be stored on nonabsorbent/washable surface)

    _____

12. Describe location of grease storage containers: (must be stored on nonabsorbent/washable surface)

    _____

13. Is there an area to store recyclable containers? ☐ Yes ☐ No

    Describe: _____

14. Indicate what materials are required to be recycled.

    ☐ Glass
    ☐ Metal
    ☐ Paper
    ☐ Cardboard
    ☐ Plastic

15. Is there any area to store returnable damaged goods? ☐ Yes ☐ No

    Describe: _____

PLUMBING CONNECTIONS

Please check categories that applies to each plumbing fixture.

	AIR GAP	AIR BREAK	INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
DISHWASHER						
GARBAGE GRINDER						
ICE MACHINE						
ICE STORAGE BIN						
MOP SINK						
HAND SINK						
THREE COMPARTMENT SINK						
FOOD PREPRATION SINK						
WATER STATION						
STEAM TABLE						
STEAM KETTLE						
DIPPER WELL						
WALK IN COOLER/ WALK IN FREEZER/ REFRIGERATOR (condensation lines)						
HOSE CONNECTION						
POTATO PEELER						
BEVERAGE DISPENSER/ CARBONATOR						
OTHER						

1. Are floor drains provided and easily cleanable? If so, indicate location:

   _____

   _____

WATER SUPPLY

1. Is water supply ☐ public or ☐ private?
2. If private, has a source been approved? ☐ Yes ☐ No ☐ Pending
   If yes, please attach a copy of written approval and/or permit.
3. Is ice made on ☐ premises or ☐ purchased commercially?
   If made on premise, are specifications for the ice machine provided? ☐ Yes ☐ No
   Describe where ice scoop will be stored: _____
   Provide location of ice maker or bagging operation: _____
4. What is the capacity of the hot water generator? _____
5. Is the hot water generator sufficient for the needs of the establishment? ☐ Yes ☐ No
   (Hot water must be 110°F minimum in the establishment at all times)
6. Is there a water treatment device? ☐ Yes ☐ No
   If yes, how will the device be inspected & serviced?
   _____
   _____
7. How are the backflow prevention devices inspected & serviced?
   _____
   _____

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? ☐ Yes ☐ No
2. If no, is the private disposal system approved? ☐ Yes ☐ No ☐ Pending

(If establishment is on private disposal system, attach copy of written approval and/or permit)

GREASE DISPOSAL

1. Is there an Automatic Grease Recovery Unit provided? ☐ Yes ☐ No
   If so, where? _____
   Provide name of company for cleaning and maintenance _____
   Provide schedule for cleaning and maintenance _____

DRESSING ROOMS

1. Are dressing rooms provided? ☐ Yes ☐ No
2. Describe storage facilities for employee personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
   ☐ Yes ☐ No
   Indicate location: _____
2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? ☐ Yes ☐ No
3. Are all containers of toxics including sanitizing spray bottles clearly labeled?
   ☐ Yes ☐ No
4. Will linens be laundered on site? ☐ Yes ☐ No
   a. If yes, what will be laundered & where? _____
      _____
   b. If no, how will linens be cleaned? _____
5. Is a laundry dryer available? ☐ Yes ☐ No
6. Where will clean linen be stored? _____
7. Where will dirty linen be stored? _____
8. Indicate all locations where exhaust hoods are installed: _____
   _____
   _____
9. How is each listed ventilation hood system cleaned? _____
   _____

SINK

1. Is a mop sink/service sink present? ☐ Yes ☐ No

WAREWASHING/DISHWASHING FACILITIES

1. Will sinks or dishwasher be used for warewashing? Check all that will be used for warewashing in the establishment.
   ☐ Dish machine ☐ Three-compartment sinks

2. If your establishment has a dish machine, answer the following questions:
   a. What type of sanitization will be used?
      ☐ Hot Water
         Will there be a booster heater for the dishwasher? ☐ Yes ☐ No
      ☐ Chemical type:
         ☐ Chlorine ☐ Quaternary Ammonium
   b. Is ventilation provided? ☐ Yes ☐ No
   c. Do all dish machines have templates with operating and sanitizing instructions? ☐ Yes ☐ No
   d. Do all dish machines have temperature/pressure gauges as required that are accurately working? ☐ Yes ☐ No
3. Does the largest pot and pan fit into each compartment of the three-compartment sink? ☐ Yes ☐ No

   If no, what is the procedure for manual cleaning and sanitizing?

   _____

   _____
4. Are there drain boards on both ends of the three-compartment sink? ☐ Yes ☐ No
5. What type of sanitizer is used for the three-compartment sink?
   ☐ Chlorine
   ☐ Quaternary Ammonium
   ☐ Hot Water
   ☐ Other _____
6. Are test kits available for checking sanitizer concentration? ☐ Yes ☐ No
7. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dish machine be sanitized?

   _____

   _____

A. HANDWASHING/TOILET FACILTIES

1. Is there a handwashing sink in each food preparation, food dispensing, and warewashing area? ☐ Yes ☐ No
2. Does handwashing sink in restroom have a mixing valve or combination faucet? ☐ Yes ☐ No
3. Are soap and paper towels available at all handwashing sinks? ☐ Yes ☐ No
4. Are soap and paper towel dispensers available at all handwashing sinks? ☐ Yes ☐ No
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? ☐ Yes ☐ No
6. Are covered waste receptacles available in each restroom? ☐ Yes ☐ No
7. Is hot and cold running water under pressure available at each handwashing sink? (Hot water must be at least 85°F at the handwashing sink) ☐ Yes ☐ No
8. Are all toilet room doors self-closing? ☐ Yes ☐ No
9. Are all toilet rooms equipped with adequate ventilation? ☐ Yes ☐ No
10. Is there a handwashing sign posted at all hand sinks and in each employee restroom? ☐ Yes ☐ No

<u>STATEMENT</u>: Approval of these plans and specifications must be given by the West Haven Health Department before any construction or renovation. Approval does not indicate compliance with any other code, law, or regulation that may be required- federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments. Contact the Health Department at least a week in advance to schedule for the final inspection.

****

By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge. The Health Department must approve any changes to the menu, equipment, or kitchen layout before installation.

_____ _____

Owner or Applicant Signature **Date**

REVISED: 12/11/2024