



## Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234  
860-774-7350 / Fax 860-774-1308 [www.nddh.org](http://www.nddh.org)

March 28, 2023

Re: Changes to CT Regulations / Adoption of the FDA Food Code

Dear Food Service Establishment Owners / Operators:

The FDA Food Code is fully effective in the state of Connecticut as of February 17, 2023. The purpose of this letter is to provide you with the latest information and resources on this change to ensure a successful transition to these new state laws that impact your food service establishment. We have summarized key changes in the laws below and provided samples of documents that you can create to meet some of the new policy requirements.

The major focus areas and best practices for food safety have not changed. Proper handwashing, ill food worker policies, hot and cold holding temperatures, internal cooking temperatures, and cleaning and sanitizing will continue to be the primary drivers of inspections. However, you will see some changes at your next inspection. Our goal is to work with you and provide education and support to ensure that you successfully implement all changes.

We encourage you to review the 2022 FDA Food Code and the summary of changes which can be found at the FDA website: [FDA Food Code 2022](https://www.fda.gov/food/food-code-2022). This 668-page code is also new to our food inspectors, so it will be important to be patient as we understand and navigate this process together.

### Important Changes Include:

- All Class 2, 3, and 4 food establishments must employ a Certified Food Protection Manager (CFPM) who has passed a test from an approved certified food managers course. The certification must be valid and not expired. **Expired certificates will no longer be considered valid and must be renewed. In addition, a CFPM will be required to always be onsite when the establishment is open for business.** The State is reviewing this policy. NDDH will keep you advised of updates. If you need CFPM trainings you can find a list of approved sources here: [Conference for Food Protection Directory website](https://www.nddh.org/services/food/cfpm-classes/). NDDH also offers CFPM classes and examinations at our office. See <https://www.nddh.org/services/food/cfpm-classes/>.

- **Inspection Form**

NDDH Sanitarians will be utilizing a revised CT Department of Public Health inspection report form. *See attached.* Inspection reports will no longer provide a number score. Violations will be categorized as “Priority,” “Priority Foundation,” and “Core.”

- **Priority** items eliminate, prevent, or reduce to an acceptable level, hazards that cause foodborne illness or injury (e.g., appropriate handwashing)
- **Priority foundation** items provide support to Priority items (e.g., soap provided to support proper handwashing)
- **Core** items are related to general sanitation /maintenance and standard operating procedures (e.g., floors are easily cleanable)

- **Date-Marking**

Food establishments will be required to implement a date-marking system for certain foods stored in the establishment (See *Section 3-501.17 of the [Food Code](#)*). *A sample policy is attached.*

- **Signage and Advisories**

- A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible (See *Section 6-301.14 of the [Food Code](#)*). *(A sample sign is attached.)*
- Food establishments shall notify consumers by written notification of the presence of major food allergens as an ingredient in unpackaged food items that are served or sold to the consumer (*See Section 3-602.12 of the of the [Food Code](#).*) Written notification can be provided in many forms such as: physical or electronic means, including, but not limited to, brochures, deli case or menu notifications, label statements, table tents, placards, or other effective written means. Notifying the consumer to the presence of major food allergens may prevent an inadvertent exposure.

- **Procedure for Responding to Vomiting or Diarrheal Events**

Food establishments shall have a written policy regarding procedures for employees to follow when responding to vomiting or diarrheal events in the food establishment. The procedure shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces (*See Section 2-501.11 of the [Food Code](#).*) *Guidance is attached.*

- **Employee Health & the FDA Food Code Form 1-B Conditional/Food Employee Reporting Agreement**

The food service establishment Permit Holder shall require Conditional Employees (persons offered food jobs on the condition that they answer questions or have a medical exam to find out if they may have a disease that can be spread through food) and Food Employees to report to the Person in Charge information about their health and activities as they relate to diseases that are transmissible through food. (*See Section 2-201.11 of the Food Code.*) The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness. (*See Annex 7-5 of the Food Code.*) Form 1-B is attached.

Again, we look forward to partnering with each of you as we all navigate this important transition. I am confident that we will successfully move forward while ensuring the health and safety of all who live, work, and visit our wonderful communities. We will continue to share additional information as we receive it from the Connecticut Department of Public Health (DPH). Should you have any questions in the interim, please feel free to contact a food inspector from NDDH by calling 860-774-7350.

Sincerely,


*Susan Starkey RD, Acting D.O.H. for*  
Susan Starkey, MPH, MS, RD  
Director of Health  
Northeast District Department of Health

Attachments: CT DPH Food Inspection Form & Continuation Sheet Revised 021623  
Sample Date Marking Guidance  
Sample Date Marking Algorithm  
Sample Handwashing Sign  
Guidance for Procedure for Responding to Vomiting or Diarrhea Events  
Form 1-B Conditional Employee and Food Employee Reporting Agreement



## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category:	<b>Food Establishment Inspection Report</b>		Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: _____	
Establishment		Time In _____ AM/PM Time Out _____ AM/PM	
Address		LHD	
Town/City		Purpose of Inspection: Routine Pre-op	
Permit Holder		Reinspection Other _____	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
IN	OUT	N/A	N/O
<b>Supervision</b>			
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties			
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Food Protection Manager for Classes 2, 3, & 4			
<b>Employee Health</b>			
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper use of restriction and exclusion			
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written procedures for responding to vomiting and diarrheal events			
<b>Good Hygienic Practices</b>			
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper eating, tasting, drinking, or tobacco products use			
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands clean and properly washed			
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate handwashing sinks, properly supplied/accessible			
<b>Approved Source</b>			
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food obtained from approved source			
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food received at proper temperature			
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food in good condition, safe, and unadulterated			
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required records available: molluscan shellfish identification, parasite destruction			
<b>GOOD RETAIL PRACTICES</b>			
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
OUT	N/A	N/O	
<b>Safe Food and Water</b>			
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized eggs used where required			
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and ice from approved source			
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control			
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant food properly cooked for hot holding			
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approved thawing methods used			
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thermometers provided and accurate			
<b>Food Identification</b>			
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insects, rodents, and animals not present			
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contamination prevented during food preparation, storage & display			
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal cleanliness			
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wiping cloths: properly used and stored			
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing fruits and vegetables			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature)		Date	
Person in Charge (Printed)			
Inspector (Signature)		Date	
Inspector (Printed)			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			

<b>FOOD/Color Additives and Toxic Substances</b>		IN	OUT	N/A	N/O	V	COS	R
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food separated and protected						P/C		
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food-contact surfaces: cleaned & sanitized						P/Pf/C		
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food						P		
<b>Time/Temperature Control for Safety</b>								
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooking time and temperatures						P/Pf/C		
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper reheating procedures for hot holding						P		
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooling time and temperatures						P		
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper hot holding temperatures						P		
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cold holding temperatures						P		
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper date marking and disposition						P/Pf		
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time as a public health control: procedures and records						P/Pf/C		
<b>Consumer Advisory</b>								
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumer advisory provided: raw/undercooked food						Pf		
<b>Highly Susceptible Population</b>								
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized foods used; prohibited foods not offered						P/C		
<b>Food/Color Additives and Toxic Substances</b>								
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food additives: approved and properly used						P		
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxic substances properly identified, stored & used						P/Pf/C		
<b>Conformance with Approved Procedures</b>								
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan						P/Pf/C		

<b>Physical Facilities</b>		IN	OUT	N/A	N/O	V	COS	R
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot and cold water available; adequate pressure						Pf		
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plumbing installed; proper backflow devices						P/Pf/C		
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sewage and waste water properly disposed						P/Pf/C		
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toilet facilities: properly constructed, supplied, & clean						Pf/C		
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garbage and refuse properly disposed; facilities maintained						C		
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical facilities installed, maintained, and clean						P/Pf/C		
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate ventilation and lighting; designated areas used						C		
Natural rubber latex gloves not used per CGS §19a-36f								
<b>Violations documented</b>		<b>Date corrections due</b>		<b>#</b>				
Priority Item Violations								
Priority Foundation Item Violations								
Core Item Violations								
Risk Factor/Public Health Intervention Violations								
Repeat Risk Factor/Public Health Intervention Violations								
Good Retail Practices Violations								
Requires Reinspection - check box if you intend to reinspect								

## Page \_\_\_\_\_ of \_\_\_\_\_

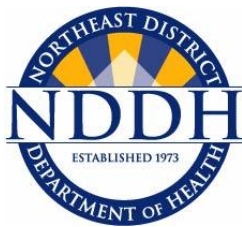
Date \_\_\_\_\_

**Town**

## Temp

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

**Date**



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## Date Marking Guidance for Food Establishments

The purpose of this guide is to provide a summary of the Date Marking criteria that is now required under the FDA Food Code, Chapter 3-501.17. Date Marking requirements apply to many Ready-to-Eat (RTE), Time / Temperature Controlled for Safety (TCS) food(s).

### Why is Date Marking Important?

Date marking is a means of controlling the growth of *Lister monocytogenes*, which is a bacterium that continues to grow, even under refrigeration. Date marking is a process of assuring the food is discarded before these bacteria can cause foodborne illness.

### What Foods Must Be Date Marked?

Other than the foods exempt from date marking, all Ready-to-Eat, TCS foods that are held under refrigeration for more than 24 hours must be date marked.

#### **Ready-to-Eat, TCS foods, including both:**

1. Commercially prepared and / or
2. Prepared on site and held under refrigeration for more than 24 hours.

#### **Exemptions from Date Marking Requirements:**

1. Individual meal portions served or repackaged for sale from bulk container upon a consumer's request.
2. Shell stock
3. Any of the following foods if prepared and packaged by an inspected food process plant:
  - Deli Salads
  - Hard Cheeses
  - Semi-Soft Cheeses
  - Cultured Dairy Products
  - Preserved Fish
  - Shelf Stable, Dry Fermented Sausages
  - Shelf Stable Salt-Cured Meats

### How Do I Date Mark?

A food establishment operator may choose any date marking system that suits their needs. Any system is acceptable, provided it is:

- Understandable
- Effective
- Consistent

Food must be discarded within 7 days; the day of preparation is counted as Day 1. (Food prepared on April 1 must be discarded on April 7). A written policy for employees to follow is strongly recommended.

### What if I Combine Foods That Were Opened on Different Dates?

When different containers of foods are combined, the date of the oldest ingredient becomes the reference date. For example, if today is Wednesday, and you are mixing salad marked on a Monday with salad marked on a Tuesday, the combined salad markings would be based on the starting date of Monday.

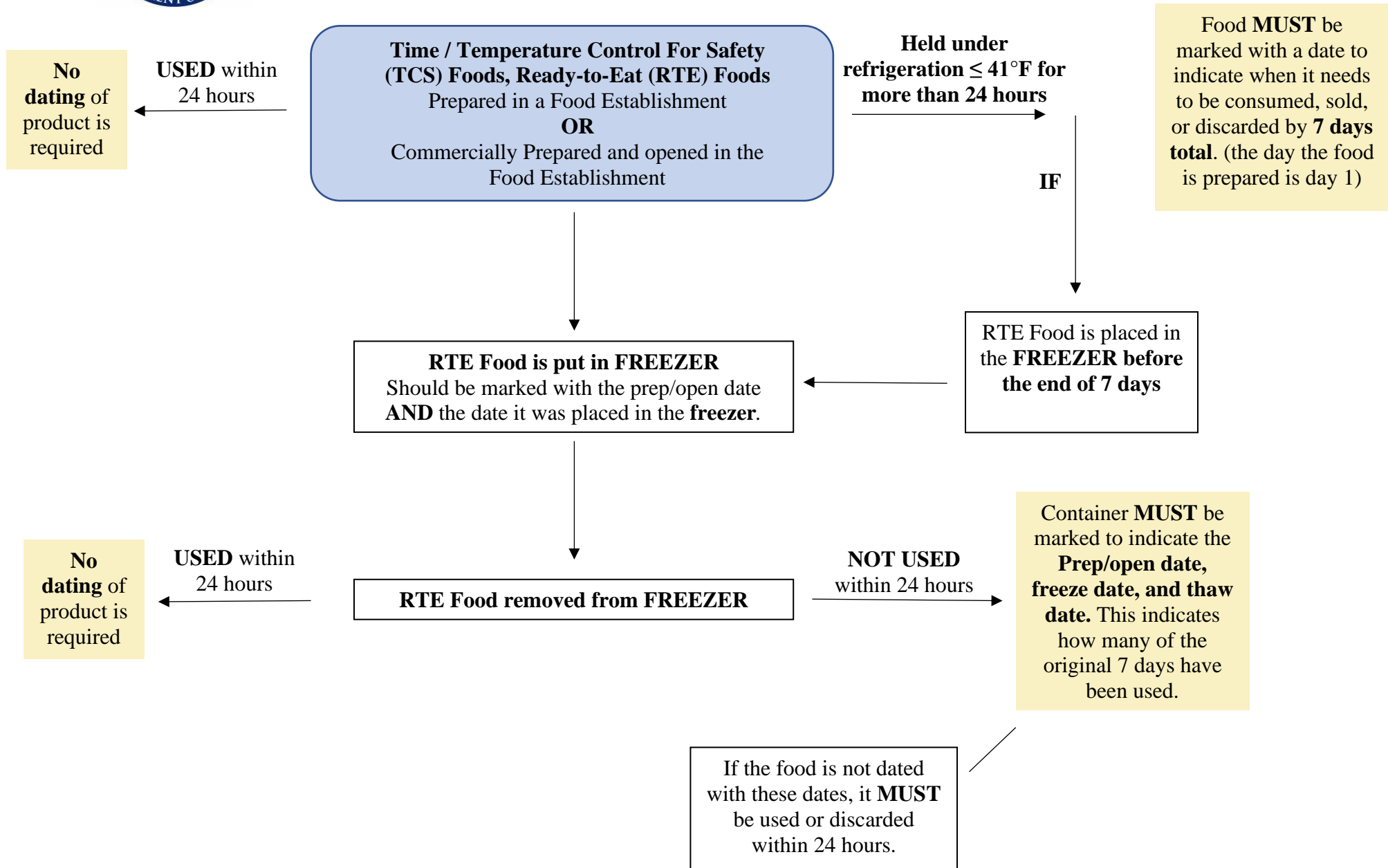
### What if I Freeze the Food?

- Freezing the food stops the date marking clock but does NOT reset it.
- If a food is stored at 41°F for 2 days and then frozen at 0°F, it can be safely stored at 41°F for 5 more days after removal from the freezer.
- The **freezing date and the thawing date** must be provided on the container **along with the preparation date** to indicate how many of the original 7 days have expired.

**NOTE:** Any RTE, TCS food that are not date marked properly or that exceed the temperature and time combination may be discarded.



# DATE MARKING ALGORITHM



# Employees must wash their hands before returning to work

**Read while you wash...just for the health of it.**

## **How to Wash Your Hands**

1. Wet hands with running water
2. Apply soap
3. Rub hands for at least 20 seconds  
(which is about as long as it will take for you to read this sign.)
4. Clean under fingernails and between fingers
5. Rinse hands thoroughly under running water
6. Dry hands with paper towel and use the towel to turn off the water

## **When to Wash Your Hands**

1. Before you start work
2. After using the restrooms
3. Before and after handling raw food
4. After touching your hair, face, or body
5. After coughing or sneezing
6. After handling any chemicals
7. Before and after changing gloves
8. After sweeping, mopping, or taking out the trash
9. Before and after break
10. After eating, drinking, or smoking
11. Any time you come in contact with anything that will contaminate your hands – money, dirty hand towels, phone, etc.



**Thanks for having a hand in the health of our staff and customers!**





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## **Guidance regarding the Procedure for Responding to Vomiting and Diarrheal Events**

2022 FDA Food Code, Section 2-501.11 requires that food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment.

### **Purpose:**

- To protect staff and customers from contact with bodily fluids
- Reduce the high potential of spread of harmful pathogens i.e., Norovirus from aerosolized particles

### **Written procedure should include the following:**

- Containment and removal of any discharges
- Cleaning and sanitizing exposed area(s)
- How evaluation will take place to determine if food was affected and needs to be discarded
- Availability of disinfectants, personal protective equipment (PPE) and equipment needed to clean and disinfect
- How vomitus and fecal matter will be disposed of and what tools will be used
- How employees will be trained on proper use of PPE and use of specified disinfectants
- How the exposed area will be segregated to minimize risk of exposure
- Exclusion and restriction of ill employees to minimize disease transmission
- When the procedure will be implemented
- Verification and record keeping responsibility (incident reports on file, damaged/discarded product log, etc.)

### **Contents of a Clean-Up Kit:**

- Personal Protective Equipment (PPE)
  - Disposable nitrile or non-latex gloves
  - Face and eye shields
  - Disposable apron(s)
  - Shoe covers
  - Hair covers
- Absorbent powder to solidify gel debris (baking soda, kitty litter, or Red Z powder)
- Scoop and/or scraper to remove the absorbent material-preferable disposable
- Disinfectant that is EPA-Registered and effective against norovirus
- Disposable paper towels
- Large plastic bags with twist tie closure

### **Clean-up Kit Components OR Pre-packaged kits can be purchased at the following locations:**

(not all inclusive) Note – provision of this list is not an endorsement of any company and/or product.

- Restaurant Supply Stores (online/in person)
- Amazon.com
- Walmart.com
- Noroviruskit.com
- Oshakits.com

## **Form 1-B: Conditional Employee or Food Employee Reporting Agreement**

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

### **I AGREE TO REPORT TO THE PERSON IN CHARGE:**

#### **Any onset of the following symptoms, while at work OR outside of work, (including the date of onset):**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small.)

#### **Future Medical Diagnosis:**

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. Infection), *Escherichia coli* O157:H7 or other Shiga toxin-producing *Escherichia coli* (STEC) infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

#### **Future Exposure to Foodborne Pathogens:**

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional or Employee Name (Print): \_\_\_\_\_

Signature of Conditional/Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Permit Holder/PIC: \_\_\_\_\_ Date: \_\_\_\_\_