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DIRECTOR

City of Meriden, Connecticut

DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION



165 Miller Street
Meriden, CT 06450-4283
Telephone (203) 630-4226
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SUBMITTAL PAGE

STATEMENT: This information is provided for the purpose of Food Facility Plan review as required by the Code of the City of Meriden, Chapter 112. Approval of the plan is required **PRIOR** to the application for a Building Permit. Failure to comply may result in the delay of construction and/or additional financial obligations.

Printed Name of Applicant: _____

Address of Applicant: _____ Phone #: _____

Applicant Title: _____

Signature of Applicant: _____

Date Submitted to the Health Department: _____

Proposed Name of Food Establishment: _____

Address of Food Establishment: _____

PLEASE NOTE: Food service plan review process takes approximately 5-10 working days from receipt of plan.

Approval of these plans and specifications by the Health Department does not indicate compliance with other regulatory codes. It does not constitute an endorsement or acceptance of the completed establishment. A preopening inspection of establishment is required to determine code compliance.

PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE PROCEEDING

1. Plans must be complete, to scale, and must include the following:
 - a. Date of plan
 - b. Name, seal and signature of architect who did plans (if applicable)
 - c. Equipment layout
 - d. Equipment list by manufacturer and model number
 - e. Manufacturer specification sheets or equipment elevations
 - f. Interior finish schedule
 - g. A copy of your menu or a list of foods to be served
2. Plans must be submitted to the Meriden Health Division, 165 Miller St., Meriden, CT 06450-4283. You are encouraged to call (203) 630-4226 for an appointment to review your plans with the sanitarian. Plans must be submitted no less than 10 days prior to scheduled opening.
3. The fee for plan review is \$100. This fee must be paid before the plans will be reviewed.
4. You will be notified in writing after your plans are reviewed and approved.
5. Other city departments that you are required to obtain approval from:
 - a. Fire Marshal
 - b. Building (need copy of floor plan)
 - c. Zoning
 - d. Engineering - grease trap (if needed)
6. An application for a Food Service License must be completed and submitted to the Health Division with the appropriate fee before you can obtain a license. If your operation includes hot food, proof of a **Qualified Food Operator** (QFO) is required **prior** to license issuance.
7. If you will be preparing baked goods (cake, cookies, bread, pizza crusts, donuts etc.), you will need to obtain a bakery license from the Department of Consumer Protection. If you have a soft serve dessert (ice cream) machine, you will also need a permit from the Department of Consumer Protection. They may be reached at (860) 713-6160.
8. All licenses expire December 31st of the current year. Licenses issued after November 1st are valid through the next calendar year.

If you have any questions concerning your plan review, please call the Health Division at 203-630-4226. **Any changes made to the floor plan, finish list, layout of equipment, or to the equipment list must be approved in advance by the Health Division.**

PLAN REVIEW AND APPROVAL REQUIRED PRIOR TO SUBMITTAL FOR A BUILDING PERMIT...PER THE CODE OF THE CITY OF MERIDEN, CHAPTER 112.

FOOD SERVICE FACILITY APPLICATION/SPECIFICATIONS AND PLAN REVIEW FORM

All information requested MUST be provided or noted as non-applicable (N/A).

1. Provide copy of certificate for Qualified Food Operator (QFO). All facilities serving HOT food must employ a QFO. QFO must be on-site at least 30 hours per week. Must have designated alternate QFO. Documentation of in-house training must be maintained for review.

List name of QFO and alternate QFO _____

2. List categories of all food prepared more than six (6) hours in advance of service (roast, soups, etc). _____

3. Indicate how ingredients for cold, ready-to-eat food such as tuna, mayonnaise and eggs for salad and sandwiches will be pre-chilled before mixing/and or assembled.

4. All potentially hazardous food (PHF) must be maintained at or below 45° F or at or above 140° F, except during necessary times of preparation. Describe procedure to minimize these time periods

General Prep: _____

Reheating: _____

Cooling: _____

5. Indicate method to reduce bare-hand contact with food (gloves, wax paper, utensils).

6. Briefly describe policy to exclude/restrict ill employees: _____

❖ No person while affected with a disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, or an acute respiratory infection, shall work in a food service establishment in an area and capacity in which there is a likelihood of transmission of disease to patrons or to fellow employees, either through direct contact or through the contamination of food or food-contact surfaces with pathogenic organisms. No such person shall be employed in such an area and capacity in a food service establishment. The manager or person in charge of the establishment shall notify the health authority when any employee of a food service establishment is known or suspected of having a disease in a communicable form.

7. If separate food preparation sink with an indirect drain is required, indicate sink size:

Length _____ Width _____ Depth _____

6. Ventilation: All hoods/ventilation systems must be approved by the Meriden Fire Marshal and Building Dept. Applicable permits must be obtained from the Building Dept.

❖ Cooking line proposed: Yes No

❖ **All fixed cooking equipment requires a hood. See Building and Fire Marshal for type/size.**

❖ **Dish machines that produce steam are required to have a ventilation hood. See Building Dept.**

7. Toilet Rooms:

❖ Covered container required in female and unisex toilet rooms.

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

*** Note: 1-14 seats requires one unisex handicap toilet facility. If 15 seats or more are proposed, separate male/female toilets are required. Building Department requires handicap accessible. Toilet facilities for the public must not be accessed through food preparation or food storage areas.**

Indicate where lockers/hooks are located for employee personal items.

8. Water/Sewer:

Indicate source (please check): Public Well Water Public Sewer Septic

❖ Backflow prevention devices must be installed on sinks, hose outlets, carbonators, mop sinks, dishwasher and spray equipment.

❖ If well water, provide proof of water analysis (required annually).

❖ If septic, provide proof of tank size and maintenance schedule.

9. Hand Washing Facilities:

❖ Hand sinks are required in all food preparation areas, bar areas, toilet rooms, and dishwashing areas.

❖ Provide liquid soap dispensers and disposable towels/drying device required.

Design, Construction and Installation of Equipment

- ❖ **All equipment must be NSF or equal, domestic grade equipment prohibited.**
- ❖ **Wood is strictly prohibited in food preparation areas.**

- 10.** Equipment layout must be designed so the equipment abuts walls and adjoining equipment and does not create a void. Floor drain required near line area for proper cleaning. If floor drain cannot be provided due to site conditions, indicate how cleaning will be accomplished. _____
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SITE PLAN MUST BE ATTACHED

Cleaning-Sanitizing of Equipment and Utensils

- 11. Manual Dishwashing:** 3-bay sink proposed: Yes No

Indicate size of each compartment: Length _____ Width _____ Depth _____

- ❖ **Sink must be large enough to submerge the largest piece of equipment or utensil used.**
- ❖ **Must be single unit.**

Two drainboards provided: Yes No

If no, is wall mounted wire shelving provided above: Yes No

- ❖ **Drainboard must be at least 24 inches in length.**
- ❖ **All facilities preparing food must install a grease trap at 3-bay sink. Contact the Engineering Dept. at 630-4018 for approval process.**

Indicate how equipment in 3-bay sink, stationary equipment or equipment too large to submerge in 3-bay sink or placed in dishwasher, will be cleaned and sanitized.

Chemical type: _____ Concentration: _____

Chemical test kit MUST be provided

- 12. Mechanical Dishwashing Proposed:** Yes No Sanitizing Method: Hot Cold

- ❖ **Unit must be commercial grade, NSF or equal**

Please list name, make and model: _____

13. Hot Water Supply:

Storage tank capacity: _____ gallons Recovery rate: _____ gal/hr

- ✧ **Hot water provided in food service establishment must be a minimum of 110° F. Hot water in public toilet rooms cannot exceed 115° F (minimum 110° F).**

Storage and Handling of Equipment and Utensils

- ✧ **All shelving must be at least 12" off the floor to aid in cleaning - wood shelving prohibited.**

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

	Refrigerator	Freezer
Make/Model #	_____	_____
Size/Quantity	_____	_____

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):

- ✧ **Thermometer required in all refrigerated units.**

15. Hot Holding Units: Make/Size/Model #: _____

16. Salad Bar/Buffer Proposed: Yes No

Indicate if hot or cold items offered _____

Make/Size/Model #: _____

Sneeze guard provided as required? Yes No

Indicate how food will be rotated in salad bar/buffet: _____

- ✧ **RE-USE OF POTENTIALLY HAZARDOUS FOOD PROHIBITED.**

17. Is catering operation proposed? Yes No

How will food be transported? List equipment: _____

General Storage Areas

18. List cleaning supplies/chemical storage area: _____

19. Is separate mop storage room/area proposed as required? Yes No

✦ **Mop basin must be floor-style basin, no legs. Hooks required for mops.**

20. Laundry facility proposed? Yes No

✦ **If yes, washer and dryer required.**

✦ **If proposed, must be separate from kitchen, preparation and general storage areas.**

21. Is garbage dumpster proposed? Yes No

Indicate dumpster volume, cubic yards and collection interval: _____

✦ **Dumpster must be on cement pad with enclosure or not readily visible from public streets.**

Indicate if separate grease receptacle proposed. Yes No

✦ **Must be on cement pad with enclosure or not readily visible from public streets.**

If garbage dumpster is NOT proposed, state how garbage will be removed/stored. _____

✦ **Tight fitting covers required.**

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