

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Manchester Health Department

479 Main Street
Manchester, CT 06040
(860) 647-3173

Plan Review Fee: \$100.00

Class 2

Class 3

Class 4

NEW

REMODEL

CONVERSION

Name of Establishment:

Establishment's Address:

Phone (if available):

Name of Owner or Owner's Representative:

Mailing Address:

Telephone:

Email:

Applicant's Name and Relationship to Owner (self, manager, architect, kitchen designer, etc.):

Mailing Address:

Telephone:

Please note the dates that plans have been submitted to the following agencies:

Building Dept. _____ Fire Marshall _____ Zoning Dept. _____

Approval of these plans and specifications by the Manchester Health Department 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-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments).**

FOR OFFICE USE ONLY

Date received _____

Date approved _____

Paid _____

Building Permit Approved by _____

Envir. Health Inspector assigned _____

Health Dept. _____

Environmental Health Inspector/Date

HOURS OF OPERATION:						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
Number of seats:						
Number of staff (Maximum per shift):						
Total Square Feet of Facility:						
Projected Number of Meals To Be Served (Approximate number)	Breakfast:		Lunch:		Dinner:	
Projected Date for Start of Construction:						
Projected Date for Completion of Project:						

TYPE OF SERVICE:	(Check all that apply)
Hot Foods Only	
Cold Foods Only	
Hot & Cold Foods	
Commercially Pre-packaged Foods	
Sit Down Meals	
Take Out	
Off-site Catering	
Mobile Food Unit	
Push Cart	
Customer Self-Service	
Other (describe)	
Single Service Utensils Only	
Multi-Use Utensil Service Only	
Both Multi-Use and Single Service Utensils	

The following documents MUST be enclosed for review:

Proposed menu items or complete listing of food and beverages to be served

Plan of facility drawn to scale (minimum ¼"=1") showing location of equipment, counters, plumbing, mechanical, ventilation, and location of all electrical panels

Manufacturer specification sheets for each piece of equipment shown on plans

Site plan showing location of business: including location of building on site, driveways, streets, and any structure outside the main building (dumpster, walk-ins, storage sheds, etc.)

Other items required for review and construction

Completed finish schedules for each room including floors, walls, ceilings, coved juncture bases, counters, tables, etc. must be submitted.

Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation must be represented on the plan. Dressing rooms, locker area, employees' belonging storage areas, and/or coat racks must be identified.

To permit thorough cleaning, all items stored in rooms where food or single-service items are stored shall be at least 6 inches above the floor.

The location of the floor drains, floor sinks, water supply lines, overhead waste water lines, hot water lines, hot water generating equipment (with capacity and recovery rate), backflow prevention, and waste water line connections must be identified.

The use of all sinks must be identified on the plans (i.e. handwash sinks, food preparation sinks, utensil washing sinks).

The source of the water supply and the method of sewage disposal must be identified.

A mop sink or mop basin with facilities for hanging wet mops and storage of mop buckets must be identified. The areas for storing toxic chemicals must be identified.

Grease traps and/or grease interceptor locations and capacities must be submitted. Grease storage containers and storage locations must be identified. This information must be submitted to Mike Raymond from the Water & Sewer Department as well.

Lighting must meet Code standards:

- A. Food contact surfaces = 50 foot candles (540 lux)
- B. Utensil washing area = 50 foot candles (540 lux)
- C.
 1. Buffet, salad bars
 2. Inside equipment (reach in & under counter refrigerators)
 3. Handwashing, ware washing, equipment & utensil storage, toilet rooms
- D. All other areas = 10 foot candles (110 lux)

Note: Lighting in utensil washing areas and on food contact surfaces shall be measured as 30 inches above the floor and/or at the work levels.

Note: Light bulbs in food preparation, storage, and display areas where the food items are open or exposed must be shatter-proof or shielded to preclude the possibility of broken bulbs or lamps falling into food.

Food Service Establishment Plan Review Requirements

1. Submit a completed Plan Review Application and pay the Plan Review Fee of \$100.00 to the Manchester Health Department. Please make sure to complete the application entirely and that the information is accurate and legible.
2. Submit a Hard Copy of Plans/Layout to the Health Department. Drawings must be to scale ($\frac{1}{4}''=1'$) and must be submitted on at least 11x17" Paper. Plans must show location of equipment, counters, plumbing, mechanical, ventilation, and location of all electrical panels.
3. The plan must include the location of all equipment; including counter mounted or floor mounted equipment. All equipment must be labeled clearly with its common name on the plan.
4. All equipment must be commercial grade and NSF and/or ANSI approved or equivalent.
5. Submit a site plan showing location of business: including location of building on site, driveways, streets, and any structure outside the main building (dumpster, walk-ins, storage sheds, grease interceptors, etc.)
6. Submit a proposed menu including seasonal, off-site catering and banquet menus. A plan will not be reviewed without a menu.
7. Submit all finish schedules for each room that includes floors, walls, ceilings, and covered juncture bases.
8. The location of the floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water lines, hot water generating equipment (with capacity and recovery rate), backflow prevention, and wastewater line connections must be identified.

In addition, please note the following:

1. You are required to contact the Manchester Building Department (860-647-3052), Manchester Fire Marshal (860-647-3267), and Manchester Zoning Department (860-647-3057) for their requirements/approvals.
2. You are required to contact Marilyn at the Manchester Water & Sewer Department (860-647-3117) for the AGRU/FOG requirements.
3. At least 1 Service Sink (Mop Sink) is required.
4. Food Establishment remodels/change of ownership will be required to bring the food establishment up to code.

A Food Service License will not be issued to the food establishment until the following requirements are met:

1. A Completed Food Service License Application had been completed entirely, with fee included, and received by the Manchester Health Department.
2. Plans and Specifications as submitted have been received and written plan approval has been provided.
3. Food Establishments have submitted documentation for a Certified Food Protection Manager (CFPM) to be present during operating hours. The FDA Food requires all class 2, 3, 4 Establishments to have a CFPM from an ANSI approved testing organization (see attached).
4. A Final Construction inspection has been completed by Manchester Health Department.
5. A Pre-Operational inspection has been completed by Manchester Health Department.

ANAB-CFP Accreditation Program (Accredited)

#	Organization
1	1 AAA Food Safety (AAA Food Safety, LLC) Exam Name: Certified Food Protection Manager Phone: 1-714-592-4100 Website: https://aaafoodhandler.com/food-manager-certification
2	Certus/StateFoodSafety Exam Name: StateFoodSafety Certified Food Protection Manager (CFPM) Exam Phone Number: 1-801-494-1416 Website: www.statefoodsafety.com
3	My Food Service License Exam Name: Certified Food Protection Manager Website: www.myfoodservicelicense.com
4	National Registry of Food Safety Professionals Exam Name: Food Protection Manager Certification Program International Certified Food Safety Manager Phone: 1-800-446-0257 Website: http://www.nrfsp.com
5	National Restaurant Association Solutions Exam Name: ServSafe® Food Protection Manager Certification Program Phone: 1-800-765-2122 Website: http://www.servsafe.com
6	Responsible Training / Safeway Certifications, LLC Exam Name: Food Protection Manager Certification Phone: 1-866-409-9190 Website: http://www.responsibletraining.com
7	The Always Food Safe Company, LLC Exam Name: Food Protection Manager Certification Phone: 1-612-203-4872 Website: https://alwaysfoodsafecom/
8	Learn 2 Serve by 360 Training Exam Name: Learn2Serve Food Protection Manager Certification Exam Phone: 1-888-360-8764 Website: www.360training.com