Dear Food Service Operator:

Each food service establishment in Connecticut must comply with the requirements of the Connecticut Public Health Code. To ensure this, and that the establishment can serve food safely, each local health department has the right to require that every such establishment obtain a food service permit in order to operate.

The Northeast District Department of Health (NDDH) requires that food service operators complete the attached application for any proposed establishment (to include new businesses, ownership changes, renovations and operational changes.).

Your signature on the application constitutes your agreement to comply with the requirements for food service establishments in the State of Connecticut Public Health Code.

Your assigned NDDH sanitarian will review the completed application. This service is intended to make you aware of any aspects of your proposal that are not in compliance with the Public Health Code prior to their implementation.

The amount of time required for the review will depend on the completeness and clarity of the application’s information.

When the application is complete and the plan agrees with the Public Health Code, the sanitarian will conduct an inspection of the facility to ensure compliance. If any variance with the Public Health Code is found, you will be required to make corrections or renovations that will meet current code.

When the plan and facility are approved, and applicable fees have been paid, NDDH will issue a food service permit for the establishment that will expire at year’s end.

Serving food safely begins with the facility in which the food is prepared and served. This plan review process is a step toward achieving that goal.

Do not hesitate to contact your assigned NDDH sanitarian if you have any questions. Our best wishes for a successful venture.

Sincerely,

Susan Starkey, MS, RD, MPH
Northeast District Department of Health

Assigned Sanitarian: ________________________________

*Because changes may occur in the Public Health Code of the State of Connecticut, approval of this plan does not mean that the establishment specified will not have to comply with future code requirements.*
# NDDH Fee Schedule

**Effective 07/01/11**

## Food Service Fees

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Annual Permit</th>
<th>Plan Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Service:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class I</td>
<td>$110.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Class II</td>
<td>$135.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Class III</td>
<td>$190.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Class IV</td>
<td>$245.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Catering On &amp; Off-site</td>
<td>Food service permit fees above according to Class plus $105.00</td>
<td>$200.00</td>
</tr>
<tr>
<td><strong>Itinerant Vendors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Brooklyn &amp; Woodstock fairs are not included</td>
<td>Food service permit fees above according to Class</td>
<td>50% of Food service plan review fees above according to class</td>
</tr>
<tr>
<td>Mobile Units</td>
<td>Food service permit fees above according to Class</td>
<td>50% of Food service plan review fees above according to class</td>
</tr>
<tr>
<td>Push Carts</td>
<td>$55.00</td>
<td>$26.00</td>
</tr>
<tr>
<td>Seasonals</td>
<td>50% of Food service permit fee above according to class</td>
<td>$40.00</td>
</tr>
<tr>
<td>Multiple Class Food Service Establishment</td>
<td>$430.00</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Temporary Food Permit Fees:** A Permit Must Be Issued for Every Event and Every Booth.

<table>
<thead>
<tr>
<th>Length of Event: A day ends at midnight.</th>
<th>For-profit org.</th>
<th>Non-profit org.**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Events lasting 1 Day</td>
<td>$35.00</td>
<td>No charge</td>
</tr>
<tr>
<td>Events lasting 2 Days</td>
<td>$65.00</td>
<td>$30.00*</td>
</tr>
<tr>
<td>Events lasting 3+ Days</td>
<td>$110.00</td>
<td>$30.00*</td>
</tr>
<tr>
<td>Excludes Brooklyn and Woodstock Fairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooklyn and/or Woodstock Fair</td>
<td>$110/unit/per fair</td>
<td>$110/unit/per fair</td>
</tr>
</tbody>
</table>

*For first 1-4 booths and $25 per additional booths

**If a non-profit organization holds 8 or more events yearly, the organization may purchase an annual permit for $100.

**Professional Non-Profit Food Establishment Permit Fee:**
(Defined as a non-profit operating 3 or more sites)  

$50.00/site

**Additional Food Service Fees:**

- Administrative Hearing at NDDH  
  $210.00
- Failure to maintain Qualified Food Operator (QFO) Certification  
  $55.00
- FAST Class Training Fee  
  $20.00
- FAST Class Training Fee for Non-Profits at Semi-Annual Session per Participant  
  $10.00
- Qualified Food Operator Course (QFO)  
  $160.00
- QFO Re-test  
  $42.00
- QFO Proctor  
  $35.00/hr
- Thermometer Fee  
  $6.50
- QAC Test Strip Fee  
  $5.00
- Chlorine Test Strip Fee  
  $5.00
Definitions

Food Service Establishment: A separate non-residential or other commercial kitchen or place where food and or beverages are prepared and/or served for consumption regardless of whether consumption is on or off the premises and regardless of whether or not there is a charge for the food or beverage.

Classifications:

CLASS I is a food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included except that commercially precooked foods may be heated and served in the original package within four (4) hours.

CLASS II is a food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged precooked foods may be heated and served in the original package within four (4) hours and commercially precooked hot dogs, kielbasa, and soup may be heated if transferred directly out of the original package and served within four (4) hours.

CLASS III is a food service establishment having on the premises exposed, potentially hazardous foods that are prepared by hot processes and consumed by the public within four (4) hours of preparation.

CLASS IV is a food service establishment having on the premises exposed, potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

Bakery: Baked and prepared goods (no retail sales).

Bed and Breakfasts: May use a home kitchen as long as the total number of individuals served does not exceed 12 (this includes the owner and other individuals provided with overnight accommodations). The operation is restricted to a total of 12 individuals for BREAKFAST only. The operation is restricted to cooking potentially hazardous foods for immediate on-site service only. Potentially hazardous foods shall not be cooked several hours or days before service. Only non-potentially hazardous foods that have not gone out to the tables can be used as leftovers.

Caterers: Fee schedule based on catering events on-site, off-site, or both.

Food Stores: A grocery or convenience store with no food preparation or consumption.

Itinerant Vendor: A mobile unit required to have a hand-washing sink with hot and cold water under pressure, holding tank, and mechanical refrigeration. A certified water sample is also required.

Push Carts: Exempt from the itinerant vendor requirements but limited to the sale of hot dogs and pre-packaged foods only.

Seasonal: A food service establishment or food store open for six months or less at the same geographical location.

Supermarkets: A full service supermarket with different departments (such as deli and seafood).
Application for Food and Beverage License

<table>
<thead>
<tr>
<th>Please Print</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Business</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Establishment</td>
</tr>
<tr>
<td>Phone #</td>
</tr>
</tbody>
</table>

Email

Please Indicate Business Mailing Address And Contact Info If Different From Above

<table>
<thead>
<tr>
<th>Mail to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town</td>
</tr>
<tr>
<td>Phone</td>
</tr>
</tbody>
</table>

Name of Manager/Owner | Phone |

Street Address | Town | State | Zip Code |

Please Check Type of Operation (see attached sheet for definitions)

- Supermarket
- Restaurant
- Catering Operation (On-site)
- Tavern
- Bakery
- Food Store
- Itinerant Vendor
- Catering Operation (Off-site)
- School
- Other

Please Check Appropriate Information For The Three Categories Below

1. Water Supply
   - Public Water
   - Well Water Last Date Tested ___/___/____ (please attach copy of water results)

2. Sewage Disposal
   - Public Sewer
   - Septic System Last Date Pumped ___/___/____

3. Grease Disposal
   - Indoor Grease Trap
   - Automatic Grease Recovery Unit (AGRU)
   - Outdoor In-Ground Grease Trap
All Class 3 and Class 4 establishments must have a Qualified Food Operator (QFO) present in a full time position. The certification must be obtained through a state approved testing agency for Connecticut. NDDH must have a copy of the QFO certificate on file.

<table>
<thead>
<tr>
<th>Name of Qualified Food Operator</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Designated Alternate QFO</td>
<td>Phone #</td>
</tr>
<tr>
<td>Type of food safety training offered to all employees:</td>
<td></td>
</tr>
<tr>
<td>Number of staff</td>
<td>Size of Facility (Square Feet)</td>
</tr>
<tr>
<td>Name of Building</td>
<td>Date</td>
</tr>
<tr>
<td>Zoning</td>
<td>Date</td>
</tr>
<tr>
<td>Fire</td>
<td>Date</td>
</tr>
<tr>
<td>Water</td>
<td>Commissioner Date</td>
</tr>
<tr>
<td>(if using public sewer)</td>
<td></td>
</tr>
</tbody>
</table>

Before approval of this application and issuance of food service operation permits, an approval from the following municipal regulatory officials must be provided.

Signature Date

To be completed by NDDH staff only

Class: 1 2 3 4 Inspections

Food Service Permit Fee: Receipt Check Date

Restaurant Plan Review Fee: Receipt Check Date

Revised 6/21/2010
Food Service Establishment Plan Review is provided as a service to you by the Northeast District Department of Health.

**To help expedite review of this application, please enclose the following documents:**

- Proposed Menu
- Floor Plan (drawn to scale) of establishment, showing location of equipment
- Specification sheets of equipment to be purchased.
- QFO certificate
- Designated Alternate Sheet, completed and signed (see attached)
- State of Connecticut Department of Public Health Water System Registration Form
- Water Test if Well Water
- Copy of most recent water bill if connected to public water

**On the Floor Plan:**

- Provide an accurate scale drawing, on graph paper.
- Highlight the locations of all handwashing sinks.
- Indicate, with key or word, the location of all major equipment.
- Indicate if large equipment is movable (wheels or casters) or raised on legs.
- Indicate location of floor drains.

**Complete the surface finish schedule on the next page.**
<table>
<thead>
<tr>
<th></th>
<th>FLOOR</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KITCHEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceramic Tile</td>
<td>□</td>
<td>□ Drywall/Epoxy</td>
<td>□ Drywall/Epoxy</td>
</tr>
<tr>
<td>Vinyl Tile</td>
<td>□</td>
<td>□ Tile (Type)</td>
<td>□ Clad Fiberboard</td>
</tr>
<tr>
<td>Vinyl Sheet</td>
<td>□</td>
<td>□ FRP</td>
<td>□ FRP</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□ Other (specify)</td>
<td>□ Other (specify)</td>
</tr>
<tr>
<td><strong>STORAGE AREA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceramic Tile</td>
<td>□</td>
<td>□ Drywall/Epoxy</td>
<td>□ Drywall/Epoxy</td>
</tr>
<tr>
<td>Vinyl Tile</td>
<td>□</td>
<td>□ Tile (Type)</td>
<td>□ Clad Fiberboard</td>
</tr>
<tr>
<td>Vinyl Sheet</td>
<td>□</td>
<td>□ FRP</td>
<td>□ FRP</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□ Other (specify)</td>
<td>□ Other (specify)</td>
</tr>
<tr>
<td><strong>DINING AREA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceramic Tile</td>
<td>□</td>
<td>□ Drywall/Epoxy</td>
<td>□ Drywall/Epoxy</td>
</tr>
<tr>
<td>Vinyl Tile</td>
<td>□</td>
<td>□ Tile (Type)</td>
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</tr>
<tr>
<td>Vinyl Sheet</td>
<td>□</td>
<td>□ FRP</td>
<td>□ FRP</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□ Other (specify)</td>
<td>□ Other (specify)</td>
</tr>
<tr>
<td><strong>TOILET FACILITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceramic Tile</td>
<td>□</td>
<td>□ Drywall/Epoxy</td>
<td>□ Drywall/Epoxy</td>
</tr>
<tr>
<td>Vinyl Tile</td>
<td>□</td>
<td>□ Tile (Type)</td>
<td>□ Clad Fiberboard</td>
</tr>
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<td>Vinyl Sheet</td>
<td>□</td>
<td>□ FRP</td>
<td>□ FRP</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□ Other (specify)</td>
<td>□ Other (specify)</td>
</tr>
</tbody>
</table>

**Note:**
- "Drywall/Epoxy" means sheetrock with epoxy enamel paint.
- "Clad Fiberboard" means Plastic-coated or metal-clad fiberboard.
- "FRP" means Fiberglass reinforced plastic.
Answer the following questions under items 1 through 20.
Pre-Operational Check List for New or Remodeled Food Service Establishment
To be completed by applicant, reviewed by sanitarian and verified during pre-operational inspection.

1. Identity of Establishment

Name of Establishment ____________________________________________

Street Address ___________________________________________ Town __________________

Estimate of occupancy (include customers and employees) .......... __________________

Owners Name __________________________________________

2. Menu

Is a Proposed Menu Attached? __________________________

Yes No

Does the menu include a customer advisory warning customers of the danger of consuming undercooked foods?

Yes No

Any future changes to your menu may result in classification change. NDDH must be notified of menu changes.

Any physical changes to your operation or menu must be discussed with your sanitarian prior to the change.

3. Floor Plan

Is an accurate to scale floor plan attached? __________________________

Yes No

4. Required Certified Personnel (class 3 & 4 establishments only)

Is a copy of the QFO certificate attached? __________________________

Yes No

Is a copy of the Designated Alternate Form attached?

Yes No

Have you developed a Food Safety Training Program for all employed food handlers?

Yes No

5. Hand washing Facilities

Are hand-washing sinks accessible and convenient to food workers in all food preparation areas, food service areas and dishwashing areas?

Yes No

Are hand soap, paper towels and waste receptacles supplied at all hand washing facilities?

Yes No

Are all hand-washing sinks provided with a mixing valve faucet?

Yes No
6. Floors:

Are the floor materials smooth, non-absorbent, made of washable material?
Yes  No

Are the floors and wall junctures covered? (covered to prevent moisture from entering in)
Yes  No

Are the floors graded to drain?
Yes  No

7. Walls and Ceilings

Are the wall and ceiling materials smooth, non-absorbent, made of washable material?
Yes  No

Are the walls light in color?
Yes  No

8. Toilet Facilities:

Are toilet facilities conveniently located?
Yes  No

Are all toilet room doors self-closing?
Yes  No

Is ventilation provided?
Yes  No

Are toilet facilities to be used by women provided with a covered waste receptacle?
Yes  No

Are toilet room hand-washing facilities provided with soap, paper towel and waste receptacle?
Yes  No

Are approved back flow protection devices in place? (consult with your plumber)
Yes  No

9. Sewage and Liquid Waste Disposal

☐ Public Sewer System
☐ On-site Septic System verified by NDDH Sanitarian
☐ Grease Trap Size_____________gallons. Frequency of cleaning ________
☐ Indoor Grease Trap
☐ Automatic Grease Recovery Unit (AGRU)
☐ Outdoor In-Ground Grease Trap
10. Water Supply

☐ Public Water Supply Customer
☐ On-site Well verified by NDDH Sanitarian
☐ Water Treatment

11. Plumbing

Are dishwashing machines, garbage disposals or any other equipment connected to the water supply in such a manner to prevent backflow? (consult with your plumber)
Yes ☐ No ☐

Are dishwashing machine waste lines indirectly connected to the sewer?
Yes ☐ No ☐

Are there any exposed overhead sewer lines in food preparation or food storage areas?
Yes ☐ No ☐
If yes, describe shielding

Are carbonators equipped with proper backflow protection? (Refer to Soda Company)
Yes ☐ No ☐

12. Lighting

Is adequate lighting provided in all areas of the establishment?
Yes ☐ No ☐

Are all light fixtures properly covered with safely shields and caps or are shatter proof bulbs installed in all food preparation areas, display areas, cooling units, display cases and dishwashing areas?
Yes ☐ No ☐

13. Ventilation

Are hoods provided above all grease-producing cooking units? (Fryolators, ranges)
Yes ☐ No ☐

Have necessary approvals from the Fire Marshal been granted?
Yes ☐ No ☐

How will ventilation hood systems be cleaned?
__________________________________________
__________________________________________
14. Refrigeration

Approximately how many meals will you serve on your busiest day? ............
How many cubic feet of refrigerated storage will you have? ....................
How many square feet of Walk-In Cooler will you have? ......................
How many cubic feet of freezer storage will you have? ....................... 
How many square feet of Walk-In Freezer will you have? .................

Do refrigeration units maintain food at 45 degrees Fahrenheit or below?
    Yes   No

Are all refrigeration units equipped with accurate thermometer?
    Yes   No

15. Storage Areas

How many square feet of dry storage area will you have? ....................

Are racks and shelves raised 12 inches or more above floor?
    Yes   No

Are shelves smooth, cleanable and made of durable material?
    Yes   No

Are toxic/poisonous materials properly stored and labeled in a designated areas separate from food?
    Yes   No

16. Insect and Rodent Control

Are all outer openings protected against entry of insects and rodents by use of doors, screens, fans, etc.
    Yes   No

Are all outer doors self-closing?
    Yes   No

Are all openings in floors, walls, ceilings, cables, etc. properly caulked or protected?
    Yes   No

17. Equipment

Are all equipment, storage containers and food preparation utensils made of food grade materials?
    Yes   No

Is equipment sealed to the floor and walls where necessary, or moveable or on legs to enable cleaning?
    Yes   No

Are sneeze guards provided where applicable? (salad bars, serve yourself soup bars, buffets, etc.)
    Yes   No
18. Sinks & Ware washing

Does the plan include a food preparation sink?
- Yes
- No

Are pots, pans, dishes, and etc. to be washed in sinks and/or a dishwashing machine?
- Dishwasher
- Three Compartment sink
- Both

If using three-bay sink, does the largest pot and pan fit into the compartment of the sanitizer sink?
- Yes
- No

Are there drain boards on either side of the three-bay sink?
- Yes
- No

What facility is there for the air-drying of washed wares?

<table>
<thead>
<tr>
<th>Check Types of sanitizer used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dishwashing Machine</td>
</tr>
<tr>
<td>□ Chlorine</td>
</tr>
<tr>
<td>□ Quaternary Ammonium</td>
</tr>
<tr>
<td>□ Iodine</td>
</tr>
<tr>
<td>□ Booster Heater</td>
</tr>
</tbody>
</table>

Are correct test papers available for checking chemical sanitizer concentration?
- Yes
- No

Provide Name and Model Number of Dishwasher (if applicable)

Do dishwashers have temperature and pressure gauges as required that are accurately working?
- Yes
- No

Provide Name and Model Number of Booster Heater

Is there a mop sink?
- Yes
- No

If not, describe facility for cleaning mops and other equipment, and disposing of floor washing water.
19. Garbage

Is there an area designated for garbage disposal outside the facility?
Yes No

Does the garbage disposal area have a paved base?
Yes No

Do all containers have lids?
Yes No

Is there an area designated for garbage can and floor mat cleaning?
Yes No

20. Ice and hot water

How will ice be provided?
- On site ice machine
- Purchased. From where? _____________________________
- Both

What is the capacity of the hot water heater? ____________ BTU/hour
(for Sanitarian use) Adequate? Yes No
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Public Health Regulatory Office may nullify final approval. I attest that the proposed establishment will comply with all requirements of the Connecticut State Health Code. Please sign and date below:

Owners
Signature ___________________________ Date ____________

NDDH
Sanitarian ___________________________ Date ____________

☐ Approved Date ____________
☐ Not Approved Date ____________

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. A inspection prior to opening 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.
QUALIFIED FOOD OPERATOR
19-13B-42(s)(4), B48(j)(3), B49(t)(3) OF THE PUBLIC HEALTH CODE

Each person owning, operating or managing any food service establishment, itinerant food vending establishment, or food catering establishment designated either as a class III or class IV shall be a qualified food operator or shall employ on-site at least one (1) qualified food operator who is in a supervisory position at said establishment. Qualified Food Operator is a food operator employed in a full-time position who has demonstrated knowledge of safe food handling techniques. [Full-time position means 30 hours per week or the number of hours per week the food establishment is open for business, whichever is less.] Supervisory position means that position of a person who directs and inspects the performance of food service workers.

Responsibilities of Qualified Food Operators: The qualified food operator is responsible for operating the food service establishment, itinerant food vending establishment, and catering establishment in compliance with all the provisions of section 19-13-B42, B48, and B49 of the Regulations of Connecticut State Agencies. The qualified food operator of each foodservice establishment, itinerant food vending establishment, and catering establishment is responsible for ensuring training of food preparation personnel. All such personnel shall receive training that shall include but not necessarily be limited to: instruction in proper food temperature control; food protection; personal health and cleanliness; and sanitation of the facility, equipment, supplies and utensils. The qualified food operator shall maintain written documentation of a training program and training records of individual employees, and shall make these records available to the local health department upon request.

QUALIFIED FOOD OPERATOR NOT PRESENT
Section 19-13B-42(s)(8)(B), B48(j)(7)(B), and B49(t)(7)(B)

The owner/operator of the food service establishment, itinerant food vending establishment, and catering establishment shall designate an alternate person who has complied with Section 19-13-B42(s)(6) to be in charge at all times when the qualified food operator cannot be present. This alternate person in charge shall be responsible for: ensuring that all employees comply with the requirements of this section, and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing their inspection report.

REPLACEMENT OF QUALIFIED FOOD OPERATOR
Section 19-13B-42(s)(7), B48(j)(6), B49(t)(6)

Whenever the qualified food operator terminates employment, is terminated or is transferred, the person owning, operating or managing the food service establishment, itinerant food vending establishment, and catering establishment shall notify the local health department in writing. A replacement qualified food operator shall be employed within sixty (60) days from the date of termination or transfer of the qualified food operator.

CLOSURE OF A FOOD ESTABLISHMENT FOR FAILURE TO EMPLOY ON-SITE A QUALIFIED FOOD OPERATOR
Section 19-13B-42(u)(4), B49(v)(4)

If a qualified food operator is not employed onsite, except as provided by the qualified food operator replacement provision in Section 19-13B-42(s)(7), the food service establishment or catering establishment has thirty (30) days to comply. If correction has not been made after thirty (30) days, the Director of Health shall take immediate steps to close the food service establishment or catering establishment.

The Connecticut Public Health Code Sections Section 19-13-B42, B48, and B49 can be located at: www.ct.gov/dph

N:Food/QFO/QFO responsibilities 022403
QUALIFIED FOOD OPERATOR
DEMONSTRATED KNOWLEDGE STATEMENT

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(6), 19-13-B48(i)(5), 19-13-B49(t)(5), in the absence of documentation that the Qualified Food Operator has passed a test administered by a testing organization approved by the department, a signed statement must be provided by the owner/operator of the food service, itinerant food vending or catering food service establishment (as applicable), attesting that the qualified food operator has demonstrated knowledge of food safety as specified below:

(A) ELEMENTS OF KNOWLEDGE

(i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND Recognize POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.

(ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS-RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.

(iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY-RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.

(iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING – DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.

(v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS-DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.

(vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT, AND LAYOUT - IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.

(vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE-IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.

(viii) IDENTIFY AND RECOGNIZE THE FOODS MOST COMMONLY ASSOCIATED WITH FOOD ALLERGIES

(B) DEMONSTRABLE ELEMENTS OF COMPETENCY

(i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT - PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/INSPECTION PROGRAM; REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.

(ii) ASSESS AND MANAGE THE PROCESS FLOW-IDENTIFY APPROVED SOURCE; IMPLEMENT AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES; IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.
QUALIFIED FOOD OPERATOR
DEMONSTRATED KNOWLEDGE STATEMENT

I ______________________________ attest that ______________________________
(Print Name of Owner or Operator) (Print Name of Qualified Food Operator)

is employed in a full-time supervisory position and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title __________________________________ Date __________________
(Signed by Owner/Operator of the Establishment)

Signature and Title __________________________________ Date __________________
(Signed by Qualified Food Operator)

Name of Establishment ______________________________________________________

Address of Establishment ____________________________________________________

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Revised 9/1/06
ALTERNATE PERSON IN CHARGE
DEMONSTRATED KNOWLEDGE STATEMENT

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(8)(B) and 19-13-B49(t)(7)(B), the owner or manager of the food service/catering food service establishment shall designate an alternate person who has demonstrated the elements of knowledge and competency listed below, as per PHC Section 19-13-B42(s)(6), 19-13-B49(t)(5), to be in charge at all times when the qualified food operator cannot be present.

The alternate person in charge shall be responsible for ensuring that all employees comply with the regulations and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

A signed statement must be provided by the owner/operator of the food service or catering food service establishment (as applicable), attesting that the alternate person in charge has demonstrated knowledge of food safety as specified below:

(A) ELEMENTS OF KNOWLEDGE

(i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIAL HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.

(ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS-RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.

(iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY-RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.

(iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING – DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.

(v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS-DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.

(vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT, AND LAYOUT - IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.

(vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH, TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE-IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.
ALTERNATE PERSON IN CHARGE
DEMONSTRATED KNOWLEDGE STATEMENT

(viii) IDENTIFY AND RECOGNIZE THE FOODS MOST COMMONLY ASSOCIATED WITH FOOD ALLERGIES.

(B) DEMONSTRABLE ELEMENTS OF COMPETENCY

(i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT -
PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES
AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/INSPECTION PROGRAM;
REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.

(ii) ASSESS AND MANAGE THE PROCESS FLOW-IDENTIFY APPROVED SOURCE; IMPLEMENT
AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES;
IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN
HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST
PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES;
IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.

I ___________________________ attest that______________________________
(Print Name of Owner or Operator) (Print Name of Alternate Person in Charge)

is employed as the alternate person in charge and has demonstrated to me the elements of knowledge and demonstrable
elements of competency as described in A and B, as listed above.

Signature and Title__________________________________________Date________________________
(Signed by Owner/Operator of the Establishment)

Signature and Title__________________________________________Date________________________
(Signed by Alternate Person in Charge)

Name of Establishment________________________________________

Address of Establishment______________________________________

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Rev. 9/1/2006
SAMPLE QFO CERTIFICATE
ServSafe® Certification

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)–Conference for Food Protection (CFP).

8/3/2010
DATE OF EXAMINATION

8/3/2015
DATE OF EXPIRATION
Local laws apply. Check with your local regulatory agency for recertification requirements.

David Gilbert
Chief Operating Officer, National Restaurant Association
Executive Director, National Restaurant Association Solutions
Qualified Food Operator Approved Testing Organizations

ServSafe®
The Educational Foundation of the National Restaurant Association (NRA)
Phone: 1-800-765-2122
Website: http://www.nraef.org/
175 West Jackson, Suite 1500
Chicago, IL 60604

Thomson Prometric
(formerly Experior Assesments, National Assessment Institute, Chauncey, and Educational Testing Service)
Phone: 1-800-624-2736
Website: www.experioronline.com/food.htm
1260 Energy Lane
St. Paul, MN 55108

National Registry of Food Safety Professionals/Environmental Health Testing
Phone: 1-800-446-0257
1-407-352-3830
Fax: 1-407-352-3603
Website: http://www.nrfsp.com/
5728 Major Blvd.
Suite 750
Orlando, FL 32819

*Not Currently Approved, but certificates obtained prior to 2003 are acceptable:
Certifying Board for Dietary Managers*
Phone: 1-800-323-1908
Fax: 1-630-587-6308
Website: http://www.dmaonline.org/
406 Surrey Woods Drive
St. Charles, Illinois 60174-2386
Department of Consumer Protection
Food Licensing and Registration

See also:
- Foods Program
- Laws and Regulations
- Food and Standards

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For questions concerning any of the licenses and registrations listed above, please contact the Food and Standards Division at food.standards@ct.gov

Content Last Modified on 5/12/2010 11:57:35 AM
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION
PUBLIC WATER SYSTEM INFORMATION FORM

Water System/Property Name* ________________________________ PWSID* CT __________________
(If applicable)

Address of Water System ________________________________ Town __________________________

Facilities and/or businesses supplied by water system: ______________________________________

What is the source of the water supply for this location?: onsite well(s) customer of a water company
If the response to the above question was 'customer of a water company', please attach a copy of your most recent water bill so that you can be removed from our inventory. It is not necessary to complete the next 8 items if you are a customer of a water co. and attach a copy of your bill.

Water System annual operating period (begin/end dates of operation): From ________________ To ________________ month/day month/day

Does this water system supply water to a licensed food service establishment?: Yes No

Does this water system supply water to a public restroom, public sink and/or public drinking fountain?: Yes No
(A public restroom, sink or fountain is one that is located in a common area with public access for transient customers, visitors and/or members.)

Does this water system supply water to a (circle all that apply): hotel/motel municipal building gas station medical facility rest area library park/recreation area campground place of worship

Do at least 25 persons (including employees, customers, parishioners, visitors, etc., but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? Yes No

Number of same persons (i.e. employees, students, but not residents) regularly using facility on a daily basis for at least 6 months a year: ______________________________

Number of persons whose primary residence is supplied by the water system: ______________________________

Number of service connections (buildings or units supplied by water system): ______________________________

I certify this information to be correct.

Signature ______________________________

Name (Please Print) ______________________________

Title ______________________________

Relationship to property (owner, operator, tenant, etc.) ______________________________

Phone # ______________________________ Date ______________________________

Return signed form to: CT Dept. of Public Health, Drinking Water Section or fax to: (860)509-7359
TNC PWS Information Form
410 Capitol Ave., MS#51WAT
P.O. Box 340308
Hartford, CT 06134
Re: TNC PWS Information Form
FOOD ESTABLISHMENT FLOOR PLAN

The Floor Plan must be drawn to scale.

A piece of 11 x 17 paper is attached for your convenience. Please indicate the scale of your drawing (i.e. 1” = 1’).

Make sure you include and label all equipment (i.e. hand sink, mop sink, refrigerator, stove, dishwasher, etc.)

Identify all floor drains.
INSTRUCTIONS FOR CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 17 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 handwashing 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. 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;
   c. Lighting schedule with protectors;

      (1) At least 110 lux (10 foot candles) at a distance of 75 cm (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 cm (30 inches) above the floor in areas used for handwashing, warewashing, 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.

d. 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).

e. 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;

f. 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);

g. Ventilation schedule for each room;

h. A mop sink or curbed cleaning facility 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. Site plan (plot plan)