Kevin A. Elak, MPH, REHS/RS
Director of Health

City of Middletown

Department of Health
245 deKoven Drive
Middletown, CT 06457
TEL: (860) 638-4960 FAX: (860) 638-1960
TDDL: (860) 344-3521

Food Service Establishment Application for Plan Review and Permit

Type of Application *(check all that apply)*

☐ New ☐ Remodel ☐ Conversion ☐ Change of Owner

Name of Establishment: _____ **Phone:** _____

Address: _____ **Email:** _____

Is this business operating under an LLC? ☐ Yes ☐ No

If yes, please provide the full name of the LLC: _____

Name of Applicant: _____

Applicant Title: (owner, architect, manger, etc.) _____ **Phone:** _____

Name of person(s) in charge & Title: _____

Address: _____ **Email:** _____

Type of Business *(check all that apply)*

☐ Restaurant ☐ Childcare Facility ☐ Convenience Store ☐ Deli ☐ Grocery Store
☐ Health Care Institution ☐ Bakery ☐ Other (specify) _____

Will this facility engage in any type of special processes (i.e. Sous Vide, acidification, Juicing etc.) ☐ Yes ☐ No

If so please specify: _____

Meal Service *(check all that apply)*

☐ Breakfast ☐ Lunch ☐ Dinner

Sewage Disposal	**Water Supply**	**Grease Trap**
☐ City Sewer ☐ Septic System	☐ City Water ☐ Onsite Well	☐ Indoor ☐ Outdoor ☐ N/A

Days/Hours of Operation _____ **Total Number of seats** _____

The Middletown Health Department must grant a plan review approval prior to any construction or renovation. A schedule walk is also required for any proposed facility that is existing. Please contact the Health Department (860-638-4970) at least 48 hours in advance to schedule the walk through. Lastly, applicants must also consult with the City of Middletown's Building Department, Fire Marshal, Land Use and Water and Sewer to also obtain the necessary permits and approval prior to starting the project.

*************************PLEASE DO NOT WRITE IN THIS AREA. OFFICE USE ONLY ***************************

License Month: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec **District Assigned:** 1 2 3

Reviewed by: _____ **Date:** _____ ☐ **Approved** ☐ **Denied**

Plan Review Fee Received: Date: _____ *$* _____ ☐ *cash* ☐ *check#* _____

Permit Fee Received: Date: _____ *$* _____ ☐ *cash* ☐ *check#* _____ *Classification:* _____

Revised August 2023

Checklist for Food Service Establishments

The following checklist is provided as a guide for information needed to obtain a permit to construct (renovate/new facilities), remodel or assume a food service establishment.

☐ A dated floor plan showing location of all equipment, plumbing, electrical and mechanical ventilation.
Plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.

☐ Provide a copy of the proposed menu.

☐ Manufacturer specification sheet for each piece of food service equipment. List all food equipment with model numbers. All equipment must be commercial grade and or equivalent.

☐ Equipment list to indicate if equipment is fixed in place, on casters, or movable.

☐ All food service equipment to be mounted a minimum of 6" off floor or on wheels.

☐ Provide hand-washing facilities in all necessary areas (i.e. food preparation, food dispensing and ware washing).

☐ Show dry storage area.

☐ Type of floors, walls, and ceilings in food preparation areas (non-porous, smooth easily cleanable).

☐ Provide a coved base at the floor/wall juncture in the food preparation areas.

☐ Provide a mop sink. If there is no mop sink, explain how mops will be cleaned and where water will be disposed.

☐ Provide an area for employees to place personal items (purses, jackets, etc.).

☐ Provide an area to store toxic items away from food preparation.

☐ Provide a 3-bay sink with drain board(s) and/or dish machine (high temperature versus chemical sanitization).

☐ Provide food prep sink.

☐ Provide light schedule (new) or ensure lights are shielded.

☐ Provide salad bar details, sneeze guard and reach in distance, if applicable.

☐ Locate floor drains, if required

☐ Submit documentation for certified food protection manager (CFPM). This is required for Class 2's, 3's and 4's. *(See approved testing organization sheet at the back of this packet)*.

☐ Contact the Department of Consumer Protection (DCP) at (860)713-6160 if proposing a building or part of building wherein the production of breads, cakes, doughnuts, crullers, pies, cookies, crackers, spaghetti, macaroni, or other food products is made either wholly or in part of flour or meal, including all frozen or canned baked goods. DCP should also be contacted if establishment is a bakery, frozen dessert or grocery store.

☐ Indicate type of ice machine – water-cooled versus air-cooled.

☐ Provide appropriate backflow prevention devices where needed.

☐ Provide a site Plan showing the location of loading/unloading area(s)/ dock(s), external grease interceptor unit (if applicable), well and/or septic system (if applicable).

☐ Register with Middletown Central Communication Center – (860-638-3250 or visit http://www.middletownct.gov/157/Central-Communications and complete the *Key Holder Contact Form*)

☐ Contact Kim O'Rourke (860-638-4855) regarding Plastic Bag Ordinance & Food Scrap Program

Food Preparation

Thin meats, poultry, fish, eggs (i.e. hamburgers, chicken breasts, sandwich meats, fish filet, etc.)	☐ Yes	☐ No
Thick meats, whole poultry (i.e. whole roasts, pork, turkey, chicken, meatloaf, etc.)	☐ Yes	☐ No
Hot processed foods (i.e. soups, stews, chowders, meatballs, casseroles, etc.)	☐ Yes	☐ No
Bakery goods (i.e. pies, custards, creams, etc.)	☐ Yes	☐ No
Other: _____		

Cold Storage

Adequate and approved freezer and refrigeration space must be available to store frozen foods in a frozen state and refrigerated foods at 41° and below.

Will raw meats, poultry and seafood be stored in the same refrigerators and freezer with cooked/ready-to-eat foods?	☐ Yes	☐ No
If YES, how will cross-contamination be prevented? _____		
Number of refrigeration units _____	Number of freezer units _____	

Thawing

Process	Thick Meats		Thin Meats		Fish/Seafood		Cold Foods		Poultry Products	
In a refrigerator	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Submerged in running water less 70°F	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Cooked from a frozen state	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Microwaved as part of the cooking process	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Other (please describe) : _____										

Cooking Process

Food temperature measuring devices shall be provided and be readily accessible for use in assuring attainment and maintenance of safe food temperatures. Temperature measuring devices must be accurate to ±2°F

Identify which type and how many food product thermometers (0°F-212°F) will be available and be used to measure final cooking/reheating temperatures of TCS:

Internal Cooking Temperature Specifications for Raw Animal Foods

Internal Cooking Temperature	Raw Animal Foods
145°F for 15 seconds	☐ Raw eggs cooked for immediate service ☐ Fish, except as listed below ☐ Pork ☐ Meat
145°F for 3 minutes 150°F for 1 minute 155°F for 15 seconds 158°F for Instantaneously	☐ Ground or Comminuted meat and Fish Product ☐ Raw eggs not for immediate service
130°F for 121 minutes 140°F for 12 minutes 155°F for 3 minutes	☐ Whole Roast ☐ Corn Beef ☐ Pork Roast
165°F for <1 second (instantaneous)	☐ Wild game animals ☐ Poultry ☐ Stuffed fish, meat, pork, pasta, & poultry ☐ Stuffing containing fish, meat, & poultry

Hot Holding

How and where will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units to be used _____

_____

_____

_____

_____

Cooling

Please indicate by checking the appropriate box(es) how TCS foods will be cooled from 135°F to 70°F in 2 hours and from 70°F to 41°F in an additional 4 hours.

Cooling Process	Shallow pans in refrigerator		Ice Bath		Stirring with iced chill sticks		Blast Chiller		Other	
Thick Meats	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Thin Meats	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Fish/Seafood	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Poultry Products	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Hot Foods (i.e. soups, pastas, sauces etc.)	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Baked Good	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No

If other, please describe: _____

_____

_____

Food Preparation

Please list all food items prepared more than 12 hours in advance of service._____

_____

_____

_____

_____

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Please describe the procedure:_____

_____

_____

_____

_____

How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixing or assembly?_____

_____

_____

_____

_____

Finish Schedule: Please describe below the type of materials used on Floor, Walls and Ceilings

Area	Floor	Base (Floor/Wall/Juncture)	Walls	Ceiling
Kitchen/Cooking Area				
Bar				
Food Storage				
Other Storage				
Restrooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Area				
Basement				
Other				

Dry Goods Storage/Storage of Single Service Items (paper cups, plates, straws, etc.)

Is appropriate dry good storage space provided for based upon menu, meals offered, frequency of deliveries, and items being stored?	☐ Yes ☐ No
Provide information on the frequency of deliveries and the expected gross volume that will be delivered for each item.	
Where will single-service items be stored in the service location(s)?	

Personnel

Your food establishment must have a policy to exclude or restrict food workers who are ill with symptoms compatible with foodborne illness (vomiting, diarrhea, nausea, stomach cramps, high fever, and jaundice) or have infected cuts and lesions.

Describe your policy to restrict food workers with these symptoms: _____

_____
_____
_____
_____
_____

Plumbing

Indirect Waste				
Plumbing Fixture	**Floor Sink or Floor Drain**	**Other (Please Specify)**	**Fixture Will Have A Direct Waste Connection**	**N/A**
Dishwasher				
Ice machine				
Ice storage bins				
Food prep sinks				
Utensil/pot wash sinks				
Steam tables				
Dipper wells				
Utensil/pot wash sinks				
Refrigeration				
Potato peeler				
Other:				
If floor drains are not shown on plans, please indicate locations: _____				

_____
_____
_____
_____

Applicants must identify the type of backflow prevention to be used for the water supply in each plumbing fixture listed below:

Plumbing Fixture	Backflow Prevention Device	Air Gap
Hose Connection		
Soda Carbonation System		
Chemical Dilution System		
Water Supply for Garbage Grinders		
Water Fill for Soda Guns		
Dipper Wells		
Other:		

Warewashing

Three Compartment Sinks			Drain board		
Length _____	Width_____	Depth _____	☐Yes ☐No ☐N/A	Right__	Left __
Does the largest pot, pan, utensil or container fit into each compartment of the sink?				☐ Yes	☐ Nos
What type of sanitizer will used?		☐ Chlorine	☐ Quaternary Ammonium	☐ Other	
Test Kit available ☐ Yes ☐ No					

Mechanical dishwasher				
Make : _____ Model Number: _____				☐ N/A
What chemical sanitizer is used for final rinse?	☐ Chlorine	☐ Quaternary Ammonium	☐ Other	☐ N/A
Test Kits Available: ☐ Yes ☐ No				
Hot Water Sanitizer (180°F-194°F) ☐ Yes ☐ No ☐ N/A	Identify the capacity of the booster heater: _____ .			
Will ventilation be provided over the dishwasher?			☐ Yes	☐ No
Will thermometers, test papers and/or test kits be available for checking sanitizer concentrations at the three-compartment sink and dishwasher?			☐ Yes	☐ No

Mop Cleaning Facilities

Will a separate mop basin be provided?	☐ Yes	☐ No
If not, please indicate how waste water will be disposed_____		

Handwashing/Toilet Facilities

Will there be handwashing sinks in the food preparation, food dispensing, and warewashing areas?	☐ Yes	☐ No
Will self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactive the faucet?	☐ Yes	☐ No
Will soap dispensers be available at all handwashing sinks?	☐ Yes	☐ No
Will hand drying facilities (paper towels, air blower, etc.) and waste receptacles be available at all handwashing sinks and in each restroom?	☐ Yes	☐ No
Will all toilet rooms be self-closing?	☐ Yes	☐ No

Dressing Rooms

Will separate dressing rooms be provided?	☐ Yes	☐ No
If not, describe the storage facilities for employees' personal belongings (i.e., purses, coats, boots, umbrellas, etc.)?		

Chemical Storage

Will all cleaning materials and toxic items be stored away from food preparation and storage areas?	☐ Yes	☐ No
Please describe the location of all toxic item storage – including areas in the food preparation areas where "in-use" chemicals will be stored: _____		

Other

Will there be a basement space available for this food establishment	☐ Yes	☐ No
Will it be used or food storage and/or dry storage	☐ Yes	☐ No

By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge. Middletown Health Department must approve any changes to the menu, equipment or kitchen layout prior to its installation.

Signature	**Print**	**Date**

Well Water Testing Requirements

The Connecticut Department of Public Health, through the action of the Connecticut General Assembly, adopted requirements for testing well water. Specifically, the requirements are:

1. ALL water samples must be collected by an individual under the direction of a licensed laboratory, a state certified operator as defined in Section 25-32-7a(c) of the regulations of state agencies, or a licensed sanitarian;
2. The well water MUST meet the maximum contaminant levels (MCL 'S) of the Connecticut Public Health Code;
3. The water has to be analyzed for:

✓ Total Coliform Bacteria	✓ Turbidity
✓ Nitrate	✓ pH
✓ Nitrite	✓ Sulfate
✓ Sodium	✓ Apparent Color
✓ Chlorine	✓ Odor
✓ Iron	✓ Volatile Organic Chemical (VOC's)
✓ Manganese	✓ Seven Listed Pesticides if nitrate level is over 10.0
✓ Hardness	

4. The Connecticut Department of Health recommends testing for Arsenic and Uranium.

When the results are mailed or faxed to the Middletown Health Department, a Water Certification Form with signature of the person who took the sample must be included. This is a State Regulation.

Approved In-State local Water Testing Laboratories

TOWN	LABORATORY NAME	LICENSE NUMBER	PHONE	Private well testing	Asbestos	Arsenic	Bacteriological	Inorganics	Organic Chemicals	PFAS	Radiological	Uranium
Berlin	Northeast Laboratories, Inc	PH-0404	(860) 828-9787	X			X	X				
Dayville	Microbac Laboratories, INC. - Dayville	PH-0465	(860) 774-6814	X		X	X	X	X			X
Greenwich	Greenwich Health Department Laboratory	PH-0703	(203) 622-7843	X		X	X	X			X	
Hebron	RSA Laboratories, Inc.	PH-0111	(860) 228-0721	X							X	
Madison	Environmental Consulting Lab	PH-0535	(203) 245-0568	X		X	X	X				X
Manchester	Phoenix Environmental Laboratories, Inc.	PH-0618	(860) 645-1102			X	X	X	X			X
Milford	Baron Analytical Laboratories LLC	PH-0440	(203) 874-5678				X	X				
New Haven	Regional Water Authority	PH-0411	(203) 401-2700			X	X	X	X	X		
Newtown	Aqua Environmental Lab	PH-0800	(203) 270-9973	X		X	X	X	X		X	X
North Haven	Aqualogic, Inc.	PH-0454	(203) 248-8959	X			X	X				
Old Saybrook	Eastern Analytical Laboratory, Inc.	PH-0448	(860) 388-2378	X			X	X				
Plainville	Tunxis Laboratories, LLC	PH-0513	(860) 793-8866			X	X	X	X			X
Stamford	Stamford Health Department Laboratory	PH-0710	(203) 977-4378	X			X	X				
Stratford	Complete Environmental Testing, Inc.	PH-0116	(203) 377-9984			X	X	X	X	X		X
Stratford	York Analytical Laboratories, Inc	PH-0723	(203) 325-1371			X		X	X			X
Wallingford	EMSL Analytical, Inc. - CT	PH-0322	(203) 284-5948	X	X		X					
Wallingford	Environmental Monitoring Lab	PH-0509	(203) 284-0555	X		X	X	X	X			
Waterbury	Analytical Consulting Technology, Inc.	PH-0518	(203) 757-3960	X		X	X	X	X			X
Waterbury	Northwest Environmental Water Labs	PH-0537	(203) 437-4110	X		X	X	X				
Wilton	South Norwalk Electric & Water Laboratory	PH-0461	(203) 762-7884	X			X	X				
Windsor	Envirotech Laboratory	PH-0464	(860) 688-7249	X			X	X			X	
Woodbridge	Aquatek Labs, Inc.	PH-0466	(203) 389-1824	X		X	X	X	X		X	X

Approved Testing Organization

ServSafe® National Restaurant Association (NRA)
Phone: 1-800-765-2122
Website: www.servsafe.com
Exam Name: ServSafe Food Protection Manager
175 West Jackson, Suite 1500 Chicago, IL 60604

American Safety Council/StateFoodSafety
Phone: 1-801-494-1416
Website: www.statefoodsafety.com
Exam Name: StateFoodSafety Certified Food Protection Manager Exam

Responsible Training/Safeway Certifications, LLC
Phone:1-866-409-9190
Website: www.responsibletraining.com
Exam Name: Food Protection Manager Exam

The Always Food Safe Company, LLC
Phone: 1-612-203-4872
Website: https://alwaysfoodsafe.com
Exam Name: Food Protection Manager

National Registry of Food Safety Professionals/Environmental Health Testing
Phone: 1-800-446-0257 Fax: 1-407-352-3603
Contact: Customer.Service@nrfsp.com
Website: www.nrfsp.com
Exam Name: Certified Food Safety Manager
6751 Forum Drive, Suite 220 Orlando, FL 32821

360training.com®
Phone: 1-888-360-8764
Contact: Enrollment.Advisor@360training.com
Website: www.360training.com or https://www.360training.com/food-beverageprograms/food-manager-certification/connecticut-food-safety-manager-certification Exam Name: Learn2Serve Food Protection Manager Certification Exam
6801 N. Capital of Texas Hwy., Suite 150 Austin, TX 78731

AboveTraining, Inc dba StateFoodSafety
Phone: 1-801-494-1416
Website: www.statefoodsafety.com
Exam Name: StateFoodSafety Certified Food Protection Manager Exam
711 Timpanogos Pkwy Bldg M, Ste 3100 Orem, UT 84097

NOTE: *Effective 4/1/22, Prometric is no longer offering the Certified Food Protection Manager exam. Those who passed the Prometric Exam that was offered prior to this date are still acceptable to meet the regulatory requirements in Connecticut for being a CFPM, as long as the certification is not expired.*