



Town of Darien

Health Department

David Knauf, MPH, MS, REHS
Director of Health
(203) 656-7320
dknauf@darienct.gov
www.darienct.gov/health
www.twitter.com/darienhealth

Plan Review Requirements For New and Remodeled Food Service Facilities

1. **Before work begins on a new or remodeled food preparation/service facility**, an application, one set of plans, a proposed menu and the appropriate fee must be submitted to this office.
2. Plans must show the locations of all kitchen/bar equipment, food storage areas, sink locations and rubbish storage areas (including dumpsters) together with an equipment schedule containing the make and model numbers of equipment which must be NSF approved or equivalent. The plan shall also contain a finish schedule for floors, walls and ceilings. Grease control/removal equipment specifications must be provided and approved by the Darien Public Works Department
3. Plan reviews and approval with comments, if any, will be sent to the applicant and appropriate Town agencies as needed.
4. No changes to the approved plans shall be made without Health Department approval.
5. **Before opening for business**, an application for an annual Food Service Permit must be submitted with:
 - ✓ the appropriate fee
 - ✓ an updated menu
 - ✓ an outline of an employee training program
 - ✓ details on the person to be identified as the Qualified Food Operator (QFO)
 - ✓ the pre-opening inspection of the facility must be scheduled with a health department representative
6. After a successful pre-operational inspection, appropriate town agencies are notified and a temporary “30 Day Permit to Operate” is issued. This time period is utilized by Health Department staff to evaluate food preparation, handling and storage procedures as practiced by food service personnel. A full Permit will be issued once satisfactory food handling procedures are observed.
7. To assist in providing basic food safety guidance to employees, this office provides a training program for food handlers. Please call 203-656-7320 to sign up.

FOOD SERVICE PLAN REVIEW FEE SCHEDULE

Fees for the plan review of food service facilities are based on the “Class” of the establishment; which is determined by the food service establishment risk category of food preparation and the population served, based on the FDA Food Code as adopted and implemented under C.G. § 19-36 et al (the “Food Code”), and seating within the facility.

Class	Description	Fee:
1	A retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers (A) commercially packaged food in its original commercial package that is TCS*, or (B) commercially prepackaged, precooked food that is TCS* and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety.	\$275
2	A retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared or cooked and served immediately, or that prepares or cooks TCS* food and may require hot or cold holding, but that does not involve cooling.	\$400
3	A retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers TCS* food and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding. Seating for fewer than 50 patrons	\$500
	Seating for greater than 50 patrons	\$650
4	A retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.	\$700
Reno	Minor Renovation of an Existing Food Service Facility	\$250

* TCS foods are foods that “require time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation” and must be kept at temperatures $\leq 41^{\circ}\text{F}(5^{\circ}\text{C})$ or $\geq 135^{\circ}\text{F}(57^{\circ}\text{C})$ for safety.

NOTE: Class 2, 3 & 4 food service establishments shall employ a Certified Food Protection Manager and Alternate.



Town of Darien

Health Department

David Knauf, MPH, MS, REHS
Director of Health
(203) 656-7320
dknauf@darienct.gov
www.darienct.gov/health
www.twitter.com/darienhealth

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment: _____

Location / Street Address: _____

Category: Restaurant Caterer Bakery Retail Market Other _____

Number of Seats: _____ Class of Facility: _____

Meals Served (check where applicable): Breakfast Lunch Dinner Late Night

Days & Hours of Operation:

Mon: _____ Tues: _____ Wed: _____
Thur: _____ Fri: _____ Sat: _____ Sun: _____

Name of Owner: _____

Mailing Address: _____

Telephone/cell: _____ E-mail: _____

Applicant (if other than Owner): _____

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

Mailing Address: _____

Telephone/cell: _____ E-mail: _____

Note: Architect's plans with complete specifications of all equipment and a proposed menu must be submitted together with the fee in order for the Application to be considered complete.

I hereby certify the information contained in this application to be correct to the best of my knowledge.

Signature: _____

Date: _____

Instructions: Please complete the form as completely as possible. If something is not applicable, please enter "N/A"

Structural

All surfaces MUST be smooth, non-absorbent, easily cleanable and durable.

Floors:	<u>Material/Finish</u>
Preparation areas	_____
Dishwashing areas	_____
Storage rooms	_____
Rest rooms	_____
Dining rooms	_____
Bar area	_____

Walls:	<u>Material/Finish</u>
Preparation areas	_____
Dishwashing areas	_____
Storage rooms	_____
Rest rooms	_____
Dining rooms	_____
Bar area	_____
Coving Material	_____

* Areas behind grills/stoves must be stainless steel.

** Exposed waste water lines, gas lines or conduits are prohibited

Ceilings:	<u>Material/Finish</u>
Preparation areas	_____
Dishwashing areas	_____
Storage rooms	_____
Rest rooms	_____
Dining rooms	_____
Bar area	_____

* Porous ceiling tiles are prohibited in food preparation and dishwashing areas

** Exposed waste water lines, gas lines or conduits are prohibited

Doors and Windows (check all that apply):

Screened Air Curtain Self-Closing Other: _____

Lighting Requirements (protective shielding required):

- Shatterproof Bulbs Light Covers Other _____

Minimum lighting requirements:

Food prep/kitchen: 50-foot candles of light

Storage & rest rooms: 20-foot candles of light

Walk-in units: 10-foot candles of light

Cooking and dishwashing area - Ventilation:

- *All hoods/ventilation systems must be approved by the Fire Marshal.*
- *Applicable permits must be obtained from the Building Department.*

Indicate type of cooking line ventilation proposed: _____

Ventilation in Dishwashing area provided: _____

Rest Rooms:*

Number of toilets per restroom: _____ female _____ male _____ urinals

Number of sinks per restroom: _____ female _____ male

(It is recommended that one sink be provided for every toilet/urinal.)

Restrooms vented to exterior of building: Yes No

Separate employee rest room: Yes No

(employee rest rooms must not directly open into kitchen/prep area)

*** Notes: 1-14 seat facilities must provide at least one unisex handicap rest room.**

If 15 seats or more are proposed, separate male/female rest rooms are required.

Rest rooms for the public must not be accessed through food preparation or food storage areas.

All rest room doors must be equipped with self-closing devices and be solid, non-vented.

Water temperature at hand washing sinks in rest rooms shall not exceed 115 degrees.

Plumbing:

Grease Traps are REQUIRED for ALL Class III and Class IV Establishments

Type of Grease Recovery System: _____ Interior Exterior

List all equipment to be served by the grease trap: _____

Describe where recovered grease will be stored: _____

List all equipment needing air gaps or backflow prevention devices (ice machine, carbonators, mop sinks, dishwasher, etc.): _____

Dipper well for ice cream scoops provided as needed: Yes No NA

Hand Washing Facilities:

- **Hand sink are required in all food preparation areas, dispensing areas, bar area, rest rooms, and dish washing areas.**
- **Liquid soap & disposable towels/drying device are required at each sink.**

Indicate number and location of designated hand washing sinks (do not include rest rooms):

Total Number: _____

Location 1. _____ 2. _____
3. _____ 4. _____

Design, Construction and Installation of Equipment – FLOOR PLAN MUST BE ATTACHED

All equipment NSF or equal: Yes No **Note: Domestic grade equipment prohibited.**

Floor drain required near line area for proper cleaning. Yes No

If floor drain is not proposed, indicate how cleaning will be accomplished.

Separate food preparation sink with an indirect drain provided: _____

Equipment moveable to facilitate cleaning of floors and walls? Yes No

Cleaning – Sanitizing of Equipment and Utensils

3-Bay Sink with drain board provided? Yes No Adequate? Yes No

Sink is large enough to submerge the largest piece of equipment or utensil used? Yes No

Is the sink a single unit and constructed of galvanized metal or equal? Yes No

If no, please describe: _____

Two drainboards provided? Yes No If no, is wall mounted shelving provided? Yes No

- **Drainboard must be at least 24 inches in length.**
- **Wall mounted drain shelving may be substituted for one drainboard (wire rack over the sink area).**

Mechanical Dishwashing Proposed: Yes No Sanitizing Method: Hot Chemical

Provide name, make, and model of mechanical dish machine. Unit must be commercial grade, NSF or equal. _____

Indicate type of chemical for low temperature sanitizer _____

Adequate storage for dish racks? Yes No

Hot water sanitizer must reach 180°F on final rinse. Is separate booster heater proposed: Yes No

Hot Water Supply:

Hot water heater make/model: _____

Recovery rate: _____ gal/hr at _____ degrees F

Storage tank capacity: _____ gallons

Food, Equipment and Utensil Storage

Walk-in Refrigerator and Freezer Units:

NOTE: External Thermometers are required for all refrigerated units.

Material/Finish	Refrigerator	Freezer
Floors	_____	_____
Walls	_____	_____
Ceiling	_____	_____
Size	_____	_____

Reach-in Refrigerator and Freezer Units (domestic units prohibited):

Refrigerator Make/Model: _____ Size/Quantity: _____
Freezer Make/Model: _____ Size/Quantity: _____
Bain Marie Make/Model: _____ Size/Quantity: _____

Are separate units provided for raw meats, poultry, seafood and produce? Yes No

Describe how cross-contamination will be prevented IF separate units are not used (e.g. raw meat on lower shelves, designated storage shelves based on food product): _____

Hot Holding Units in the kitchen: Yes No Make/Size/Model #: _____

Ice Machine Provided? Yes No Water Cooled Air Cooled

Proper air gap provided for water supply line: Yes No Condensate Drain Line Yes No

Self Service Salad Bar/Buffer Proposed: Yes No Hot Food offered: Yes No
Cold Food offered: Yes No

Equipment Make/Size/Model #: _____

Sneeze guard provided, as required? Yes No Adequate? Yes No

Is catering operation proposed? Yes No

If yes, how will food be transported? List equipment:

General Storage Areas

- *All shelving must be at least 6" off the floor to aid in cleaning - wood shelving prohibited*

Dry Storage - Adequate to keep food separate from general supplies: _____

Separate area for cleaning supplies/chemical storage: _____

Separate mop sink and storage room/area proposed as required? Yes No

- **Mop basin must be floor-style basin, not elevated. Hooks required for mops.**

Indicate where employee personal items are to be located: _____

Laundry facility proposed? Yes No

- **If proposed, must be separate from food service preparation and storage areas.**

Trash, Grease and Rubbish

Indicate dumpster volume, cubic yards and collection interval: _____

Dumpster located on a cement pad with enclosure, equipped with tight covers and not near storm drains?

Yes No

If dumpster is NOT proposed, describe how and where rubbish will be removed/stored.

Describe method and location of unwanted grease storage: _____

Provide name of rendering company: _____

Self-application of pesticides/insecticides is prohibited. Indicate how pest control management will be performed. _____

Emergency Preparedness

Will the facility be served by an emergency electric generator? Yes No

If yes, please list all equipment that will be powered

Policies to Minimize the Risk to Customer/Public Health

All facilities serving potentially hazardous food must employ a Qualified Food Operator (QFO) who must be on-site at least 30 hours per week. Alternates are acceptable at those times when the QFO is not available if a "Certificate of Demonstrable Knowledge" is provided to this office by the owner of the establishment.

Provide name(s) of QFO(s) with certificate(s) indicating proof of training.

Provide name(s) of Alternate(s):

Temperature violations have been implicated in many cases of food related illness. List categories of all food prepared more than six (6) hours in advance of service (roast, soups, etc.) and describe methods used for hot holding or cooling large volumes of prepared food.

Sick food handlers can make customers sick if they come to work. Describe policy to exclude/restrict ill employees:

Will employees be entitled to paid sick leave? Yes No

Hand washing and personal hygiene is an essential component of employee training. Provide a description of your plan to provide employee training.

General Notes:

- Food handlers must be restricted from working with the food if: nauseous, with abdominal cramps, vomiting, severe cold or with open, infected cuts or burns on the hands or arms.
- All potentially hazardous food (PHF) must be maintained within the proper temperature: cold holding below 41° F or hot-held at a minimum of 135° F.
- Bare hand contact with food is prohibited (use gloves, wax paper, utensils).



For office use only

Plan Reviewed by: _____ Review Date(s): _____

Comments and Recommendations: