

Town of Plainville

Board of Health

695-3142 Ext. 16

FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

NEW _____ REMODEL _____

DATE: _____ FEE \$250.00 _____

NAME OF ESTABLISHMENT: _____

Address: _____

Phone: _____

NAME OF OWNER: _____

Mailing address: _____

Phone: _____

APPLICANT'S NAME: _____

Mailing address: _____

Phone: _____

TITLE: (Owner, Manager, Architect, etc.): _____

I have submitted plans/applications to the following: (Please note date of submittal on applicable line)

_____ Board of Selectmen	_____ Building	_____ Police
_____ Zoning	_____ Electric	_____ Fire
_____ Planning	_____ Plumbing	_____ Conservation
_____ Other (please state) _____		

MEALS TO BE SERVED:

_____ Breakfast

_____ Lunch

_____ Dinner

NUMBER OF SEATS: _____

NUMBER OF STAFF: _____
(maximum per shift)

SQUARE FEET: _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

- _____ Proposed Menu
- _____ Specification sheets for each piece of equipment
- _____ Site plan showing: location of business in building, location of building on-site including alleys and streets, location of any outside facility (dumpsters, walk-ins)
- _____ Plan drawn to scale of facility showing location of equipment, plumbing and electrical

PLEASE MAKE CERTAIN THE FOLLOWING INFORMATION IS AVAILABLE ON THE PLANS OR ATTACHED ON ADDITIONAL DOCUMENTS:

- Details of lighting - location, type, and type of shielding or protection
- Details of ventilation - mechanical or natural, CPM
- Location and size of all grease traps
- Location of employee and/or patron restrooms, including lavatories, water closets and urinals
- Location of employee dressing rooms and/or lockers
- Note that ceiling, walls and floors must be suitable finished to facilitate cleaning. All stud, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing

A. FINISH SCHEDULE

Applicants: Please fill in materials used (i.e. Quarry tile, stainless steel, 4" plastic covered molding, etc.)

	FLOOR	COVERING	WALLS	CEILING
Kitchen				
Warewashing				
Food Storage				
Other Storage				
Bathrooms				
Dressing Rooms				

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 outside doors for use in summer?	()	()	()
3. Do all operable windows have a minimum #16 mesh screening?	()	()	()
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?	()	()	()
5. Is area around building clear of unnecessary brush, litter, boxes or other harborage?	()	()	()
6. Are air curtains used? If yes, where? _____	()	()	()

C: GARBAGE AND REFUSE

INSIDE

7. Do all containers have lids?	()	()	()
8. Will refuse be stored inside?	()	()	()
9. Is there a can cleaning sink or area?	()	()	()

OUTSIDE

10. Will a dumpster be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	()	()	()
11. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____	()	()	()
12. Will cans be stored outside?	()	()	()
13. Describe surface dumpster/compactor/cans are to be stored _____ _____			

D. PLUMBING

Please describe back-siphonage protection of the following:

	Air gap	Air Break	Check Valve	"P" Trap	Vacuum Breaker
14. Water closets	()	()	()	()	()
15. Urinals	()	()	()	()	()
16. Dishwasher	()	()	()	()	()
17. Garbage grinder	()	()	()	()	()
18. Ice machines	()	()	()	()	()
19. Ice storage bin	()	()	()	()	()
20. Sinks	()	()	()	()	()
21. Steam tables	()	()	()	()	()
22. Dipper wells	()	()	()	()	()
23. Refrigerators	()	()	()	()	()
24. Hose connection	()	()	()	()	()
25. Potato peeler	()	()	()	()	()

26. Soap dispensers: _____
(wall mounted, individual free standing pump dispensers, and numbers)

27. Hand drying facilities: _____
(paper towels, air blower, etc)

28. Describe waste receptacles in each restroom: _____

D. 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

31. Is ice made of premises () or purchased commercially ()?
If on premises, are specifications of machine enclosed YES () NO ()
Describe provision for ice scoop storage: _____

F. SEWAGE DISPOSAL

32. Is building connected to municipal sewer? YES () NO ()

33. If no, has private disposal system approved: YES () NO () PENDING ()
Please attach copy of written approval

G. DRESSING ROOMS

34. Are separate dressing rooms provided? YES () NO ()
35. Describe storage facilities for employees' personal belongings (i.e. Purse, ,coats, boots, umbrellas, etc)
-
-

H. GENERAL

36. Describe facilities for separation of storage of insecticides/rodenticides and detergents/sanitizers/cleaning agents/caustics/acids/polishes and first-aid supplies/personal medication.
-
-

37. Are laundry facilities located on premises? YES () NO ()
If yes, what will be laundered? _____
Is location physically separated from food preparation areas and warewashing? YES () NO ()

38. Location of clean linen storage: _____

39. Location of dirty lien storage: _____

EXHAUST HOOD Odor Suppression: _____ Fire Protection: _____

Air Capacity: _____ Filters: _____ Sq. Ft: _____ CFM: _____

Hood Locations: _____

I. SINKS

40. Is a separate mop sink present? YES () NO ()
If no, please describe facility for cleaning of mops and other equipment
-

41. Is a separate food preparation sink present? YES () NO ()

42. Is a separate handwashing sink present in the food preparation area? YES () NO ()

J. ETS INDOOR AIR REGULATION: Children under the age of 18 years old can not be exposed to Environmental Tobacco Smoke (EST) in your business

43. Have you supplied proper information regarding ventilation for separate ETS and non ETS dining areas? YES () NO ()

44. Have you contacted the Tobacco Control Program Director for the Town of Plainville YES () NO ()

45. Have you completed all required submittals to the TCPD in order to receive final approvals from this office? YES () NO ()

K. DISHWASHING FACILITIES

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

Dishwasher () 2 compartment sink () 3 compartment sink ()

47. Dishwasher:

Type of sanitation used: _____

Hot water (temp. provider): _____

Booster heater: _____

Chemical type: _____

L. SINKS

48. Does the largest pot and pan fit in each compartment? YES () NO ()

49. Are there drain boards on both ends? YES () NO ()

50. If two-compartment sink is used, what method will be used for utensil washing?

51. What type of sanitizer is used?

Chlorine _____

Iodine _____

Quaternary ammonium _____

Hot Water _____

Please make certain the corresponding test kits are available at the preopening inspection

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 office may nullify this approval.

DATE: _____

Signature(s) _____

Owner(s) or responsible representative(s)

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations 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 will be necessary to determine if it complies with the local and state laws governing food service establishments.

REVIEWERS CHECK LIST

	Satisfactory	Unsatisfactory	N/A	Insufficient Information
1. Finish Schedule	()	()	()	()
Kitchen	()	()	()	()
Warewashing	()	()	()	()
Food Storage	()	()	()	()
Other Storage	()	()	()	()
Bathrooms	()	()	()	()
Dressing Rooms	()	()	()	()
2. Insect and rodent harborage	()	()	()	()
3. Garbage and refuse	()	()	()	()
4. Plumbing	()	()	()	()
5. Water supply	()	()	()	()
6. Sewagedisposal	()	()	()	()
7. Dressing rooms	()	()	()	()
8. Separate storage of toxics	()	()	()	()
9. Laundry facilities	()	()	()	()
10. Linen storage	()	()	()	()
11. Exhaust hoods	()	()	()	()
12. Sinks	()	()	()	()
13. Dishwashing	()	()	()	()
14. Lighting	()	()	()	()
15. Ventilation	()	()	()	()
16. Grease Traps	()	()	()	()
17. Employee Restrooms	()	()	()	()
Location	()	()	()	()
Number_____	()	()	()	()
Hand drying	()	()	()	()
Lavatories	()	()	()	()
Water closets	()	()	()	()
Urinals	()	()	()	()
Waste Receptacles	()	()	()	()
18. Patrons Restrooms	()	()	()	()
Location	()	()	()	()
Number_____	()	()	()	()
Hand drying	()	()	()	()
Lavatories	()	()	()	()
Water closets	()	()	()	()
Urinals	()	()	()	()
Waste receptacles	()	()	()	()

	Satisfactory	Unsatisfactory	N/A	Insufficient Information
19. Kitchen Equipment				
a. Space between units or wall closed or adequate space for easy cleaning	()	()	()	()
b. Aisles sufficient width	()	()	()	()
c. Storage 6" off floor	()	()	()	()
d. Countertops and cutting boards of suitable material	()	()	()	()
e. Self serve foods area adequately protected	()	()	()	()
f. Built-in external temperature gauges or provision for separate internal thermometers noted for each piece of refrigerated equipment	()	()	()	()
g. Utensil and kitchen storage				
Clean	()	()	()	()
Soiled	()	()	()	()
h. Counter mounted equipment	()	()	()	()
i. Floor mounted equipment	()	()	()	()
j. Vacuum packaging equipment	()	()	()	()
k. Bulk food	()	()	()	()
l. Self service: Salad	()	()	()	()
Hot/Cold Buffet	()	()	()	()

COMMENTS: (Note why any items were noted "Unsatisfactory")

Frank Wojciechowski - Health Inspector

DATE

APPROVAL: _____

DATE: _____

DISAPPROVAL: _____

DATE: _____

Reasons for disapproval: _____
