

**Wilton Health Department**

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**Town Hall Annex**  
**238 Danbury Road**  
**Wilton, CT 06897**  
**P-203-563-0174**  
**F-203-563-0148**

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

**Fee:**  
Date: \_\_\_\_\_

**Name of Establishment:** \_\_\_\_\_  
\_\_\_\_\_ New \_\_\_\_\_ Remodel \_\_\_\_\_ Conversion

Category: Restaurant \_\_\_ Institution \_\_\_ Daycare \_\_\_\_\_ RetailMarket \_\_\_ Other: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Establishment Phone: \_\_\_\_\_

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

Owner's Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

I have submitted plans/applications to the following authorities on the following dates:

Building Department \_\_\_\_\_ Planning & Zoning \_\_\_\_\_ Conservation \_\_\_\_\_

Fire Department \_\_\_\_\_ Police Department \_\_\_\_\_ Other \_\_\_\_\_

Projected Start Date of Project: \_\_\_\_\_ Projected Completion Date of Project: \_\_\_\_\_

**General Business Information:**

Hours of Operations: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_ Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operations are conducted: \_\_\_\_\_

Type of Service: Please check all that apply

Sit Down Meals: \_\_\_ Take out: \_\_\_ Caterer: \_\_\_ Mobile Vendor: \_\_\_ Other: \_\_\_\_\_

Maximum Meals to be Served: Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

**Please enclose the following documents:**

- \_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)
- \_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan
- \_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system- if applicable)
- \_\_\_\_\_ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- \_\_\_\_\_ Equipment schedule

**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch= 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment.  
Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room including floors, walls, ceilings and caved juncture bases;
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

d. Lighting schedule with protectors;

(1) At least 110 lux (10 foot candles) at a distance of 75 em (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;

(2) At least 220 lux (20 foot candles):

(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

(b) Inside equipment such as reach-in and under-counter refrigerators;

(c) At a distance of 75 em (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;

g. A color coded flow chart demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- food and dishes (portioning, transport, service);
- dishes (clean, soiled, cleaning, storage);
- utensil (storage, use, cleaning); .
- trash and garbage (service area. holding, storage);

h. Ventilation schedule for each room;

i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

j. Garbage can washing area/facility;

k. Cabinets for storing toxic chemicals;

l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

m. Completed Section 1;

n. Site plan (plot plan)

**FOOD PREPARATION REVIEW**

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u>	<b>(YES)</b>	<b>(NO)</b>
1. Thin meats, poultry, fish, and eggs (Hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (Roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (Salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (Pies, custards, cream fillings & toppings)	( )	( )
6. Other: _____ _____		

\* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

**PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS**

**FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources? YES / NO
2. What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_  
Refrigerate foods \_\_\_\_\_, and Dry goods \_\_\_\_\_
3. Provide information on the amount of space (in cubic feet) allocated for:  
Dry Storage: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_ Frozen: \_\_\_\_\_
4. How will dry goods be stored off the floor?  
\_\_\_\_\_  
\_\_\_\_\_

**COLD STORAGE:**

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 45°F (5°C) and below? YES / NO  
Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with Cooked/ready-to-eat foods? YES / NO

If yes, how will cross-contamination be prevented?

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3. Does each refrigerator/freezer have a thermometer? YES / NO

Number of Refrigeration Units: \_\_\_\_\_ Number of Freezer Units: \_\_\_\_\_

4. Is there a bulk ice machine available? YES / NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

\*Frozen foods: approximately one inch or less= thin, and more than an inch= thick

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

What type of temperature measuring device: \_\_\_\_\_

*Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:*

Beef Roasts	130°F (121 min)
Solid Seafood Pieces	145°F (15 sec)
Other PHF's	145°F (15 sec)
Eggs:	
Immediate Service	145°F (15 sec)
Pooled*	155°F (15 sec)
(* pasteurized eggs must be served to a highly susceptible population)	
Pork	145°F (15 sec)
Comminuted meats/fish	155°F (15 sec)
Poultry	165°F (15 sec)
Reheated PHF'S	165°F (15 sec)

2. List types of cooking equipment.

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**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

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2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

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**COOLING:**

Please indicate by checking the appropriate boxes how PHF's will be cooled to 45°F(5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 45 °F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

**REHEATING:**

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

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**PREPARATION:**

1. Please list categories of foods prepared more than 12 hours in advance of service.

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2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training: \_\_\_\_\_

Number(s) of employees: \_\_\_\_\_

Dates of completion: \_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Please describe briefly:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will employees have paid sick leave? YES / NO

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which Can't be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: Yes/No

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 45 °F?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES / NO

Describe: \_\_\_\_\_

\_\_\_\_\_

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (45°F -140°F) during preparation.

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9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? YES /NO  
 If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

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**FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic caved molding, etc.) will be used in the following areas.

	<u>FLOOR</u>	<u>COVING</u>	<u>WALLS</u>	<u>CEILING</u>
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

**INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

	YES	NO	N/A
Will all outside doors be self-closing and rodent proof?			
Are screen doors provided on all entrances left open to the outside?			
Do all operable windows have a minimum #16 mesh screening?			
Is the placement of electrocution devices identified on the plan?			
Will all pipes & electrical conduit chases be sealed: ventilation systems exhaust and intake protected?			
Is area around building clear of unnecessary brush, litter, boxes and other harborage?			
Will air curtains be used? If Yes, Where?			

**GARBAGE AND REFUSE**

*INSIDE*

	YES	NO	N/A
Do all containers have lids?			
Will refuse be stored inside? If So Where?			
Is there an area designated for garbage can or floor mat cleaning?			

**GARBAGE AND REFUSE CONT.**

*OUTSIDE*

	YES	NO	N/A
Will a dumpster be used? Number:                      Size: Frequency of pick up: Contractor:			
Will a compactor be used? Number:                      Size: Frequency of pick up: Contractor:			
Will garbage cans be stored outside?			

1. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

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2. Describe location of grease storage receptacle:

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3. Is there an area to store recycled containers?      Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Describe:

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4. Indicate what materials are required to be recycled;

Glass \_\_\_ Metal \_\_\_ Paper \_\_\_ Cardboard \_\_\_ Plastic \_\_\_

5. Is there any area to store returnable damaged goods?      Yes \_\_\_ NO \_\_\_ N/A \_\_\_

**PLUMBING CONNECTIONS**

	AIR GAP	AIR BREAK	INTERGRAL TRAP	“P” TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Garbage Grinder						
Ice machines						
Ice Storage Bin						
<b>Sinks</b> -Mop -Janitor -Hand wash -3 Compartment -2 Compartment -1 Compartment -Water station						
Steam Tables						
Dipper Wells						
Refrigeration/Condensate Drain lines						
Hose Connection						
Potato peeler						
Beverage Dispenser w/ carbonator						
Other: _____						

\* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P." Full "S" traps are prohibited

1. Are floor drains provided & easily cleanable, if so, indicate location:

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**WATER SUPPLY**

1. Is water supply public \_\_\_\_\_ or private \_\_\_\_\_?

2. If private, has source been approved? YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

Please attach copy of written approval and/or permit.

3. Is ice made on premises \_\_\_\_\_ or purchased commercially \_\_\_\_\_?

If made on premise, are specifications for the ice machine provided? YES \_\_\_\_\_ NO \_\_\_\_\_

Describe provision for ice scoop storage: \_\_\_\_\_

Provide location of ice maker or bagging operation:

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4. What is the capacity of the hot water generator? \_\_\_\_\_

5. Is the hot water generator sufficient for the needs of the establishment?  
Provide calculations for necessary hot water.

6. Is there a water treatment device? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, how will the device be inspected and serviced?

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7. How are backflow prevention devices inspected & serviced?

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### **SEWAGE DISPOSAL**

1. Is building connected to a municipal sewer? YES \_\_\_\_\_ NO \_\_\_\_\_

2. If No, is private disposal system approved? YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_  
Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, where? \_\_\_\_\_  
Provide schedule for cleaning and maintenance: \_\_\_\_\_

### **DRESSING ROOMS**

1. Are dressing rooms provided? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Describe storage facilities for employees' belongings (i.e., purse, coats, boots, umbrellas, etc.)

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### **GENERAL**

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES \_\_\_\_\_ NO \_\_\_\_\_  
Indicate Location: \_\_\_\_\_

2. Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Are all containers of toxic including sanitizing spray bottles clearly labeled? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Will linens be laundered on site? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, what will be laundered and where?

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If no, how will linens be cleaned?

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5. Is a laundry dryer available? YES \_\_\_\_\_ NO \_\_\_\_\_

6. Location of clean linen storage:

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7. Location of dirty linen storage:

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8. Are containers constructed of safe materials to store bulk food products? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Indicate type:

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9. Indicate all areas where exhaust hoods are installed:

Location	Filters & or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air makeup CFM

10. How is each listed ventilation hood system cleaned?

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**SINKS**

1. Is a mop sink present? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please describe facility and or method for cleaning of mops and other equipment.

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2. If the menu dictates, is a food preparation sink present? YES \_\_\_\_\_ NO \_\_\_\_\_

**DISHWASHING FACILITIES**

1. Will sinks or a dishwasher be used for ware washing?

Dishwasher: \_\_\_\_\_ 2 Compartment Sink \_\_\_\_\_ 3 Compartment Sink \_\_\_\_\_

2. Dishwasher

Type of sanitization used:

Hot Water (temp. provided) \_\_\_\_\_ Booster Heater: \_\_\_\_\_ Chemical Type \_\_\_\_\_

Is Ventilation provided? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do all dish machines have templates with operating instructions? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?  
YES \_\_\_\_\_ NO \_\_\_\_\_

5. Does the largest pot and pan fit into each compartment of the pot sink? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, what is the procedure for manual cleaning and sanitizing?

\_\_\_\_\_

\_\_\_\_\_

6. Are there drain boards on both ends of the pot sink? YES \_\_\_\_\_ NO \_\_\_\_\_

**HANDWASHING/TOILET FACILITIES**

1. Is there a hand washing sink in each food preparation and ware washing area? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Is hand cleanser available at all hand washing sinks? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?  
YES \_\_\_\_\_ NO \_\_\_\_\_

6. Are covered waste receptacles available in each restroom? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Is hot and cold running water under pressure available at each hand washing sink?  
YES \_\_\_\_\_ NO \_\_\_\_\_

8. Are all toilet room doors self-closing? YES \_\_\_\_\_ NO \_\_\_\_\_

9. Are all toilet rooms equipped with adequate ventilation? YES \_\_\_\_\_ NO \_\_\_\_\_

10. If required, is a hand washing sign posted in each employee restroom? YES \_\_\_\_\_ NO \_\_\_\_\_

**SMALL EQUIPMENT REQUIREMENTS**

1. Please specify the number, location and types of the following

Slicers: \_\_\_\_\_

Cutting boards: \_\_\_\_\_

Can openers: \_\_\_\_\_

Mixers: \_\_\_\_\_

Floor mats: \_\_\_\_\_

Other: \_\_\_\_\_

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**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above information without prior permission from the Wilton Health Department may nullify final approval.

DATE: \_\_\_\_\_

Written Name: \_\_\_\_\_

SIGNATURE(S): \_\_\_\_\_

\_\_\_\_\_  
Owner or responsible representative

Approval of these plans and specifications by this Regulatory Authority 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 preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.