



# *Town of Darien*

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Director of Health

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## *Health Department*

### **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) and
  - ✓ a 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 menu, method of food preparation and seating within the facility. Please select the classification that best applies to your proposed facility and submit the appropriate fee.

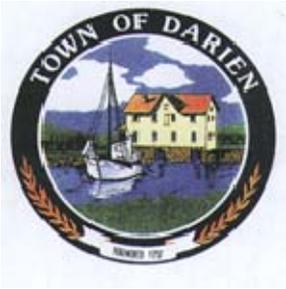
<u>Check One</u>	<u>Class</u>	<u>Type of Menu</u>	<u>Fee</u>
_____	I .....	Commercially Prepared Prepackaged food..... Hot and Cold Beverages	\$250.00
_____	II .....	Cold Potentially Hazardous Foods*..... Hot dogs, Kielbasa and Commercially Prepared Soups Served Within Four (4) Hours	\$275.00
_____	III .....	Hot and Cold Potentially Hazardous Foods* ..... Served within four (4) hours – No hot holding of foods	\$400.00
_____	IV .....	Hot and Cold Potentially Hazardous Foods* Served four or more hours after preparation Seating for fewer 50 Patrons ..... Seating for greater than 50 Patrons .....	\$500.00 \$650.00
_____		Minor Renovation of an Existing Food Service Facility .....	\$250.00

**NOTE: Class III and IV food service establishments shall employ a Qualified Food Operator and a Designated Alternate.**

\* Potentially Hazardous Foods are those types of food that require time/temperature control for safety to limit pathogenic microorganism growth or toxin formation.

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Fee: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_



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## FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

\_\_\_\_\_NEW \_\_\_\_\_REMODEL \_\_\_\_\_Reclassification

Name of Establishment: \_\_\_\_\_

Location (street address) \_\_\_\_\_

- Category: Restaurant \_\_\_\_\_, Caterer \_\_\_\_\_, Bakery \_\_\_\_\_, Retail Market \_\_\_\_\_, Other \_\_\_\_\_

Number of Seats \_\_\_\_\_

Type/Class of Facility \_\_\_\_\_

- Meals Served (check where applicable):

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner: \_\_\_\_\_ Late Night \_\_\_\_\_

- Hours/ Days of Operation: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone/cell: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant if other than Owner: \_\_\_\_\_

Title (owner, manager, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone/cell: \_\_\_\_\_ Email \_\_\_\_\_

**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.*

Signed \_\_\_\_\_ Date: \_\_\_\_\_

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

**A. Structural**

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

1. **Floors:** Material/Finish

Preparation areas	_____
Dishwashing areas	_____
Storage rooms	_____
Rest rooms	_____
Dining rooms	_____
Bar area	_____

**Walls:** Material/Finish

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

3. **Ceilings:** Material/Finish

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

4. **Doors and Windows:**

Indicate: screened \_\_\_\_\_ air curtain \_\_\_\_\_ self-closing \_\_\_\_\_  
other \_\_\_\_\_

5. **Lighting Requirements:** Protective shielding required

Indicate: 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

6. **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 \_\_\_\_\_

7. **Rest Rooms:**

\* Number of toilets/urinals for female: \_\_\_\_\_ male: \_\_\_\_\_ ; # of Sinks for 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.**

8. **Plumbing:**

➤ **GREASE TRAPS ARE REQUIRED FOR ALL CLASS III AND Class IV Establishments.**

a) Type of Grease Recovery System: \_\_\_\_\_ Interior \_\_\_\_\_ Exterior \_\_\_\_\_

b) List all equipment to be served by the grease trap \_\_\_\_\_

c) 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

9. **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. \_\_\_\_\_

**B . Design, Construction and Installation of Equipment FLOOR PLAN MUST BE ATTACHED**

10. 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

**C. Cleaning-Sanitizing of Equipment and Utensils**

11. 3-Bay Sink with drain board provided \_\_\_\_\_ Adequate? \_\_\_\_\_

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).**

12. 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? Y / N

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

13. Hot Water Supply:

Hot water heater: Make \_\_\_\_\_ Model \_\_\_\_\_

Recovery rate: \_\_\_\_\_ gal/hr at \_\_\_\_\_ degrees F

Storage tank capacity: \_\_\_\_\_ gallons

**D. Food, Equipment and Utensil Storage.**

14. Walk-in Refrigerator and Freezer Units:  
➤ **NOTE: External Thermometers are required for all refrigerated units.**

<b>Material/Finish</b>	<b>Refrigerator</b>	<b>Freezer</b>
Floors	_____	_____
Walls	_____	_____
Ceiling	_____	_____
Size	_____	_____

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

	<b>Refrigerator</b>	<b>Freezer</b>	<b>Bain Marie</b>
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):

\_\_\_\_\_

16. Hot Holding Units in the kitchen: Y / N    Make/Size/Model #: \_\_\_\_\_

17. Ice Machine Provided \_\_\_\_\_    Water Cooled \_\_\_\_\_    Air Cooled \_\_\_\_\_

Proper air gap provided for water supply line: \_\_\_\_\_    Condensate Drain Line: \_\_\_\_\_

18. Self Service Salad Bar/Buffer Proposed: Yes / No ;    Hot Food offered: Y / N ;    Cold Food Y / N

Equipment Make/Size/Model # \_\_\_\_\_

Sneeze guard provided as required?    Yes / No    Adequate: \_\_\_\_\_

19. Is catering operation proposed?    Yes    No    If yes, how will food be transported? List equipment:

\_\_\_\_\_

\_\_\_\_\_

**E. General Storage Areas**

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

20. Dry Storage - Adequate to keep food separate from general supplies: \_\_\_\_\_

Separate area for cleaning supplies/chemical storage: \_\_\_\_\_

21. 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.**

22. Indicate where employee personal items are to be located: \_\_\_\_\_

23. Laundry facility proposed?            Yes    No

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

**F. Trash, Grease and Rubbish.**

24. Indicate dumpster volume, cubic yards and collection interval: \_\_\_\_\_

25. Dumpster located on a cement pad with enclosure, equipped with tight covers and not near storm drains Y /N

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

27. Describe method and location of unwanted grease storage: \_\_\_\_\_

Provide name of rendering company: \_\_\_\_\_

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

**G. Emergency Preparedness:**

29. Will the facility be served by an emergency electric generator? Yes No  
If yes, please list all equipment that will be powered \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. 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.

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

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Will employees be entitled to paid sick leave? \_\_\_\_\_

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

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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 and must not be above 45° F or below 140° F for more than 4 hours, including preparation time.
- Bare hand contact with food is prohibited (use gloves, wax paper, utensils).

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**Plan Review conducted by:** \_\_\_\_\_

**Review Date(s):** \_\_\_\_\_

**Comments and Recommendations:**