

# TOWN OF RIDGEFIELD

Health Department

## Foodservice Plan Review Application & Requirements



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[www.ridgefieldct.org](http://www.ridgefieldct.org)



## TOWN OF RIDGEFIELD

### Health Department

Dear Foodservice Owner / Operator:

The Ridgefield Health Department is concerned about your time and expense in building or remodeling a foodservice establishment. We would like to make the plan review process as quick and trouble free as possible. In order to serve you better and to save time, please observe the following procedures:

- I. Plans must be complete, to scale (1/4 inch = 1 foot), and must include the following:
  - a. Sample menu
  - b. Name, seal, and signature of architect who created the plans (if applicable), and date of plan
  - c. Equipment layout
  - d. Equipment list by manufacturer and model number (**NOTE: All equipment must be NSF approved or equivalent. Use of non-commercial equipment is prohibited.**)
  - e. Manufacturer's equipment specification sheets (cut sheets)
  - f. Mechanical diagrams, including plumbing, electrical, heating, and ventilation
  - g. Interior finish schedule
- II. Submit a completed application for plan review and provide the \$100 application fee (checks made payable to the Town of Ridgefield.) Incomplete applications will not be accepted. Should any items in the application not apply to your establishment, please note "not applicable" (and explain as necessary) on the application.
- III. You will be notified in writing after your plans are reviewed and approved.
- IV. Inspections required:
  - a. After plumbing roughed in
  - b. After wall, floor, and ceiling finishes are in
  - c. After hood is installed
  - d. After equipment is installed and establishment is **ready to open.**
- V. **DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING, OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN CONSENT FROM THIS OFFICE.**
- VI. A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.
- VII. A preoperational inspection must be conducted by this office and a Foodservice License obtained before you may open for business.
- VIII. Sign-off on a liquor permit will not occur until after the preoperational inspection.

If there are any equipment changes, building modifications, etc., after the original plans have been approved, you must notify us and obtain our approval.

Thank you for your cooperation.



# TOWN OF RIDGEFIELD

## Health Department

Application # \_\_\_\_\_

Application Date \_\_\_\_\_

### Foodservice Establishment Plan Review Application

Establishment Name \_\_\_\_\_ Phone \_\_\_\_\_

Establishment Address \_\_\_\_\_

Owner / Operator Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner / Operator Address \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Address \_\_\_\_\_

Total Sq. Ft. of Facility \_\_\_\_\_ Seating capacity \_\_\_\_\_ # Employees \_\_\_\_\_

Date of Planned Opening \_\_\_\_\_

Type of Water Supply:

- Public Water
  Well (well yield = \_\_\_\_\_ gpm)

Type of Sewage Disposal:

- Sewer
  Septic System

Is owner/operator a certified food manager?

- Yes
  No

Type of Establishment:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Caterer             | <input type="checkbox"/> Ice Cream Shop |
| <input type="checkbox"/> Market     | <input type="checkbox"/> School              | <input type="checkbox"/> Snack Bar      |
| <input type="checkbox"/> Vendor     | <input type="checkbox"/> Corporate Cafeteria |   |

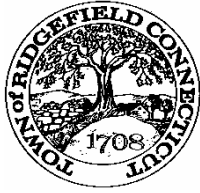
Hours of Operation:

Sun _____	Wed _____	Fri _____
Mon _____	Thurs _____	Sat _____
Tues _____		

**My signature below certifies that I have read all of the requirements and information contained in this application.**

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date



# TOWN OF RIDGEFIELD

## Health Department

### Food Service License Application

Application #	_____
Licensing Year	_____
Date	_____
Food Class	_____

Pursuant to the Code of Ordinances of the Town of Ridgefield and the State Public Health Code, application is hereby made for a license to operate a food establishment in the Town of Ridgefield. By this application it is hereby agreed that the food establishment will comply with the provisions of these regulations. Licenses are not transferable. **Incomplete Applications will not be accepted!**

<b>FEE:</b>			\$100.00
Reinspection Fee = # reinspections _____	X \$100.00 =	_____	
Total Amount Due \$			

Name of Business \_\_\_\_\_  
 Location of Business \_\_\_\_\_  
 Business Phone \_\_\_\_\_ 24 hr. Emergency Phone \_\_\_\_\_  
 Fax No. \_\_\_\_\_ e-mail address \_\_\_\_\_

#### Type of Business

- |                                  |   |                                      |
|----------------------------------|---|--------------------------------------|
| <input type="radio"/> Restaurant | <input type="radio"/> Caterer             | <input type="radio"/> Ice Cream Shop |
| <input type="radio"/> Market     | <input type="radio"/> School              | <input type="radio"/> Snack Bar      |
| <input type="radio"/> Vendor     | <input type="radio"/> Corporate Cafeteria |                                      |

If vendor, indicate vehicle registration # \_\_\_\_\_ State \_\_\_\_\_

Owner(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

#### Check All Applicable Boxes

- Water source:  
 public                       well                       not applicable
- Sewage disposal:  
 sewer                       septic system                       not applicable
- Liquor served?  
 Yes                       No
- Grease Trap  
 External                       Internal \_\_\_\_\_                       not applicable  
(model / type)

Grease Service Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Certified Food Operator: Name: \_\_\_\_\_

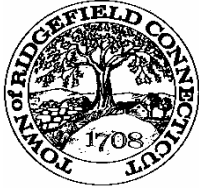
Alternate Food Operator: Name: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note: Establishments on private water supply wells must submit a complete water analysis report from a state certified laboratory prior to the issuance of an annual license.**

Prior to submitting this application to the Health Department, the Tax Collector must sign off verifying that the personal property taxes of the business have been paid or have not been delinquent for more than one year.

Approved \_\_\_\_\_ Date \_\_\_\_\_  
 Tax Collector



## TOWN OF RIDGEFIELD

Health Department

### Application for Installation of a Commercial Kitchen Ventilation Hood

NEW INSTALLATION       REPLACEMENT

Establishment Name \_\_\_\_\_ Phone \_\_\_\_\_

Establishment Address \_\_\_\_\_

Owner / Operator Name \_\_\_\_\_ Phone \_\_\_\_\_

Hood Contractor / Firm \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Address \_\_\_\_\_

**I hereby certify that installation of the hood will conform to the following requirements:**

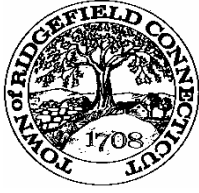
1. The hood and ventilation system shall be stainless steel, will meet NFPA Standard # 96 and will be NSF approved.
2. The wall behind the cooking equipment will be covered with stainless steel and shall extend from the hood to the floor.
3. Detailed plans shall be submitted to the Health Department, the Building Department, and the Fire Marshal for approvals prior to the start of construction.
4. Any additions, deletions or modifications to the plans shall be submitted to the above offices for approval prior to making changes.
5. The Health Department reserves the right to require modifications should unexpected conditions arise.

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Date**

66 Prospect Street, Ridgefield, Connecticut 06877 (203) 431-2745

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## TOWN OF RIDGEFIELD

### Health Department

Department of Consumer Protection  
Liquor Control Division  
165 Capitol Avenue  
Hartford, CT 06106

I hereby certify that

\_\_\_\_\_  
Name of Permittee

\_\_\_\_\_  
Name of Establishment

\_\_\_\_\_  
Street

\_\_\_\_\_  
Town

has complied with the requirements of the Connecticut Public Health Code of places dispensing food and beverages at the time of inspection.

\_\_\_\_\_  
Signature of Director of Health or his Authorized Agent

\_\_\_\_\_  
Date

66 Prospect Street, Ridgefield, Connecticut 06877 (203) 431-2745

[www.ridgefieldct.org](http://www.ridgefieldct.org)

## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. 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.
2. Information accompanying the plan shall include: the proposed menu, seating capacity, projected daily meal volume for food service operations.
3. The plan shall show the location and when requested elevated drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with a number that will be the same on the plan, on the schedule/list of equipment and on the each spec sheet that will be submitted with the plan.
4. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate hand washing facilities used for no other purpose shall be designated for each toilet room and in the immediate area of food preparation, food dispensing, and utensil washing.
7. The plan layout shall contain room size, space between and behind equipment and placement of the equipment on the floor.
8. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.
9. The plan and specifications shall also include:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room to include floors, walls, ceilings and covered juncture bases;
  - c. Plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead waste waterlines, hot water generating equipment with capacity and recovery rate, back flow prevention, waste water line connections
  - d. Lighting schedule with protectors;  
Food contact surfaces = 50 foot candles (540 lux)  
All other areas = 20 foot candles (220 lux)  
During periods of cleaning = 10 foot candles (110 lux)
  - e. Equipment schedule to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment;

- f. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that state and local regulations are to be 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; A mop sink with facilities for hanging wet mops;
- i. Garbage can washing area/facility;
- j. Cabinets for storing toxic chemicals;
- k. Dressing rooms, locker areas, employee rest areas and/or coat rack as required;
- l. Completed checklist;
- m. Site plan (plot plan).

# FOOD PREPARATION REVIEW

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

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1. Thin meats, poultry, fish, eggs	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other: _____		

## PLEASE CHECK / ANSWER THE FOLLOWING QUESTIONS

### FOOD SUPPLIES:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F and below?  Yes  No
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:

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

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water Less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen (indicate wt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## COOKING:

1. Will food product thermometers (0 - 212°F) be used to measure final cooking reheating temperatures of PHF's?  Yes  No

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

beef roast	130°F	121 minutes
seafood	145°F	15 seconds
pork	155°F	15 seconds
eggs	145°F	15 seconds
comminuted meats	155°F	15 seconds
poultry	165°F	15 seconds
other PHF's	145°F	15 seconds
* reheated PHF's	165°F	15 seconds

2. List type of cooking equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOT/COLD HOLDING:

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

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COOLING:

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARATION:

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

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2. Will employees be trained in good food sanitation practices using a certified food service sanitation course?  Yes  No

Name of course \_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to minimize handling of ready-to-eat foods?  Yes  No

4. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions?  Yes  No

Please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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 sanitized?

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

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

Test Kit:  Yes  No

6. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

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

7. Will all produce be washed prior to use?  Yes  No  
Is there an approved location used for washing produce?  Yes  No

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

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

**SECTION 1: FLOORS**

Floors must be smooth, impervious, non-absorbent, easily cleanable and commercial grade. Quarry tile, commercial vinyl tile or a seamless poured epoxy floor is acceptable.

	<b>Material</b>	<b>Finish</b>	<b>Color</b>
Prep areas	_____	_____	_____
Warewashing	_____	_____	_____
Storage Rooms	_____	_____	_____
Restrooms	_____	_____	_____
Bar	_____	_____	_____
Locker Room	_____	_____	_____

**SECTION 2: WALLS**

Walls must be smooth, impervious, non-absorbent, light colored, and easily cleanable. All food prep, warewashing, or other areas subject to abuse or splashing must be either FRP, ceramic tile, or stainless steel. Exposed waterlines, wastelines, gaslines, or conduits are prohibited.

	<b>Material</b>	<b>Finish</b>	<b>Color</b>
Prep areas	_____	_____	_____
Warewashing	_____	_____	_____
Storage Rooms	_____	_____	_____
Restrooms	_____	_____	_____
Bar	_____	_____	_____
Locker Room	_____	_____	_____

**A four inch (4") cove molding must be supplied on all walls**

Indicate type of coving:  vinyl base  quarry tile base

**SECTION 3: CEILINGS**

Ceilings must be smooth, impervious, non-absorbent, and easily cleanable. Painted sheetrock or vinyl faced suspended ceiling tiles are acceptable. Porous tiles are acceptable only in customer seating areas. Exposed waterlines, waste line, gas lines or conduit are prohibited.

	<b>Material</b>	<b>Finish</b>	<b>Color</b>
Prep areas	_____	_____	_____
Warewashing	_____	_____	_____
Storage Rooms	_____	_____	_____
Restrooms	_____	_____	_____
Bar	_____	_____	_____
Locker Room	_____	_____	_____

**SECTION 4: DOORS AND WINDOWS**

All doors and windows must be tight fitting to exclude the entrance of insects and rodents. Doors and drive-thru windows must be self-closing. Screening material shall not be less than 16 mesh to the inch.

- Openable windows:     screened                       self-closing
- Outside doors:         screened                       self-closing                       air-curtain provided

**SECTION 5: LIGHTING**

50 foot candles of light must be provided on all working surfaces and equipment in food preparation, food storage, utensil washing, and handwashing areas.

20 foot candles of light must be provided in toilet rooms measured at a distance of 30 inches from the floor.

Protective shielding must be provided for all light fixtures in food and clean equipment areas. Shatterproof bulbs such as a “tuff-skin” or “shat-r-shield” may be used in place of plastic shields.

**SECTION 6: VENTILATION**

Ventilation must be adequate so that all areas are kept reasonably free from excessive heat, steam, condensation, vapors, fumes or objectionable odors. Ventilation hoods must be designed to prevent grease or condensate from dripping into the food and the filters or baffles must be readily removed for cleaning. Make-up air must be of adequate size, design and properly located. Fire protection equipment must be installed so that it does not create a cleaning problem or compromise the integrity of the original hood design. Intake air ducts must be designed and located to prevent the entrance of dust, dirt, insects, exhausted air, etc.

Hoods shall meet National Fire Protection Act Standard # 96, be constructed of stainless steel, and shall be NSF approved.

Cubic feet of air per minute exhausted through hood \_\_\_\_\_

Cubic feet per minute of make-up air \_\_\_\_\_

**SECTION 7: TOILET FACILITIES**

Separate facilities for each sex, available to the public, if total occupancy load is greater than 15 (including employees) Facilities must be available to the public without passing through the kitchen. Facilities must be located within 200 feet if establishment is located in multi-purpose building.

# of water closets for      Men      \_\_\_\_\_      Women \_\_\_\_\_

# of lavatories for      Men      \_\_\_\_\_      Women \_\_\_\_\_

# of urinals      \_\_\_\_\_

Toilet facilities must be available and accessible all times establishment is open. Sanitary napkin receptacles must be provided in female restrooms (covered waste container.) Restrooms must be vented to the outside by a mechanical fan, and restroom doors must be equipped with a self-closing mechanism.

**SECTION 8: HANDWASHING FACILITIES**

Handwashing facilities shall be provided for each food preparation area, utensil washing area, and restroom. All handwashing facilities provided with hot and cold water under pressure. Each handwashing station provided with liquid soap dispenser and appropriate hand drying

paper towels       electric dryer

Faucet type to be used \_\_\_\_\_

**Note:** Any self-closing or metering faucet must be capable of providing a flow of water for at least 15 seconds.

**SECTION 9: FOOD PREP SINK**

If salads are prepared, vegetables or other foods washed, a separate sink shall be provided for food preparation. This sink's drain shall be indirectly connected to prevent backflow of wastewater into the sink.

Will a food prep sink be provided?  yes  no

**SECTION 10: CHEMICAL STORAGE**

All toxic materials including cleaning compounds, pesticides, sanitizers, etc., must be stored in an area away from food preparation, and in a locked cabinet.

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

**SECTION 11: CLEANING EQUIPMENT STORAGE**

Cleaning equipment (mops, brooms, etc.) shall be stored in a room completely separate from food storage or prep, utensil storage areas or utensil washing.

A slop-sink with adequate backflow prevention must provided

**SECTION 12: DRESSING ROOMS**

Are separate dressing rooms provided?  yes  no

Are lockers provided?  yes  no

If no, describe storage facilities for employees' personal belongings (purse, coat, shoes, etc.):

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

**SECTION 13: LAUNDRY FACILITIES**

Are laundry facilities located on premises?  yes  no

If yes, what will be laundered? \_\_\_\_\_

Washing Machine  yes  no      Dryer  yes  no

Location of clean linen: \_\_\_\_\_

Location of dirty linen: \_\_\_\_\_

**SECTION 14: GARBAGE AND REFUSE**

Interior

Do all containers have lids?  yes  no

Will refuse be stored inside?  yes  no

If so, where \_\_\_\_\_

Is there a garbage can cleaning sink or area?  yes  no

Exterior

Will a dumpster(s) be used?  yes  no

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

Will a compactor be used?  yes  no

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

**Note: All dumpsters and compactors must be leak-proof.**

Will garbage cans be stored outside?  yes  no

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

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

Is there an area to store recyclable containers?  yes  no

**SECTION 15: DISHWASHING FACILITIES**

A 3 compartment sink must be provided with compartments that are large enough to submerge the largest piece of equipment used.

What is the size of each compartment? L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Drainboards of at least 24 inches must be provided at the each end of sink. Wall mounted drain shelving may be substituted. (wire shelves over sink)

Will an NSF Approved dishwasher be used?  yes  no

Make \_\_\_\_\_ Model \_\_\_\_\_

Type of dishwasher:  high temp  chemical

Hot water requirements: \_\_\_\_\_ gallons per hour of \_\_\_\_\_ degree F water

Booster Heater: Make \_\_\_\_\_ Model \_\_\_\_\_

Indirect waste line provided  yes  no

Ventilation required  yes  no

**SECTION 16: HOT WATER SUPPLY**

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

gas  electric Size \_\_\_\_\_ gallons

Hot water requirement of establishment is \_\_\_\_\_ gallons per hour, based on usage requirements of all fixtures.

## **SECTION 17: GREASE TRAPS**

All food service establishments having fryolators or which in the opinion of the Health Department will produce significant volumes of grease shall be required to install an exterior grease trap to be sized by the Health Department. In no case shall an exterior grease trap be less than 1000 gallons in capacity. All new external grease traps shall be provided with manhole covers to grade, shall be easily accessible, and shall be placarded with notification as to the danger of entering the chamber due to the presence of noxious gases.

All other food establishments must install an interior heat assisted automatic grease recovery unit (AGRU). The size of the unit shall be determined by Health Department guidelines.

The kitchen equipment and fixtures required to be connected to the grease trap/interceptor include:

- Pot sinks
- Pre-rinse sinks or dishwasher without pre-rinse sinks
- Any sink into which fats, oils, or grease may be introduced
- Tilt kettles or similar devices
- Floor drains or sinks into which kettles may be drained
- Wok station drains
- Automatic hoot-wash units
- Dishwashers without pre-rinse sinks
- Any other fixtures or drains that can allow fats, oils, and grease to be discharged into the sewer.

Restroom facilities must **NOT** discharge to grease pretreatment equipment.

### **Maintenance**

For exterior grease traps, a maintenance contract shall be signed with a grease pumping contractor prior to obtaining a foodservice license. Copies of all receipts for cleaning and pumping of these grease traps must be submitted to the Health Dept. within 48 hours of pumping.

For interior AGRUs, a service contract shall be signed with a grease contractor for quarterly servicing and cleaning of the AGRU

### **Disposal**

All fats, oils, and grease removed from a foodservice establishment shall be stored in an approved rendering/disposal receptacle for pick-up. Said receptacles shall be located in an area approved by the Health Department. These receptacles shall be properly designed and covered, shall be maintained in a clean and sanitary manner, and shall be emptied at appropriate frequencies. Grease shall not be allowed to discharge to the parking lot surface. No fats, oils, or greases (FOG) may be disposed of in sanitary sewers, dumpsters, or storm sewers.

Type and location of grease storage receptacle(s):

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Type of Grease Trap required:

exterior

heat assisted AGRU

## **SECTION 18: EQUIPMENT--DESIGN, CONSTRUCTION, INSTALLATION**

1. All foodservice equipment and utensils must be NSF approved or equivalent.
2. Deli case refrigerators must meet CRMA standards.
3. Equipment including ice machines and ice storage equipment shall not be located under exposed sewer lines, waste lines, or other sources of contamination.
4. Equipment used for food preparation or storage shall be installed so as to facilitate cleaning around and beneath each unit.
5. For all floor mounted equipment, the space between adjoining units, and between a unit and a wall, must be either closed or sealed if exposed to seepage, or sufficient space provided to facilitate easy cleaning between, behind, and beside equipment.
6. Equipment which is placed on tables or counters must either be readily moveable, sealed thereto, or mounted on legs at least 4 inches high to facilitate easy cleaning.
7. Cooking equipment (ranges, stoves, fryolators, etc.) shall be mounted on lockable castors and supplied with a flexible reinforced AGA approved gas connection hose. Spacing requirements listed below are not applicable in this instance
8. Floor mounted cooking equipment which is not able to be mounted on castors must be installed on and sealed to a non-absorbent masonry pad having a minimum thickness of 6 inches.

### **Space requirements**

1. If equipment is less than 24 inches wide, the space between equipment and wall must be at least 6 inches.
2. If equipment is more than 24 inches but less than 72 inches wide, the space between equipment and wall must be at least 12 inches.
3. If the equipment is more than 72 inches wide, the space between the equipment and the wall must be at least 18 inches.

**SECTION 19: REFRIGERATION AND FREEZER STORAGE**

WALK-IN REFRIGERATORS

WALK-IN FREEZERS

	#1	#2	#1	#2
Floors	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Ceilings	_____	_____	_____	_____
Size	_____	_____	_____	_____

Interior finishes must be smooth, non-absorbent, and easily cleanable.

Floors must either be pre-fabricated from manufacturer or quarry tile.

A floor drain must be provided in the walk in refrigerator with the floors pitched to the drain. If this is not possible, a drain must be provided immediately outside the walk-in door.

REACH-IN REFRIGERATORS AND FREEZERS

# of reach-in refrigerators \_\_\_\_\_ capacity \_\_\_\_\_ cubic feet

# of reach-in freezers \_\_\_\_\_ capacity \_\_\_\_\_ cubic feet

Thermometers must be provided in all refrigeration units in a location where they can be seen easily.

**SECTION 20: FACILITIES TO PROTECT FOOD**

All utensils and equipment must be stored at least 6 inches off the floor, and must be clean, dry and protected from splash and dust.

Hot holding units must be capable of maintaining food at an internal temperature of 140 degrees F or above, during display, service, or holding periods.

If food is transported to another location off premises, food must be protected from contamination and held at proper holding temperatures. List transportation equipment and procedures:

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Appropriate thermometers are required to monitor temperatures.

**Salad Bar**

- Will a salad bar be provided?  yes  no
- Permanent drain installed  yes  no
- Adequate sneeze guards provided  yes  no
- Type of foods:  cold  hot
- Method of keeping foods cold:  ice  electric cold plates
- Method of keeping hot foods \_\_\_\_\_

**Frozen Desserts**

- Are frozen deserts being portioned and dispensed?  yes  no
- Running water dipper provided?  yes  no

**Sushi Bar**

- Separate food prep area provided for Sushi bar?  yes  no  not-applicable

## **SECTION 21: DRY STORAGE**

1. The dry storage space required depends on menu, number of meals, quantity purchased, and frequency of delivery.
2. Room free of overhead sewer and waste line pipes.
3. Adequate metal shelving provided. (bottom shelves 18 inches above floor)
4. Adequate metal or durable dunnage racks provided.
5. Adequate food containers with tight fitting covers and dollies provided.
6. Food dispensing scoops provided.

## **SECTION 22: PLUMBING AND CROSS CONNECTION CONTROL**

There shall be no cross connections between the potable water supply and any non-potable water supply.

The potable water supply shall be installed to preclude the possibility of backflow. Devices shall be installed to protect against backflow and backsiphonage at all fixtures and equipment unless an air gap is provided.

### **DEFINITIONS**

- a) An air gap means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or outlet supplying water to a tank plumbing fixture, or other device, and the flood level rim of the receptacle. The vertical physical separation shall be at least two times the inside diameter of the water inlet pipe above the flood rim level but shall not be less than one inch.
- b) Atmospheric vacuum breakers means a mechanical device which automatically air vents a pipeline to prevent backsiphonage. Installation shall be located beyond the last control valve prior to the first outlet and at an elevation 6 inches higher than any source of contamination. Atmospheric vacuum breakers shall be installed so as not to be subjected to backpressure or continuous operating pressure of more than 12 hours duration.
- c) An air break is a piping arrangement in which a drain from a fixture, appliance, or device discharges indirectly into another fixture, receptacle, or interception at a point below the flood level rim.

## Equipment

## Backflow/Backsiphonage Preventer Required

- |   |   |
|---|---|
| 1. Boiler with chemicals added                            | Reduced pressure device (RPD)   |
| 2. Boiler with no chemical added                          | Air vent type backflow preventer (e.g., Watts model 9D or equivalent)   |
| 3. Carbonators for beverage dispensers                    | Air vent type backflow preventer which contains 2 spring-loaded check valves plus an atmospheric vent. (e.g., Watts model 9BD, Chudnow model 911 plus 2 check valves, or Carmun Industries part #77-4030 or part #77-6050 plus 1 check valve) |
| 4. Ice making equipment                                   | If the inlet to the reservoir is not air gapped an atmospheric breaker is needed  |
| 5. Lawn sprinkler system                                  | If no chemicals are added an atmospheric or pressure vacuum breaker. If supply line is under pressure for 12 or more hours a pressure vacuum breaker is needed  |
| 6. Flush valve toilets                                    | Atmospheric vacuum breaker  |
| Tank toilets  | Antisiphon ball-cock  |
| 7. Threaded faucets inside and outside of establishments  | Hose bibb-type vacuum breaker if a hose may be attached   |
| 8. Preflush hose with a nozzle head that may be submerged | Atmospheric vacuum breaker, unless shutoff is downstream from vacuum breaker, in which case a pressure vacuum breaker is needed   |
| 9. Coffee urns  | A reduced pressure device if chemicals are added to a jacketed urn, otherwise atmospheric vacuum breakers are required  |
| 10. Perforated pipe to oriental wok cookers               | Atmospheric vacuum breaker  |

11. Inlets which are or may become submerged

Supply inlet to garbage grinder                      Atmospheric vacuum breaker

Supply inlet to dish table trough                      Atmospheric vacuum breaker

Fill line for steam kettle                      Atmospheric vacuum breaker

Supply line to mechanical dishwasher                      Atmospheric vacuum breaker  
Note: drying agents added to the final rinse line must be added on the downstream side of the vacuum breaker and a distance of 3 pipe diameters below the vacuum breaker

Supply line to soap dispenser on mechanical dishwasher                      Atmospheric vacuum breaker

Garbage can washer                      Atmospheric vacuum breaker

Soap proportioner on faucet                      Soap proportioner must contain an internal air gap (e.g., Dema models 153 & 154) or have an appropriate vacuum breaker

Water wash system for kitchen exhaust Hood                      Air vent type backflow preventer installed upstream from the injection point of the detergent pump

12. Auxiliary sources as for industrial or fire protection.                      Physically disconnected, independent distribution system and may also require a reduced pressure device

13. Fire protection systems                      Reduced pressure device on systems with siamese connections. Reduced pressure device where chemicals are added

## **SECTION 23: DRAINS**

Except for properly trapped open sinks there shall be no direct connection between the sewerage system and any drains originating from equipment in which food, portable equipment or utensils are placed. When a dishwashing machine is located within 5 feet of a trapped floor drain, the dishwasher waste outlet may be connected directly on the inlet side of a properly vented floor drain trap, otherwise the connection must be indirect.

Other examples of required drain line connections:

<u>Equipment</u>	<u>Drain line connection required to sewer line</u>
1. Air-cooled condenser for ice machine or other refrigeration system	Air Break
2. Water-cooled condenser for ice machine or other refrigeration system	Air gap
3. Floor drain inside a walk-in refrigerator	Air Break
4. Ice bin	Air Break