

FOOD SERVICE ESTABLISHMENT PLAN REQUIREMENTS

1. Submit a completed application and pay the plan review fee. Make sure that the contact information submitted with the application is accurate and legible.
2. Plans must be complete, including **per Milford Code of Ordinances Sec. 8-33 (a), "... properly prepared architectural plans and specifications..."** drawn on at least 11 X 17" paper. Plans must include all areas of the facility (basement, storage areas, etc.).
3. Provide two (2) sets of the above floor plans.
4. Provide a site plan of property showing the location of entrances, exits, loading/unloading areas and docks and the location of trash/recycling/grease dumpsters.
5. **A proposed menu MUST be submitted with the plan.** If there will be a seasonal menu, take-out menu, catering menu, lunch menu - all must be submitted. Plans will not be reviewed without the menu(s).
6. The plan must show the location of all food service equipment. Each piece of equipment must be clearly labeled with its common name.
7. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by ANSI accredited certification program (i.e. NSF, National Sanitation Foundation). Submit specification sheets from manufacturer or supplier.
8. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases must be provided.
9. Contact the Milford Sewer Commission to determine the adequacy of the sanitary sewer capacity related to the proposed food service establishment. 70 West River Street, 203-783-3261.

Pre-operational inspections

- The Milford Health Department shall inspect the food establishment as many times as necessary prior to the start of operations to determine compliance with the approved plans and specifications and with the requirements of Public Health Code of the State of Connecticut and the City of Milford Code of Ordinances. No certificate of occupancy shall be issued until such time as the director of health has submitted to the building official a written statement indicating his approval of the food establishment. (Ord. of 4-1-85; § 6-13)

The Food Service License will not be issued for the food service establishment until the following requirements are met:

1. A completed food service license application has been received by the Milford Health Department.
2. Appropriate fees have been paid.
3. Plans and specifications have been approved.
4. Name and certificates have been provided to the Milford Health Department for the Qualified Food Operator (QFO) and the Designated Alternate QFO.
5. A final construction inspection has been completed.
6. A pre-operational inspection has been approved.

Code of Ordinances City of Milford

Sec. 8-33. Review of plans.

(a) *Submission of plans.* Whenever a food establishment is constructed or remodeled and whenever an existing structure is converted to use as a food establishment, application for a food establishment plan review shall be made to the director of health. This application shall include properly prepared architectural plans and specifications for such construction, remodeling, or conversion. These plans and specifications shall indicate the proposed layout, arrangement, mechanical plans, and construction materials of work areas, and the types and models of all proposed equipment and facilities. The director of health shall review and approve these plans and specifications prior to the start of any construction, remodeling or conversion. The director of health shall approve plans and specifications if they meet the requirements of this chapter and the Public Health Code of the State of Connecticut. No food establishment shall be constructed, remodeled, or converted except in accordance with plans and specifications approved by the director of health. No building permit shall be issued until such time as the director of health has submitted to the building official a written statement indicating his approval of plans and specifications.

(b) *Pre-operational inspection.* Whenever plans and specifications are required by section 8-33(a) of this article to be submitted to the director of health, the director of health shall inspect the food establishment as many times as he shall deem necessary prior to the start of operations to determine compliance with the approved plans and specifications and with the requirements of this chapter and the Public Health Code of the State of Connecticut. No certificate of occupancy shall be issued until such time as the director of health has submitted to the building official a written statement indicating his approval of the food establishment. (Ord. of 4-1-85; § 6-13)



Milford Health Department
 82 New Haven Avenue, Milford, CT, 06460 (203) 783-3287 Fax (203) 783-3286
www.ci.milford.ct.us/health-department-0
Food Service Establishment Plan Review Application

Application fee: \$100, Non-profit - \$1

Plan Review Fee Paid
 New
 Remodel
 Change of Ownership (Please note: For change of owner, a current menu and a plan to scale of the existing layout is required.)

Name of Establishment: _____

Address: _____

Mailing Address: _____

Contact Person: _____

Contractor
 Architect/Designer
 Owner

Name of Owner: _____

Contact Method: Phone/Fax #: _____

Email Address: _____

Main Hours of food Prep: <input type="checkbox"/> 4am – 2pm <input type="checkbox"/> 10am – 10pm <input type="checkbox"/> 4pm – 4am <input type="checkbox"/> Open 24 hours <input type="checkbox"/> Other: _____	Hours of Operation: Sun: _____ Mon: _____ Tues: _____ Wed : _____ Thurs: _____ Fri : _____ Sat: _____	# of seats: _____ Indoor: _____ Outdoor: _____	Any of the following foods on the menu? <input type="checkbox"/> Raw seafood (sushi, ceviche, etc.) <input type="checkbox"/> Molluscan shellfish (oysters, clams, scallops, etc.) <input type="checkbox"/> Meat/eggs cooked-to-order <input type="checkbox"/> Dressings/sauces prepared on-site <input type="checkbox"/> Hot food held > 4 hours <input type="checkbox"/> Cooled foods

Type of Operation: (Check all that apply)

Take Out/Fast food
 Itinerant Vendor
 Sunday
 Saturday

Dine – in
 Delivery
 Catering
 Buffet/Self-Service
 Bar

Delivery Frequency of goods: (Check all that apply)

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Primary Service Type Offered:

China/metal flatware
 Disposable containers/flatware
 Dishwasher on premises

Finish Schedule :

Area	Floor	Cove Base	Wall	Ceiling
Food Prep				
Mop Sink				
Restrooms				
Wait Station				
Dining Room				
Warewashing Room				

- All surfaces are smooth, nonabsorbent, and easily-cleanable
- Floor mats and duckboards must be removable and easily cleanable
- Studs, joists, and rafters not exposed in areas subject to moisture

- Insect and Rodent Control:**
- All outside doors equipped with self-closures
 - Building rodent-proofed
 - Integrated pest management plan in place

Sewage system:
Sewage disposal

- Connect to public sewer only
- Individual on-site septic system approved

****Class III & IV Establishments - Grease trap must be approved by the Milford Sewer Commission if served by sanitary sewer**

Size: _____ Location: _____

Water Supply Systems:

- Must have potable water from a public water supply
- Private well approved by the CT Department of Public Health, Water Supplies Section
- Hot and cold water under pressure must be applied to all necessary fixtures

Plumbing:

Install back-siphonage protection devices on: (Check all that apply)

- Urinals
- Dishwashers
- Sinks
- Ice machine
- Lavatories
- Steam tables
- Mop sink
- Other

Install air gaps or indirect waste lines at: (Check all that apply)

- Dish machine
- 3-compartment sinks
- All food prep sinks
- Ice machine
- Other

Hot/cold water mixing faucets required for:

- All sinks in food prep area
- All lavatories
- Liquid waste drain lines do not pass through an ice machine or ice storage bin

Comments: _____

Hand Sinks:

Provide at least one hand sink per work area, as listed below:

- Any/all prep areas
- Cook line
- Dishwashing area
- Bar area
- Service area

Total # hand sinks: _____

Restrooms/Lavatories:

	Employee Restroom(s)	Patron Restroom(s)
Adequately and conveniently located		
Fully-enclosed room		
Door is self-closing		
Adequate ventilation		
Hot/cold water mixing faucet		
Sanitary towel and soap dispensers		
Covered waste basket (s)		

Vegetable/Culinary Prep Sink:

Compartments: _____

- Protected from contamination
- Size and number of drain boards adequate
- Meat prep sink provided (if necessary)

Three-Compartment Sink

- Compartments sized so that the largest utensil is accommodated for proper dishwashing procedure
- Drain boards large enough to separately accommodate all soiled and cleaned items that may accumulate during hours of operations

Sanitizing method to be used:

- Chemical
- High-temp/hot water

Mop Sink:

- Floor drain properly located
- Floor sloped to drain
- Can wash drain discharge through grease trap?
- Hot and cold water provided
- Vacuum breaker (or other backflow prevention device) provided
- Adequate mop/broom hangers
- Mop sink floor mounted

Commercial Dish machine:

- Check if applicable for facility

Manufacturer: _____ Model: _____

Sanitation method:

- Chemical
- High Temp

Final rinse temperature: _____ °F

- Drain boards must be self draining
- Approval of commercial dish machine by MHD is required prior to the opening inspection.
- Backflow prevention device shall be provided on machine

Storage facilities: - General

- Containers of food shall be stored above the floor, on clean racks, dollies, or other clean surfaces, in such a manner as to be protected from splash or other contamination.
 - Food in enclosed containers is to be stored 12" above the floor. Exposed food is to be stored 18" above the floor.
- All shelving units are 12" – 18" above the floor
 - No exposed wood in the facility
 - Storage room flats and over-sized bulk bins are on casters
 - Aisles between equipment measure at least 3 feet in width

Storage facilities: - food-contact items and linens

- Not stored in/underneath any of the following:
 - Locker rooms or employee break rooms
 - Restroom facilities
 - Mechanical rooms
 - Under sewer lines
 - Under open stairwells
 - Stored on clean, dry surfaces
 - Not exposed to:
 - Splash
 - Dust
 - Other possible sources of contamination
 - Stored in a self-draining position that allows for air-drying
 - Kept in original protective packaging that affords protection from contamination until used
- Linens:**
- Laundered on-site:
 - Washing machine
 - Manufacturer: _____
 - Model: _____
 - Laundered off-site

Storage facilities: - Chemicals

- Chemicals shall be stored on shelving at least 6" above the floor.
- Location:
- Not above food, equipment, utensils, linens, or single-service articles
 - Pesticides/paints stored separate from detergents and sanitizers
 - Toxic items are in a locked cabinet, if stored in the kitchen

Storage facilities: - Employee personal belongings

- Facilities are available for employee personal belongings storage
- Facilities located separate and away from food storage/preparation areas

Storage facilities: - Equipment and Dry Storage Space

- The dry storage space required depends upon the menu, number of meals, quantities purchased and frequency of delivery
- The location of the storeroom adjacent to the food preparation area
- Convenient to receiving
- Adequate ventilation provided
- Free of un-insulated steam and water pipes, water heaters, transformers, refrigeration condensing units, steam generators or other heat producing equipment
- Shelving is constructed of suitably finished hard wood, durable plastic or of corrosion resistant metal.
- The highest shelf for practical use is 7' and the lowest one is 12" from the floor
- Clearance between the shelves is at least 15"
- Sufficient moveable dunnage racks and dollies (with smooth surfaces, cleanable in case of food spillage or package breakage) provided to store all food containers at least 12" above the floor.
- Food containers are not to be stored under exposed or unprotected sewer lines or leaking water lines
- Approved food containers with tight-fitting covers and dollies are used for storing bulk foods such as flour, cornmeal, sugar, dried beans, rice and similar foods
- Scoops are provided for each food storage container in use

Food Protection:

- Adequate space for separation of raw animal foods during storage, preparation, holding, and display from all ready-to-eat foods
- Adequate space for protection of all foods from potential sources of contamination
- Dispenser(s) provided for unpackaged condiments
- Self-service counter areas, buffet lines, and/or food bars have adequate and approved shielding

Installation:

- Floor-mounted equipment is on 6" legs, on casters, on raised platforms or sealed to the floor
- Counter-mounted equipment is on 4" legs, sealed to the counter, or portable if less than 60 lbs
- Designed and constructed to be durable, and to retain their characteristic qualities under normal use and conditions
- All equipment is easily cleanable and easily movable so that all surrounding floor/wall surfaces are easily cleanable

Multituse food-contact surfaces shall be:

- Smooth
- Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections
- Free of sharp internal angles, corners, and crevices
- Finished to have smooth welds and joints

Non food-contact surfaces shall be:

- Free of unnecessary ledges, projections and crevices
- Designed and constructed to allow easy cleaning and to facilitate maintenance

Ice Machines:

- Located at sufficient distance from potential sources of contamination
- Approved location for storage of ice scoop
- Water cooled machines have an air gap
- Air cooled machines have an indirect waste

Refrigeration Units:

- Meet commercial NSF standards
- In good repair and calibration
- Door and hinges are in good repair and are tight-fitting to the frame
- Gaskets are in good repair and free of contaminants
- All cooler units maintain food temperatures below 45°F
- All freezer units maintain temperatures that keep the frozen foods solidly frozen
- Adequate and approved storage shelving
- Approved cove basing around the interior and exterior of walk-in units.

Testing Equipment Required:

Testing device for temperatures (choose at least one of the following):

- Bimetallic thermometer for testing foods more than 2 inches thick
- Thermistor (digital instant read) for foods more than ½ inches thick
- Thermocouple for foods less than ½ inches thick

Testing device for refrigeration unit temperatures:

- Hanging thermometers for all refrigeration units, to include,
 - Walk-in coolers and freezers
 - Reach-in coolers and freezers
 - Prep coolers and freezers

Testing device for sanitizers

- a. Dish machines using high-temp as sanitization method
 - An approved thermometer which can pass through the dish machine during a normal wash cycle.

- b. Chemical sanitization in dish machines, manual dishwashing procedure, and cloth sanitization buckets.

- Test strips (or equivalent test kit) that measures concentration of solution in mg/L.
- Thermometer for frequently measuring wash/sanitize temperatures

Ventilation:

- Hoods must be sized and approved by the Fire Marshall
- Adequate dishwasher hood used
- Adequate ventilation system for toilet facilities

Lighting:

Light bulbs must be shielded, coated, or otherwise shatterproof in areas where there is/are:

- Exposed food
- Clean equipment, utensils, and linens
- Unwrapped single-service/single-use articles

Garbage Disposal Areas:

Type of receptacle used: Check all that applies

- Dumpster New
- Compactor Existing
- Grease

Number of receptacles available for facility use: _____

Frequency of garbage pickup:

- Daily
- 2-3 days per week
- Weekly
- Other: _____

Location:

Approximate distance from facility: _____ feet
Description: _____

Condition:

- Lids and side doors are installed properly and in good repair
- Drain plug is properly installed
- No obvious punctures/holes present

Garbage disposal, Condition:

- Stored on approved concrete/asphalt slab
- Curbed/graded to drain liquid waste
- Installed so that accumulation of debris and pest harborage are minimized

ACKNOWLEDGEMENT

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this regulatory office may nullify this approval.

Signature _____

(Owner or responsible representative)

Date: Month: _____ Day: _____ Year: _____

Approval of these plans and specifications does not indicate compliance with any other code, law or regulation that may be required – federal, state or local; furthermore, plan approval does not constitute endorsement or acceptance of the completed establishment.

A final inspection of each completed establishment with the necessary equipment will be necessary to determine if it complies with the Rules and Regulations Governing Food Service Establishments.

A Food Service License from the Milford Health Department, Environmental Health Division must be secured before this establishment can operate as a food service establishment.

Plans: Approved

Needs revision; did not meet all MHD requirements. See attached

Sanitarian signature: _____

Date: Month: _____ Day: _____ Year: _____

APPROVALS ARE VALID FOR ONE YEAR

