

**Town of Wallingford, Connecticut  
Health Department  
45 South Main Street  
Room 215  
Wallingford, Connecticut 06492**

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**Submittal Page**

**STATEMENT:** The information is provided for the purpose of Food Facility Plan review as required by the Code of the Town of Wallingford, Chapter 122. 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.

If you have any questions concerning your plan review, please call the Health Department at (203) 294-2065. **Any changes made to the floor plan, finish list, layout of equipment, or to the equipment list must be approved in advance.**

Printed name of applicant: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Name/Address of Establishment: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Submitted to the Health Department: \_\_\_\_\_

**Please note that the process takes approximately 5 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. Pre-opening inspection of establishment required to determine code compliance.**



**Public Health**  
Prevent. Promote. Protect.

**PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE PROCEEDING**

The Wallingford Health Department would like to make the plan review procedure as quick and trouble free as possible. In order to serve you better and to save time, please observe the following procedure.

1. Plans must include the following:
  - a. Date of plan
  - b. Contact name/phone number/address
  - c. Equipment layout
  - d. Equipment list by manufacturer and model number
  - e. Copy of menu \*

**\* MENU MUST INCLUDE THE FOLLOWING CONSUMER ADVISORY:**

“Consumer Advisory: Thoroughly cooking meats, poultry, seafood, shellfish, or egg reduces the risk of Foodborne Illness”.

2. Plans must be submitted to the Wallingford Health Department, 45 South Main St, Wallingford, CT 06492. You are encouraged to call (203) 294-2065 for an appointment to review your plans with a staff member. Plans must be submitted no less than 10 days prior to the scheduled opening.
3. You will be notified in writing after your plans are reviewed and approved.
4. Final inspection is required prior to licensing.
5. An application for a Food Service License must be completed and submitted to the Health Department with the appropriate fee before you can obtain a license.

You may be required to obtain the following departmental approvals: Building Zoning, and Fire Marshal, before you can be issued a license. If your operation includes hot food, proof of a Qualified Food Operator (QFO) or proof of registration for an approved course is required **prior** to license issuance.

6. If you will be preparing baked goods from scratch (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.
7. All Class III and IV establishments (preparing/serving of either hot or cold food) must contact the Dave Tyler, Sewer Department, and (203) 949-2670, for approval of grease trap sizing and design.

**PLAN REVIEW FORM**

**(All information requested MUST be provided or noted as Non Applicable.)**

Name of Food Service Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Name of Contact Person and Phone Number: \_\_\_\_\_

Proposed Opening Date: \_\_\_\_\_

Does business own or rent the building \_\_\_\_\_ Own \_\_\_\_\_ Rent

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**A. Over view of type of proposed establishment:**

1. All facilities serving HOT food must employ a Qualified Food Operator (QFO). QFO must be on-site at least 30 hours per week. Documentation of initial and annual in-house training must be maintained for review.

**List name of QFO. If QFO is pending, list name of applicant and course title/date of course. Course MUST be completed prior to licensing.**

\_\_\_\_\_

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

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

3. Describe policy to exclude/restrict ill employees. All food handlers must be restricted from working with the food if: nauseous, abdominal cramps, vomiting, severe cold that produces mucous, open infected cuts or burns on the hands or arms.

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

4. 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.

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

5. Separate food preparation sink with an indirect drain is required.

6. 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.

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

\_\_\_\_\_

**8. Hand washing and personal hygiene must be included in your training package.**

**B. Structural Concerns**

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

1. **Floors:**

	<u>Material/Finish</u>	<u>Color</u>
Preparation areas	_____	
Dishwashing areas	_____	
Storage rooms	_____	
Toilet rooms	_____	
Dining rooms	_____	
Bar area	_____	

**Walls:**

	<u>Material/Finish</u>	<u>Color</u>
Preparation areas	_____	
Dishwashing areas	_____	
Storage rooms	_____	
Toilet rooms	_____	
Dining rooms	_____	
Bar area	_____	
Coving Material	_____	

\* Areas behind grills/stoves must be stainless steel.  
Fiberglass reinforced panels (FRP) or tile required for all other kitchen areas.

\*\* Exposed waste water lines, gaslines or conduits are prohibited.



7. **Toilet Rooms:**

\* Number of toilets/urinals for female: \_\_\_\_\_ male: \_\_\_\_\_

Separate employee toilets: Yes No Toilet rooms must not directly open into kitchen/prep area

Covered container is required in all female toilet rooms. All toilet room doors must be equipped with self-closing devices and solid/non-vent doors

Indicate where lockers/hooks are located for employee personal items. \_\_\_\_\_  
Toilet room water temp shall not exceed 115 degree F for customer use.

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

8. **Water/Sewer: GREASE TRAP REQUIRED FOR ALL CLASS III AND Class IV Establishments.**

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

\* If well water, provide proof of water analysis (required quarterly)

\*\* If septic, provide proof of tank size and maintenance schedule

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

9. **Hand Washing Facilities:**

Hand sink required in all food preparation areas, dispensing areas, bar area, toilet rooms, and dish washing areas.

Indicate number and location of designated hand washing sinks:

Total Number: \_\_\_\_\_

Location: \_\_\_\_\_ Location: \_\_\_\_\_ Location: \_\_\_\_\_ Location: \_\_\_\_\_

Liquid soap & disposable towels/drying device are required.

**C. Design, Construction and Installation of Equipment SITE PLAN MUST BE ATTACHED**

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

11. Manual Dishwashing – 3-Bay Sink with drain board required

- Sink must be large enough to submerge the largest piece of equipment or utensil used.
- Must be single unit and constructed of galvanized metal or better.
- Provide approved sanitizer/required test strips.

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).
- Thermocouple required for class 3's & 4's.

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

List type of chemical for low temp. sanitizer \_\_\_\_\_

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

List name, make, and model of mechanical dish machine: **Unit must be commercial grade, NSF or equal**

\_\_\_\_\_

Is mechanical dishwasher owned or rented? \_\_\_\_\_ Is service contract proposed? Yes No

13. Hot Water Supply:

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

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

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

**Note: Hot water provided to public toilet rooms must not exceed 115° F.**

**E. Storage and Handling of Equipment and Utensils**

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

14. Walk-in Refrigerator and Freezer Units:

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

**\* Thermometer required in all refrigerated units.**

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

	<b>Refrigerator</b>	<b>Freezer</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:

Make/Size/Model #:

\_\_\_\_\_

17. 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.**

18. Is catering operation proposed?    Yes    No

How will food be transported? List equipment: \_\_\_\_\_

\_\_\_\_\_

**F. General Storage Areas**

19. List cleaning supplies/chemical storage area: \_\_\_\_\_

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

**\* Mop basin must be floor-style basin, not elevated. Hooks required for mops.**

21. Laundry facility proposed?            Yes    No

**\* If proposed, must be separated from kitchen, preparation and general storage areas.**



22. Is garbage dumpster proposed?    Yes    No

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

**\* Dumpster must be on cement pad with enclosure and not visible from the street.**

**Exterior grease rendering receptacle must be on cement pad with enclosure.**

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

**\* Tight fitting covers required, screened from public view.**

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