

Food Service Plan Review Application



**Northeast District Department of Health
69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308**

Email: email@nddh.org

www.nddh.org

Food Plan Review Checklist
(application to be submitted in sections and not needed all at once)
(checklists with an * include a required document)

Step 1 – Submit the following to initiate an internal review:

- Submit the proposed menu*
- Submit the floor plan* drawn to scale illustrating location of equipment
 - Submit Surface Finish Schedule*
 - Submit copies of hood/ansul plans*, if applicable
- Submit Pre-Operational Questionnaire*
- Submit Food Service Plan Review Application and Emergency Contact pages 14-16*
 - Page 17 (Final Signatures) is ONLY submitted as a final step once all inspections have been completed (from NDDH, Fire Marshall, etc.)

Step 2 – Review the following information and submit all applicable items:

- If on public sewer, confirm any Fats, Oil, and Grease (FOG) requirements with local W.P.C.A (provide floor plan, menu, wastewater discharging equipment specifications to the local W.P.C.A)
 - If on private septic, file and submit a [B-100a*](#) (form in resource section) with NDDH, and confirm any Fats, Oil, and Grease (FOG) requirements
- If on private well:
 - Submit [Public Water System Screening Form*](#) (form in resource section pg 22 and 23)
 - This form is required by CT DPH when a private well will be used for public consumption.
 - Fill out all application information up until Section 5: *For Local Health Use Only*
 - Submit a copy of water test results*
- If on public water:
 - Submit a copy of the last water bill*
- Verify all zoning requirements have been approved by local Planning & Zoning Commission/Department
- Contact the appropriate state agencies for specific requirements such as the [Department of Consumer Protection](#) food licenses for Bakery, Cottage Food Operation, and Frozen Dessert Retailer (soft serve ice cream) at (860) 713-6160 or the [Liquor Control Division](#) at (860) 713-6210

Step 3 – Review, sign, and submit the following acknowledgement forms:

- Confirm you have a [Certified Food Protection Manager \(CFPM\)](#) required for Class 2, 3, and 4 establishments
 - Submit a copy of the CFPM certificate*
 - Submit CFPM Demonstrated Knowledge Statement*
 - Submit Alternate Person in Charge Demonstrated Knowledge Statement*
- Submit Emergency Contact Information*

Step 4 – A plan approval letter will be sent once steps 1-3 are complete. Use must then:

- Schedule a pre-operational inspection once any construction is complete, at least one week prior to your anticipated opening

Final Step – Once a pre-operational inspection has been completed:

- Submit the Final Signatures form on Page 17 of the Food Service Plan Review Application*

Purpose Statement

The Northeast District Department of Health (NDDH) requirements for a food service establishment are based on the 2022 Federal Drug Administration (FDA) Food Code, CT Public Health Code, CT General Statutes 19a-36a through 19a-36o, and the NDDH Food Ordinances.

The intent of the Food Service Plan Review is to reduce the occurrence and potential for food-borne illness outbreaks. An NDDH sanitarian will review the application and work with you if any variances with code requirements are found.

Food service establishments include any place where food or drinks are prepared for sale and service to the public both on and off the premises. Establishments include, but are not limited to cafeterias, catering operations, coffee shops, convenience stores, delis, fast food establishments, food trucks, food stores, markets, restaurants, sandwich stands, supermarkets, and taverns.

Any permits to construct or operate from municipal town officials DO NOT constitute as a permit from NDDH to open and operate a food service establishment.

NDDH requires food service operators to complete the Food Service Plan Review for any proposed establishment including new businesses, ownership changes (see definitions for a simple change of ownership form if needed instead of this application in the resource section), renovations, and operational changes. Your signature on the application constitutes your agreement to comply with the requirements for food service establishments.

A permit is required to open and annual permit renewals are required to continue operations. The number of annual inspections required are based on the establishment class type, which can be found on the following page.

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.

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 be exempt from compliance with future code requirements.

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. Our best wishes for a successful venture.

Step 1 Details and Resources

Menu

Your menu must include the disclosure and reminder statements and allergen information.

The Disclosure: identifies the food item which may be raw and/or under-cooked. This can be done with any marking, typically an * or other symbol.

The Reminder: informs the consumer of the risk.

“Consuming raw or under-cooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.”

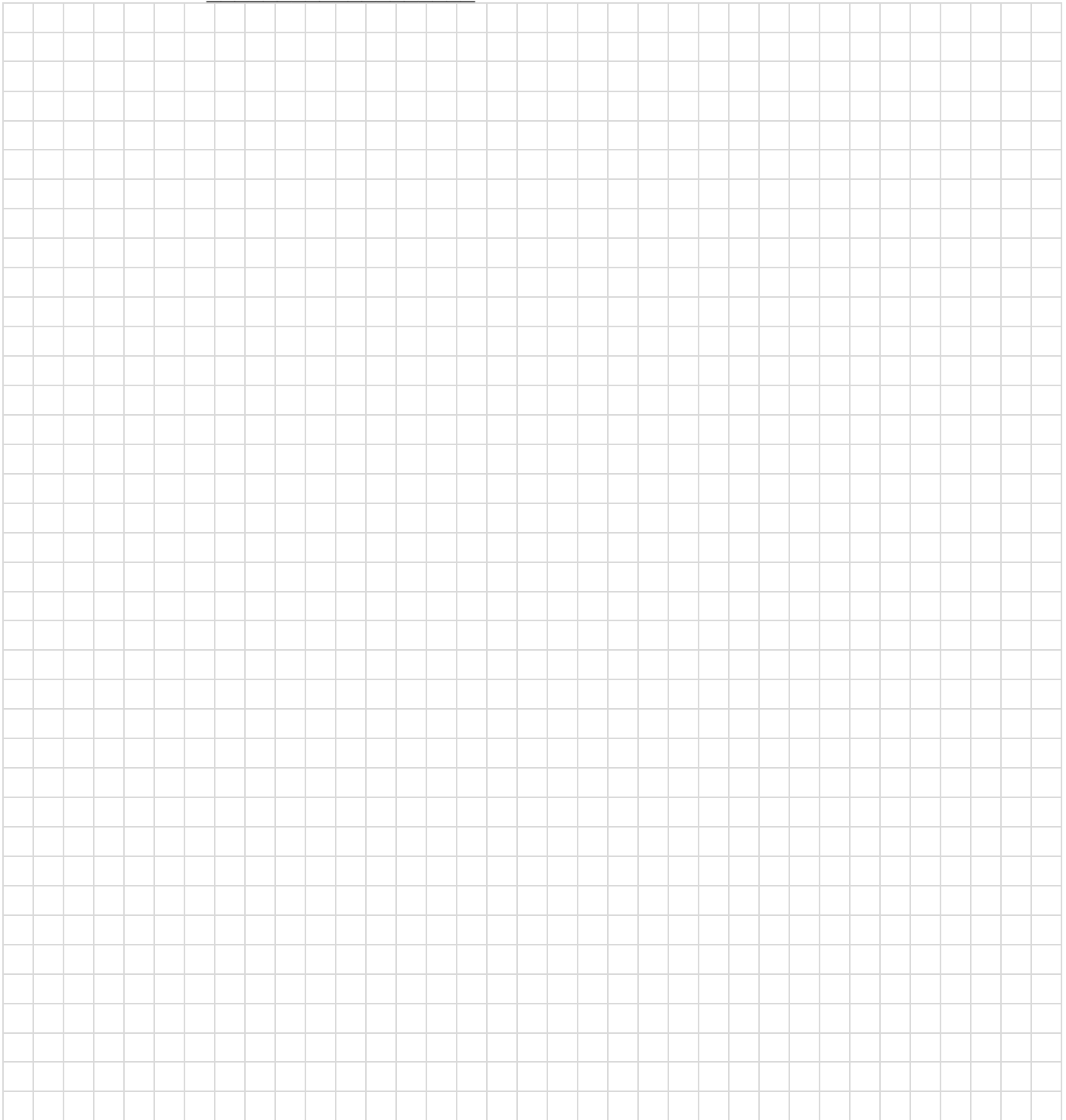
Public Act 23-115 states menus must have a statement that customers with food allergies should notify waitstaff prior to ordering food.

Floor Plan

1. Provide plans drawn to minimum scale of ¼ inch = 1 foot showing an accurate layout of the floor plan. A template is provided.
2. Show the location of all food equipment. Each piece should be clearly labeled. All equipment must be commercial grade and NSF approved. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Show equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
5. Clearly designate adequate handwashing sinks in the food preparation, food dispensing, ware washing areas and toilet facilities.
6. Provide room size, aisle space, space between and behind equipment location of all doors, and the placement of the equipment on the floor plan.
7. Include location of floor drains, floor sinks, overhead waste-water lines, and hot water generating equipment.
8. Include areas such as storage rooms, garbage rooms, toilets, basements/cellars used for storage or food preparation. Show all features of these rooms and the equipment in these areas. Provide additional pages as needed.
9. Complete Finish Schedule* forms for each room, including floors, walls, ceilings, and coved juncture surface bases. Use the provided form or other equivalent format.
10. Include specifications demonstrating:
 - 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 ft. candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units, dry food storage areas, and in other areas and rooms during periods of cleaning.
 - (2) At least 220 lux (20 ft. candles)
 - i. 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.
 - ii. Inside equipment such as reach-in and under-counter refrigerators.
 - iii. At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, ware washing, equipment and utensil storage, and in toilet rooms.

- (3) At least 540 lux (50 ft. candles) at a surface where a food employee is working with food, utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- d. Food Equipment Schedule* should include the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). A template is provided.
- e. Source 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:
 - (1) Food (receiving, storage, preparation, service)
 - (2) Food and dishes (portioning, transport, service)
 - (3) Dishes (clean, soiled, cleaning, storage)
 - (4) Utensils (storage, use, cleaning)
 - (5) 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

Floor Plan for: _____



Use this key or provide another clear key.

Scale: 1 square= _____ ft.

| | | | | | | | |
|------------------|----|----------------------|-----|----------------|-----|---------------------|-----|
| Hand Sink | HS | Bain-Marie | BM | Slicer | SL | Stovetop/Grill | ST |
| Mop Sink | MS | Reach-in Refrig. | RR | Food Processor | FP | Broiler | BR |
| Prep Sink | PS | Walk-in Refrig. | WIC | Floor Mixer | FM | Microwave Oven | MW |
| 3-bay sink | 3S | Undercounter Refrig. | UF | Stand Mixer | MX | Steamer | SR |
| 2-bay sink | 2S | Ice Machine | ICE | Countertop | Ctr | Fryer | FR |
| Dishwasher | DW | Reach-in Freezer | RF | Table | Tbl | Hood | HD |
| Hot-water heater | HW | Walk-in Freezer | WIF | Grease Trap | GT | Grease Removal Unit | GRU |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Surface Finish Schedule

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 Fiberglas reinforced plastic

Pre-Operational Questionnaire (circle your response)

1. Name of Establishment: _____
2. Menu
 - a. Is a proposed menu attached? YES NO
 - b. Does the menu include a disclosure statement? YES NO
 - c. Does the menu include a reminder statement? YES NO
3. Floor Plan
 - a. Is an accurate to scale floor plan attached? YES NO
4. Required CFPM (class 2, 3, and 4 only)
 - a. Is a copy of the CFPM certificate attached? YES NO
 - b. Is a copy of the CFPM Knowledge Statement attached? YES NO
 - c. Is a copy of the Designated Alternate Statement attached? YES NO
5. Hand Washing Facilities
 - a. Are hand washing sinks accessible and convenient to food workers in all food preparation areas, food service areas, and dish washing areas? YES NO
 - b. Are hand soap, paper towels, and waste receptacles supplied at all hand washing facilities?
YES NO
 - c. Are all hand washing sinks provided with a mixing valve faucet? YES NO
 - d. Do all hand washing sinks reach a minimum of 85°F? YES NO
 - e. Are all hand washing sinks properly labeled with required signage? YES NO
6. Floors
 - a. Are all floor materials smooth, non-absorbent, and made of washable materials? YES NO
 - b. Are the floors and wall junctures coved (covered to prevent moisture from entering in)?
YES NO
 - c. Are the floors graded to the drain? YES NO
7. Walls and Ceilings
 - a. Are the wall and ceiling materials smooth, non-absorbent, and made of washable materials?
YES NO
 - b. Are the walls light in color? YES NO
8. Toilet Facilities
 - a. Are toilet facilities conveniently located? YES NO
 - b. Are all toilet room doors self-closing? YES NO
 - c. Is ventilation provided? YES NO
 - d. Are toilet facilities to be used by women provided with a covered waste receptacle? YES NO
 - e. Are toilet room hand washing facilities provided with soap, paper towel, and waste receptables?
YES NO
 - f. Are approved back flow protection devices in place (consult with plumber)? YES NO
 - g. Do toilet room hand washing sinks not allow for hot water to exceed 115°F maximum?
YES NO

9. Sewage and Liquid Waste Disposal

- a. Is the FSE on a Public Water system? YES NO
- b. Is the FSE on an On-site Septic system? YES NO
- c. Is there a grease trap? YES NO
 - Size of grease trap: _____ gallons
 - Frequency of cleaning: _____
 - Is it an indoor grease trap? YES NO
 - Is there an Automatic Grease Recovery Unit (AGRU)? YES NO
 - Is there an Outdoor In-Ground grease trap? YES NO

10. Water Supply

- a. Is the FSE a Public Water supply customer? YES NO
- b. Is there an On-site Well? YES NO
 - Water treatment: _____

11. Plumbing

- a. Are dishwashing machines, garbage disposals or any other equipment connected to the water supply in such a manner to prevent backflow (consult with a plumber)? YES NO
- b. Are dishwashing machine waste lines indirectly connected to the sewer? YES NO
- c. Are there any exposed overhead sewer lines in food preparation or food storage areas?
YES NO If yes, describe shielding: _____
- d. Are carbonators equipped with proper backflow protection (refer to soda company)?
YES NO

12. Lighting

- a. Is adequate lighting provided in all areas of the establishment? YES NO
- b. 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

- a. Are hoods provided above all grease-producing cooking units (fryolators, ranges)? YES NO
- b. Have the necessary approvals from the Fire Marshall been granted? YES NO
- c. How will the hood ventilation system be cleaned?

14. Refrigeration

- a. Approximately how many meals will you serve on your busiest day? _____
- b. How many cubic feet of refrigerated storage will you have? _____
- c. How many square feet of walk-in cooler storage will you have? _____
- d. How many cubic feet of freezer storage will you have? _____
- e. How many square feet of walk-in freezer storage will you have? _____
- f. Do refrigeration units maintain food at 41°F or below? YES NO
- g. Are all refrigeration units equipped with accurate thermometers? YES NO

15. Storage Areas

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

- b. Are racks and shelves raised 12 inches or more above the floor? YES NO
- c. Are shelves smooth, cleanable, and made of durable materials? YES NO
- d. Are toxic/poisonous materials properly stored and labeled in a designated area separate from food?
YES NO

16. Insect and Rodent Control

- a. Are all outer openings protected against entry of insects and rodents by use of doors, screens, fans, etc.? YES NO
- b. Are all outer doors self-closing? YES NO
- c. Are all openings in floors, walls, ceilings, cables, etc., properly caulked or protected? YES NO

17. Equipment

- a. Are all equipment, storage containers, and food preparation utensils made of food grade materials?
YES NO
- b. Is equipment sealed to the floor and walls where necessary, or moveable or on legs to enable cleaning? YES NO
- c. Are sneeze guards provided where applicable (salad bars, buffets, etc.)? YES NO

18. Sinks and Ware Washing

- a. Does the plan include a food preparation sink? YES NO
- b. Are pots, pans, dishes, etc., to be washed in sinks and/or dishwashing machine?
 - Dishwasher
 - 3 Bay Sink
 - Both
- c. If using 3 bay sink, does the largest pot and pan fit into the compartment of the sanitizer sink?
YES NO
- d. Are there drain boards on either side of the 3 bay sink? YES NO
- e. What facility is there for air drying of washed wares?

f. Check the types of sanitizers used:

| Dishwashing Machine | 3 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 | <input type="checkbox"/> Booster Heater |

- g. Are the approved test strips available for checking chemical sanitizer concentration? YES NO
- h. Provide Name and Model # of dishwasher (if applicable):

- i. Do dishwashers have temperature and pressure gauges as required that are accurately working?
YES NO
- j. Provide Name and Model # of booster heater:

- k. Is there a mop sink? YES NO If no, describe facility for cleaning mops and other equipment and disposing of floor washing water:
-

19. Garbage

- a. Is there an area designated for garbage disposal outside of the facility? YES NO
b. Does the garbage disposal area have a paved base? YES NO
c. Do all containers have lids? YES NO
d. Is there an area designated for garbage can and floor mat cleaning? YES NO

20. Ice and Hot Water

- a. How will ice be provided?
 On site ice machine
 Purchased. From where? _____
 Both
- b. What is the capacity of the hot water heater? _____ BTU/hour

Step 3 Forms

Certified Food Protection Manager Demonstrated Knowledge Statement

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(6), 19-13-B48U)(5), 19-13-B49(t)(5), in the absence of documentation that the Certified Food Protection Manager (CFPM) 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 CFPM has demonstrated knowledge of food safety as specified below:

A. Elements of knowledge

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Identify and recognize the foods most commonly associated with food allergies.

B. Demonstrable elements of competency

9. 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.

10. 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 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 Certified Food Protection Manager)

Name of Establishment: _____

Address of Establishment: _____

Alternate 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 food is 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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.

8. Identify and recognize the foods most commonly associated with food allergies.

B. Demonstrable elements of competency

9. 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.

10. 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 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 Certified Food Protection Manager)

Name of Establishment: _____

Address of Establishment: _____



Northeast District Department of Health

69 South Main Street, Unit 4 Brooklyn, CT 06234

Phone - (860) 774-7350 / Fax - (860) 774-1308

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FOOD SERVICE PLAN REVIEW APPLICATION

Type of Application: New Renovation/Remodel Change of Ownership

Project Start Date: __/__/__ **Projected Completion Date:** __/__/__

Food Service Establishment Name (not LLC): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Billing Email: _____

Owner of Establishment (LLC): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary Email: _____

Manager/Operator Name: _____

Primary Phone: _____ Primary Email: _____

Certified Food Protection Manager (CFPM):

Name: _____ Primary Phone: _____

Designated Alternate CFPM:

Name: _____ Primary Phone: _____

Type of Food Operation (select all that apply):

Food Service Establishment Grocery Convenience Store Bakery Bar Daycare Center

Brewery/Distillery/Winery Long Term Care School Soft Serve Ice Cream Deli Caterer

Mobile Unit Other: _____

Classification (review definitions):

Class 1 Class 2 Class 3 Class 4

Operational Period (review definitions):

Year-Round Seasonal (less than 6 months per Calendar Year)

Hours of Operation:

Sun: _____ Mon: _____ Tue: _____ Wed: _____ Th: _____ Fri: _____ Sat: _____

Restaurant Seating Capacity:

of Indoor Seats: _____ # of Outdoor Seats: _____ Facility Size (sq. ft.): _____ sq. ft.

Water Supply:

Public Water Well Water Last date tested __/__/____ (attach copy of water results)

Sewage Disposal:

Public Sewer Septic System Last date pumped __/__/____

Grease Disposal:

Automatic Grease Recovery Unit (AGRU) Outdoor In-Ground Grease Trap

NDDH Use Only

Class: 1 2 3 4 **Type:** FSE Itinerant Non-Com. Seasonal **# of Inspections:** _____

Food Service Permit Fee: \$ _____ **Date:** __/__/____ **Check #:** ____ **CC E-Check Cash Receipt #:** _____

Restaurant Plan Review Fee: \$ _____ **Date:** __/__/____ **Check #:** ____ **CC E-Check Cash Receipt #:** _____



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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 food 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 food 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:** _____

Email Address: _____

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.

| | |
|------------------------------------|-----------------|
| OFFICE USE ONLY: | |
| Date Updated - EHS Database: _____ | Initials: _____ |
| Date Updated - Excel Sheet: _____ | Initials: _____ |

This page is only submitted once a pre-operational inspection from NDDH has been completed

Food Service Establishment Name (not LLC): _____

Physical Address: _____

Signature Section:

Your Name (print): _____

Signature: _____ Date: __/__/__

Building: _____ Date: __/__/__

Zoning: _____ Date: __/__/__

Fire: _____ Date: __/__/__

Water Commissioner: _____ Date: __/__/__

(if using public sewer)

NDDH Sanitarian: _____ Date: __/__/__

Resources

Definitions

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.

Food establishment: means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, temporary food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. “Food establishment” does not include a vending machine, as defined in section [21a-34](#), a private residential dwelling in which food is prepared under section [21a-62a](#) or a food manufacturing establishment, as defined in section [21a-151](#).

Food establishment classifications:

Class 1 food establishment: means a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety.

Class 2 food establishment: 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 or cooked and served immediately, or that prepares or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling.

Class 3 food establishment: means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

Class 4 food establishment: 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, excluding 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.

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.

Simple Transfer of Ownership Form:

You may apply for a Simple Transfer of Ownership if the answer to these five questions is NO.

1. Are you proposing any renovations or remodeling to the existing facility? YES NO
2. Are you proposing or planning to add or change any equipment? YES NO
3. Are you proposing any changes to the existing establishment menu? YES NO
4. Will you be changing the hours or days of operation? YES NO
5. Will you be adding any new seating (indoor or outdoor) at the establishment? YES NO

If you answered NO to all five questions you do not need to complete this application and instead need to complete and submit the FSE Simple Transfer of Ownership Form at nddh.org on our Forms and Permits page under [Food Service](#).

Supermarkets: a full-service supermarket with different departments such as deli and seafood.

ANAB-CFP Accreditation Program (Accredited)

| # | Organization | ID |
|----|--|------|
| 1 | National Restaurant Association Solutions ServSafe® Food Protection Manager Certification Program | 0655 |
| | Local in person trainings are held at Click and NDDH (visit the CFPM page at nddh.org for more info.) | |
| 2 | AAA Trainers Inc. (DBA: AAA Food Handler/1 AAA Food Handler) Certified Food Protection Manager | 9160 |
| 3 | APS Culinary Dynamics (DBA: World Food Safety Organization) WFSO-USA Food Protection Manager | 9129 |
| 4 | Certus/StateFoodSafety StateFoodSafety Certified Food Protection Manager (CFPM) Exam | 1020 |
| 5 | DSBWorldWide, Inc (DBA: EduClasses®) FMC® Food Managers Certification | 1135 |
| 6 | Learn2Serve Learn2Serve® Food Protection Manager Certification Program | 0975 |
| 7 | My Food Service License Certified Food Protection Manager | 9154 |
| 8 | National Registry of Food Safety Professionals Food Protection Manager Certification Program International Certified Food Safety Manager | 0656 |
| 9 | Relish Works, Inc. (DBA: Trust20) Food Protection Manager | 9065 |
| 10 | Responsible Training / Safeway Certifications, LLC Food Protection Manager Certification | 1042 |
| 11 | The Always Food Safe Company, LLC Food Protection Manager Certification | 1203 |

Food Licensing and Registration

[CT Department of Consumer Protection](#)

You may apply online for all food and beverage licenses [Online Initial Application Instructions](#)

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.



**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: Conversion of Existing Structure/Property Proposed Development
 Unclassified Facility Currently in Operation PWS Classification Review (Change in Use)
 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:

[Faded green area for providing additional information]

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



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone - 860-774-7350 / Fax - 860-774-1308

Web: www.nddh.org Email: email@nddh.org

B100a /Change in Use Application

To conform to PHC 19-13-B100a – Building Conversions/Changes in Use, Building Additions, Garages/Accessory Structures, Swimming Pools, Sewage Disposal Area Preservation (See Reverse Side for Instructions.)

Street #: _____ Street: _____ Town: _____

Assessor's Map: _____ Block: _____ Lot: _____ Dev. Lot : _____ Lot Size: _____

Legal Owner: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Year Built: _____ No. of Bedrooms: _____

Description of proposed change/addition: _____

Agent for Owner: _____

Agent's Mailing Address: _____

Town: _____ State: _____ Zip: _____

Agent's Phone Number: _____ Email: _____

PROPERTY OWNER: By signing above, you certify that the information provided is a true and accurate description of the addition, accessory structure, or pool. No services will be rendered until payment is received. Do not fax, return by mail. In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee. (If working on behalf of owner, please attach signed Letter of Consent)

Signature of Legal Property Owner

Date

NDDH Use Only

File #: _____ B51d/Change in Use Fee: _____

Receipt # _____ Cash: _____ Check # _____ Credit Card: _____ Date: _____

B100a / Change in Use Application INSTRUCTIONS

This form is used to conform to the State of Connecticut Public Health Code, Section 19-13-B100a, which governs building conversions and/or changes in use to existing structures, building additions, garages/accessory structures, swimming pools and sewage disposal area preservation.

You are filling out this form to provide the local health department with important information to assure that you:

- Do not build any structures on top of an existing septic system
- Conform to the required separating distances and maintain your property according to the Connecticut Public Health Code

In addition to filling out this form, you will also have to submit the following with your application:

- If your home was built prior to 1985, please have your **deed or the previous owners name** available. This information can be obtained from your Town Clerk.
- A **plot plan** drawn to scale (Example: 1 inch = 20 feet) which shows the location of the house, well, sewer line, and closest property lines. Be sure to indicate distances between each item.
- A **written description** of the proposed addition, accessory structure or pool.
- If proposing an addition to an existing structure, please provide a **sketch** of the **existing floor plan and a sketch of the proposed floor plan change**.

Exemptions

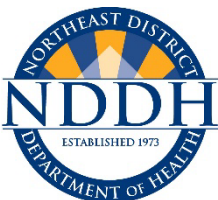
You **are not** required to file a B100a Application for the following:

- Accessory buildings or sheds **less than 200 square feet** which will sit directly on pressure treated plywood or concrete blocks and do not require the pouring of a concrete slab, frost protected footings, sonar tubes or any other foundation that would disturb the soil.
- Anchoring kits that prevent uplift due to winds which are used for temporary structures like removable carports. Anchors should not penetrate the septic system. (Please note, anchoring kits that require the pouring of a concrete slab or permanent footings **do** require a B100a application.)

In the event of application withdrawal by the applicant, NDDH reserves the right to retain a non-refundable processing fee.

In order to avoid unnecessary delays, please be sure to complete the form in its entirety and submit all required information and fees. Do not fax, return by mail.

For additional assistance, please contact us:



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone: 860-774-7350 / Fax: 860-774-1308 / www.nddh.org / email@nddh.org