

☐ New ☐ Remodel ☐ Conversion

Town of Brookfield Health Department Food Establishment Plan Review & Approval Form

	NAME	ADDRESS	PHONE
ESTABLISHMENT			
OWNER/APPLICANT			
OPERATOR/MANAGER			

Type of Water Supply: ☐ Customer of Public Water Co. ☐ On-site well(s)

Type of Sewage Disposal: ☐ Town Sewer ☐ On-site septic system

If applicable, number of meals to be served: _____ Breakfast _____ Lunch _____ Dinner, or
approximate No. of customers to be served daily: _____

Is the owner/operator a qualified food operator? Yes ☐ No ☐ N/A ☐

****Class III and IV Establishments must have employed a Qualified Food Operator.***

HOURS OF OPERATION:

Sun _____ M _____ T _____ W _____ TH _____ F _____ Sat _____

Description of Establishment:

Seating Capacity:	Sq. Footage:	No. Employees Per Shift:	Date of Opening:
Proposed menu must be attached. Review of menu may change establishment classification or require additional equipment.			

Class III and IV establishments must answer questions in all sections.

Class I and II establishments complete each section as it applies, exclude sections: **D,E,F,G** unless otherwise specified.

APPLICATION REQUIREMENTS CHECKLIST

- ☐ 1. **Submit Plans Prior to Construction.** Properly prepared plans and specifications for construction, remodeling and alterations must be submitted to the Health Department for review and approval. Such plans should include a floor plan drawing (to scale) of the food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.
- ☐ 2. Include **Manufacturer Specification Sheets** for each piece of equipment shown on the plan.
All equipment must be NSF/ANSI or UL classified.
- ☐ 3. **Submit** a site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system) *if required.*
- ☐ 4. **Submit a Food Service Establishment License Application**
(fourteen (14) days prior to anticipated opening).
- ☐ 5. **Preoperational Inspection(s):** Request for a preoperational inspection must be made to the Brookfield Health Department to verify that the food establishment has been constructed in accordance to the approved plans and the PHC 19-13-B42.
Date/Time _____
Date/Time _____
- ☐ 6. Full proposed menu (including seasonal, off-site or catering menus).
- ☐ 7. Plan review fee for submittal: **Class I or II \$275.00/ Class III or IV \$400.00**
Initial fee includes plan review and annual food license application fee
- ☐ 8. Contacted other Town Departments regarding requirements including:
Building, Zoning, WPCA.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch= 1 foot.
2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self- service hot and cold units with sneeze guards.
3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
5. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
6. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

7. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

8. Include and provide specifications for:

- 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 including location of floor drains, floor sinks, water supply lines, overhead waste- water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
- d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, ware-washing, and equipment and utensil storage, and in toilet rooms; and
 - (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by a **National Sanitation Foundation (NSF)**, **UL** or an **ANSI** accredited certification program or equivalent (when applicable).
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are 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. A mop sink or curbed cleaning facility 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)

FOOD SERVICE ESTABLISHMENT REVIEW

(Check responses as necessary)

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

CATEGORY*

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cold processed foods (salads, sandwiches, vegetables) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Bakery goods (pies, custards, cream fillings & toppings) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other _____ | | |

A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

A. EMPLOYEES

1. Will food employees be trained in good food sanitation practices? ☐ Y / ☐ N

Method of training and how will it be documented:

-
2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods be used or worn? ☐ Y / ☐ N

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? ☐ Y / ☐ N

Please describe briefly:

Will employees have paid sick leave? ☐ Y / ☐ N

B. FOOD SUPPLIES/STORAGE

1. Are all food supplies from inspected and approved sources? ☐ Y / ☐ N

***Please list supplier(s)/source(s) of food product:**

-
2. What are the projected frequencies of deliveries for: frozen foods _____

Refrigerated foods _____ and Dry goods _____

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____ Refrigerated Storage _____ and Frozen storage _____

4. How will dry goods be stored off the floor? _____

5. Are containers constructed of safe materials to store bulk food products? ☐ Y / ☐ N

Indicate type: _____

6. Will ice be made: ☐ on premises ☐ purchased commercially ?

(Specifications sheet for the ice machine shall be included. Provisions for ice scoop storage will be checked during preoperational inspection).

C. COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 45°F (7°C) and below? ☐Y / ☐N
(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? ☐Y / ☐N

If yes, how will cross-contamination be prevented?

Number of refrigeration units: _____ Number of freezer units: _____

Each refrigeration unit shall have a thermometer available inside placed in the warmest location if not built into the unit.

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. Also, indicating where thawing will take place. More than one method may apply.

Thawing Method	*Thick Meats	*Thin Meats	Cold Foods	Hot Foods	Baked Goods
Refrigeration					
Running Water Less than 70°F (21°C)					
Microwave					
Cooked from Frozen state					
Other (describe)					

***Frozen foods: approximately one inch or less = thin, and more than an inch = thick.**

D. COOKING

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? ☐Y/ ☐N What type of temperature measuring device: _____

2. List types of cooking equipment.

Minimum Cooking Temperatures

Ground Beef	At least 145°F for 3 minutes
Beef Roasts, Corned Beef	At least 130°F for 121 minutes
Pork and Pork Products	At least 145°F for 15 seconds
Poultry	At least 165°F for 15 seconds
Stuffing & Stuffed meats, poultry, fish	At least 165°F for 15 seconds
Stuffed Pasta	At least 165°F for 15 seconds
Game Meats	At least 165°F for 15 seconds
Eggs	At least 145°F for 15 seconds

All other foods	At least 145°F for 3 minutes
Microwave Cooking Must be rotated or stirred, covered	
Meat, Poultry, Fish, & Eggs	At least 165°F

E. HOT/COLD HOLDING

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service?

2. How will cold PHF's be maintained at 45°F (7°C) or below during holding for service?

F. COOLING

Please indicate by completing the following section, how PHFs will be cooled to 45°F (7°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 45°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Methods: Shallow pans- food 3" deep or less, Ice water baths & stirring, Ice Wand, Rapid chill refrigerator, Volume reduction, or Other (describe).

Thick Meats: _____

Thin Meats: _____

Thin Soups/ Gravy/Sauces: _____

Thick Soups/Gravy/Sauces: _____

Rice/Noodles: _____

G. REHEATING

All PHF's that are cooked, cooled, and reheated for hot holding must 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.

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

H. PREPARATION

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

2. 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? ☐ Y/ ☐ N

If not, how will ready-to-eat foods be cooled to 45°F?

3. Will all produce be washed on-site prior to use? ☐ Y/ ☐ N

Describe location for produce washing. If using multiple use sinks, they must be cleaned and sanitized between uses.

4. 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.

- Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

5. Will the facility be serving food to a highly susceptible population? ☐ Y/ ☐ N

****Pasteurized egg shall be used in establishments serving highly susceptible populations.**

I. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

Area	*Floor	**Base	***Wall	***Ceiling
Dining Room				
Kitchen				
Bar				
Walk-in Refrigerator & Freezer				
Warewashing Area				
Food Storage Area				
Toilet Rooms				
Locker Rooms/Area				
Mop/ Service Area				
Other Areas				

* **Floor** covering shall be durable, sealed (non-absorbent) and easily cleanable concrete, terrazzo, quarry tile, ceramic tile, durable grades of vinyl or plastic tile. Floors of non-refrigerated dry food storage need not be sealed. Carpet may not be used in food preparation or processing areas, walk-in refrigerators, toilet rooms where hand washing, urinals and toilets are located and ware-washing areas (19-13-B42 (b)).

** **Base**- floor to wall junctures shall be coved and constructed so that no seam will be open. Where water flush cleaning methods are used the floor shall be graded to drain, covered and sealed.

*** **Walls and ceilings** in all food or drink prep areas, or where hands or utensils are washed shall be cleanable, smooth and light colored (19-13-B42(c)).

J. INSECT AND RODENT CONTROL

	YES / NO	
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>
Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>
Do all operable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>
Is the placement of insect electrocution devices identified on the plan	<input type="checkbox"/>	<input type="checkbox"/>
Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>
Is building exterior clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If yes, where?	<input type="checkbox"/>	<input type="checkbox"/>
Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?	<input type="checkbox"/>	<input type="checkbox"/>

K. GARBAGE AND REFUSE

Inside

1. Do all containers have lids? ☐Y / ☐N

2. Will refuse be stored inside? ☐Y / ☐N If so, where? _____

3. Is there an area designated for garbage can or floor mat cleaning? ☐Y / ☐N

Location: _____

Outside

4. Will a dumpster be used? ☐Y / ☐N

Number _____ Size _____ Frequency of pickup _____ Contractor _____

5. Will a compactor be used? ☐Y / ☐N

Number _____ Size _____ Frequency of pickup _____ Contractor _____

6. Will garbage cans be stored outside? ☐Y/ ☐N

7. Describe surface and location where dumpsters/compactor/garbage cans are to be stored.

8. Is there an area to store recycled containers?

9. Is there any area to store returnable damaged goods? Describe.

L. PLUMBING CONNECTIONS (in agreement with local plumbing codes):

*There shall be no cross connections between potable water supply and any non-potable water supply. Devices shall be installed to protect against backflow and backsiphonage at all fixtures and equipment unless an air gap is provided.

1. Are floor drains provided & easily cleanable, if so, indicate location:

EQUIPMENT

	Air Gap	Air Break	*Integral Trap	**“P” Trap	Vacuum Breaker
Flush Valve Toilets					
Dishwasher					
Ice Machines & Ice Bin					
All hose bibs, threaded faucets					
Handwash sinks					
Carbonators for beverage dispense					
Dipper Wells					
Refrigeration Condensate/Drain lines					
Compartment sink (1 st , 2 nd & 3 rd bay)					
Other:					

* **TRAP:** A fitting or device, which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “P”. Full “S” traps are prohibited.

M. WATER SUPPLY

1. Is water supply: ☐Customer of Public Water Company or ☐On-site Well(s)?

2. Has a Water System Registration Form been completed? ☐Y ☐N ☐N/A

3. If private, has source been approved? ☐Y ☐N ☐PENDING

Please attach copy of State DPH, Drinking Water Section approval and/or permit, well drilling report or well completion report.

4. What is the capacity of the hot water generator? _____

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 under Section III in the FDA and Conference for Food Protection Food Establishment Plan Review Guide)

6. Is there a water treatment device? ☐Y / ☐N

If yes, how will the device be inspected & serviced?

7. How are backflow prevention devices inspected & serviced?

N. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? ☐Y / ☐N

2. If no, is private septic disposal system approved? ☐Y ☐N ☐PENDING

(Please attach copy of written approval and/or permit).

3. Is a *grease trap provided? ☐Y / ☐N

If so, where is it located?

Provide schedule for cleaning & maintenance

***Note:** Applicants are required to plan for the construction of a grease trap/interceptor in accordance with the treatment requirements of the **Water Pollution Control Authority**. Information is available through the WPCA and the Building Department.

O. GENERAL

1. Are dressing rooms provided? ☐Y / ☐N

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, etc.)

3. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? ☐Y / ☐N

4. Are all containers of toxics including sanitizing spray bottles clearly labeled? ☐Y / ☐N

5. Will linens be laundered on site? ☐Y / ☐N

If yes, what will be laundered and where?

If no, how will linens be cleaned?

6. Location of clean linen storage:

7. Location of dirty linen storage:

Indicate all areas where exhaust hoods are installed:

LOCATION	Filters and/or Extraction Devices	Square Feet Fire Protection	Air Capacity (CFM)	Air Makeup(CFM)

9. How is each listed ventilation hood system cleaned and frequency?

P. SINKS

1. Is a mop sink present? ☐Y / ☐N

If no, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation sink present? ☐Y / ☐N

Q. DISHWASHING FACILITIES

☐ Two-Compartment Sink ☐ Three Compartment sink ☐ Dish washer

If using a dishwasher please provide:

Name and model: _____

Type of sanitization: _____

1. Do all dish machines have templates with operating instructions? ☐ Y / ☐ N

2. Do all dish machines have temperature/pressure gauges as required that are accurately working?
☐ Y / ☐ N

3. Does the largest pot & pan fit into each compartment of the pot sink? ☐ Y / ☐ N

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?

4. Please specify the type of sanitizer you will be using? _____

***Drain boards should be provided on both ends of the ware washing sink.**

* If using manual dishwashing: sanitizer concentrations required are **50-100ppm for chlorine** (bleach) and **200ppm for Quaternary** Sanitizer.

4. Are test papers and/or kits available for checking sanitizer concentration? ☐ Y / ☐ N

R. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area? ☐ Y / ☐ N

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? ☐ Y / ☐ N

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? ☐ Y / ☐ N

4. Is hand cleanser available at all handwashing sinks? ☐ Y / ☐ N

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?
☐ Y / ☐ N

6. Are covered waste receptacles available in women's restroom? ☐ Y / ☐ N

7. Is hot and cold running water under pressure available at each handwashing sink? ☐ Y / ☐ N
(Hot water at hand washing sinks for public use shall not exceed 115 °F).

8. Are all toilet room doors self-closing? ☐ Y / ☐ N

9. Are all toilet rooms equipped with adequate ventilation fans? ☐ Y / ☐ N

10. If required, is a handwashing sign posted in each employee restroom? ☐ Y / ☐ N

.....

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 Brookfield Health Department may nullify final approval.

SIGNATURE _____

(OWNER OR RESONSIBLE REPRESENTATIVE)

PRINTED NAME _____

DATE _____

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Please note: Approval of these plans and specifications by this Regulatory Authority 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 Pre-operational inspection with equipment in place and operational will be necessary to determine & ensure it complies with local and state regulations governing food service establishments. A license to operate will not be issued until after that time.

Comments: _____

REVIEWD & APPROVED BY _____

(Brookfield Health Department Representative)

APPROVAL DATE _____