

FOOD ESTABLISHMENT PERMIT APPLICATION AND PLAN REVIEW FORM WITH GUIDELINES

Northeast District Department of Health
69 South Main Street, Unit 4
Brooklyn, CT 06234
Phone (860) 774-7350 • Fax (860) 774-1308
Web Site: www.nddh.org
Email: email@nddh.org

Revised: 2/2022
Susan Starkey, MPH, MS, RD

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.
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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, MPH, MS, RD
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.

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 means a food establishment that only offers for retail sale (A) prepackaged food that is not time or temperature controlled for safety, (B) commercially processed food that (i) is time or temperature controlled for safety and heated for hot holding, but (ii) is not permitted to be cooled, or (C) food prepared in the establishment that is not time or temperature controlled for safety.

CLASS II means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling

CLASS III means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

CLASS IV means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

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: Catering food service establishment" means a business that is involved in the (A) sale or distribution of food and drink prepared in bulk in one geographic location for retail service in individual portions in another location, or (B) preparation and service of food in a public or private venue that is not under the ownership or control of the operator of such business. 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).

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Application for Food and Beverage License

- ☐ Operational Change
- ☐ Change of Ownership
- ☐ New Business
- ☐ License Renewal
- ☐ Addition

Please Print

Name of Business _____ Number of Seats _____
Street Address _____ Town _____ Zip Code _____
Establishment Phone # _____ Fax # _____

Email _____

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

Mail to _____

Town _____ State _____ Zip Code _____

Phone _____ Fax _____

Name of Manager/Owner _____ Phone _____

Street Address _____

Town _____ State _____ Zip Code _____

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

- | | |
|---|--|
| <input type="checkbox"/> Supermarket | <input type="checkbox"/> Food Store |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Itinerant Vendor |
| <input type="checkbox"/> Catering Operation (On-site) | <input type="checkbox"/> Catering Operation (Off-site) |
| <input type="checkbox"/> Tavern | <input type="checkbox"/> School |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> 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 2, 3 and Class 4 establishments must have a Certified Food Protection Manager (CFPM) 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 CFPM certificate on file.

Name of Certified Food Protection Manager _____		Phone # _____
Name of Designated Alternate CFPM _____		Phone # _____
Type of food safety training offered to all employees: _____		
Number of staff _____	Size of Facility (Square Feet) _____	Hours of Operation _____

Your Name (print) _____

Signature _____ Date _____

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

Signature of:

Building _____ Date _____

Zoning _____ Date _____

Fire _____ Date _____

Water _____ Date _____

Commissioner _____ Date _____

(if using public sewer)

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 _____



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234

860-774-7350 / Fax 860-774-1308 www.nddh.org

EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <http://www.nddh.org/services/food/>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date: _____

Business/Org Name: _____ Food Service Classification: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name and Title: _____

Cell Phone: _____ Fax Number: _____

Work Phone: _____ Home Phone: _____

Billing Email: _____

Alternate Emergency Contact Name and Title: _____

Cell Phone: _____ Fax Number: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Is water for your business establishment/organization supplied by:

____ Well ____ Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ Excel Data Sheet: _____ Initials: _____

REVISED 03/06/20

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

With this Food Service Establishment Plan Review, please submit the following documents:

- ☐ **Proposed Menu (must have foodborne illness reminder statement AND disclosure notation)**
- ☐ **Floor Plan (drawn to scale) of establishment, showing location of equipment**
- ☐ **Specification sheets of equipment to be purchased.**
- ☐ **CFPM certificate issued by an approved testing organization**
- ☐ **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**
- ☐ **Regulatory signatures from town officials (pg. 3)**

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.

Establishment

Name _____

Date _____

Address _____

Town _____

Check as many selections as apply

SPECIFY FINISH AND/OR CONSTRUCTION			
	FLOOR	WALLS	CEILING
KITCHEN	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
STORAGE AREA	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
DINING AREA	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
TOILET FACILITY	<input type="checkbox"/> Ceramic Tile	<input type="checkbox"/> Drywall/Epoxy	<input type="checkbox"/> Drywall/Epoxy
	<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Tile (Type) _____	<input type="checkbox"/> Clad Fiberboard _____
	<input type="checkbox"/> Vinyl Sheet	<input type="checkbox"/> FRP	<input type="checkbox"/> FRP
	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____

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 2, 3 & 4 establishments only)

Is a copy of the CFPM 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 safety 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 41 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?
How many square feet of refrigerated storage 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?

Check Types of sanitizer used		
Dishwashing Machine	Three-bay Sink	Food-contact Surfaces
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Chlorine
<input type="checkbox"/> Quaternary Ammonium	<input type="checkbox"/> Quaternary Ammonium	<input type="checkbox"/> Quaternary Ammonium
<input type="checkbox"/> Iodine	<input type="checkbox"/> Iodine	<input type="checkbox"/> Iodine
<input type="checkbox"/> Booster Heater	<input type="checkbox"/> Booster Heater	

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?
(for Sanitarian use)

_____ BTU/hour
Adequate? Yes No



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC WATER SYSTEM SCREENING FORM**
Pursuant to CGS Sections 16-262m & 8-25a and RCSA Section 19-13-B102

Section 1: Basic Information

Project Type:		<input type="checkbox"/> Conversion of Existing Structure/Property		<input type="checkbox"/> Proposed Development	
		<input type="checkbox"/> Unclassified Facility Currently in Operation		<input type="checkbox"/> PWS Classification Review (Change in Use)	
		<input type="checkbox"/> Change of Ownership (PWS Responsibilities letter will be sent out)			
Anticipated Start Date:					
Name of Facility			Maximum Daily Population Served		Customer of a water company? <input type="checkbox"/> Yes <input type="checkbox"/> No
PWS ID #			Current: Proposed:		
Property Address			Number of Service Connections:		Proposed/current daycare capacity: <input type="checkbox"/> NA
City	State	ZIP Code	Residential	Non-Res	
Number of days per year facility is/will be operational:					
Description of Project (Attach additional pages if necessary, please see instructions for additional information):					

Section 2: Facility Information

Type of Facilities (Check all that apply) ☐ Residential ☐ School ☐ Food Service ☐ Day Care ☐ Campground
☐ Medical/Dental ☐ Professional Office ☐ Youth Camp ☐ Gas Station ☐ Retail ☐ Manufacturing ☐ Place of Worship
☐ Park/Recreation Area ☐ Other - specify: _____

Will or does the facility supply water for human consumption to its employees, students, customers, visitors and/or members?: ☐ Yes ☐ No

Type of water use at the facility (check all that apply):
☐ drinking ☐ bathing/showering ☐ cooking ☐ dishwashing ☐ public restroom ☐ drinking water fountain
☐ other: _____

Will or 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 (days do not need to be consecutive days)? ☐ Yes ☐ No

Facility annual operating period (begin/end dates of operation): From _____ (month/day) to _____ (month/day)

Number of same persons (i.e. employees, students, but not residents) that will or do regularly use the facility on a daily basis for at least six months a year: _____

Number of persons whose primary residence is or will be supplied by the facility based on design population: _____

Does this water system have any treatment? ☐ Yes ☐ No
 If yes, specify type: _____ Purpose: _____

Section 3: Property Owner Contact Information

Name		Legal Contact Person (if owner is not an individual)	
Mailing Address		City	State ZIP Code
Telephone	Fax	Emergency Phone	
E-mail Address			

Section 4: Certification Statement

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a proposed project or existing facility will be or is considered a water company and a public water system and to also determine the most appropriate steps for initiating the regulatory process.

Signature of Property Owner/Legal Contact: _____ Date: _____

Printed Name of Property Owner/Legal Contact: _____

For Local Health Use Only**Section 5: Local Health Department Review**

Please provide any additional information you believe would be helpful for DWS staff to evaluate this form. Examples of additional information include any previous property names/ PWSID the water system may have been regulated under, whether the property is part of a plaza with other uses and what those other uses might be, etc:

Local health understanding of water use at the facility:

☐ drinking ☐ bathing/showering ☐ cooking ☐ dishwashing ☐ public restroom ☐ drinking water fountain
☐ other: _____

Is the information provided by the applicant in Section 1 and 2 of this form consistent with your understanding of the current/proposed use of the property? ☐ Yes ☐ No

Signature of Local Director of Health or Registered Sanitarian

Date

Printed Name of Local Director of Health or Registered Sanitarian

FOR DWS USE ONLY

CPCN: ☐ Yes ☐ No

Reactivation of former PWS: ☐ Yes ☐ No

New Water System (currently in operation): ☐ Yes ☐ No

PWS Classification Review: ☐ Yes ☐ No

Change of Ownership (send PWS responsibilities letter) ☐ Yes ☐ No

System Classification: ☐ C ☐ NTNC ☐ TNC ☐ NP Date of determination: _____ DWS Project #: _____

Please submit completed forms and all Supporting Documents to:

DWDCompliance@ct.gov

or

Department of Public Health
Drinking Water Section
410 Capitol Avenue, MS#12DWS
P.O. Box 340308
Hartford, CT 06134-0308

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. An 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 (Now CERTIFIED FOOD PROTECTION MANAGER)
DEMONSTRATED KNOWLEDGE STATEMENT**

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(6), 19-13-B48(j)(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.

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**QUALIFIED FOOD OPERATOR (Now CERTIFIED FOOD PROTECTION MANAGER)
DEMONSTRATED KNOWLEDGE STATEMENT**

I _____ attest that _____
(Print Name of Owner or Operator) (Print Name of Qualified Food Operator/Certified Food Protection Manager)

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/Cert. Food Protection Manager)

Name of Establishment _____

Address of Establishment _____

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 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.

**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.
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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 _____

Five (5) Approved Testing Organizations and Tests
for
Certified Food Protection Manager
(formerly known as Qualified Food Operator)

1. ServSafe®

National Restaurant Association (NRA)

Phone: 1-800-765-2122

Website: www.servsafe.com

Exam Name: *ServSafe Food Protection Manager*

175 West Jackson, Suite 1500

Chicago, IL 60604

2. Prometric

(formerly Thomson Prometric, Exporior Assessments, National Assessment Institute, Chauncey, and Educational Testing Service)

Phone: 1-800-624-2736 (Food Safety Customer Service)

Website: www.prometric.com/foodsafety

Exam Name: *Certified Professional Food Manager*

1501 South Clinton Street

Baltimore, MD 21224

3. National Registry of Food Safety Professionals/Environmental Health Testing

Phone: 1-800-446-0257

Fax: 1-407-352-3603

Contact: Customer.Service@nrfsp.com

Website: www.nrfsp.com

Exam Name: *Certified Food Safety Manager*

6751 Forum Drive, Suite 220

Orlando, FL 32821

4. 360training.com®

Phone: 1-888-360-8764

Contact: Enrollment.Advisor@360training.com

Website: www.360training.com or <https://www.360training.com/food-beverage-programs/food-manager-certification/connecticut-food-safety-manager-certification>

Exam Name: *Learn2Serve Food Protection Manager Certification Exam*

6801 N. Capital of Texas Hwy., Suite 150

Austin, TX 78731

5. AboveTraining, Inc dba StateFoodSafety

Phone: 1-801-494-1416

Website: www.statefoodsafety.com

Exam Name: *StateFoodSafety Certified Food Protection Manager Exam*

711 Timpanogos Pkwy Bldg M, Ste 3100

Orem, UT 84097



Connecticut State Department of Consumer Protection

Food Licensing and Registration

You may apply online for all food and beverage licenses.

If you prefer, you may complete and mail in a paper application instead.

Apple Juice & Cider Mfr.	Paper application	Reinstatement application
Bakery	Paper application	Reinstatement application
Cottage Food Operation	Paper application	
Egg Distributor	Paper application	
Item Price Exemption	Paper Application	
Food Mfg. Establishment	Paper application License Requirements	Reinstatement application
Food Warehouse Registration	Paper application	Reinstatement application
Frozen Dessert Retailer	Paper application	Reinstatement application
Frozen Dessert Wholesaler	Paper application	
Non-Alcoholic Beverage Mfr.	Paper application Water Analysis Form	Reinstatement application
Vending Machine Operator	Paper application	

For questions about any food or beverage license or registration, please contact the Food and Standards Division at dcp.foodandstandards@ct.gov.

FOOD ESTABLISHMENT FLOOR PLAN

The Floor Plan must be drawn to scale.

Please indicate the scale of your drawing (e.g., 1" = 1').

Make sure you include and LABEL all equipment (e.g., 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)