



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

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FARMINGTON VALLEY HEALTH DISTRICT FOOD SERVICE PLAN REVIEW GUIDELINES AND APPLICATION

A FVHD approved plan is required prior to the start of any new construction or renovation AND anytime there is a change of ownership in a Food Service Establishment. Renovations and change of ownership will be required to bring the food service establishment up to code. This may include adding hand washing sinks, food preparation sinks, ware washing sinks, mop sinks, and adding new/updated commercial refrigeration or other pieces of equipment based on proposed menu and current facility layout and current existing equipment.

- Submit a completed application and pay the plan review fee. Make sure that the contact information submitted with the application is accurate and legible.
- Submit floor plans, on a minimum 11"x17" paper. Plans must include ALL areas of the facility (basement, dry/chemical storage areas, bathrooms, dining, server areas, etc.). Plumbing plans and electrical plans should be shown on the plan.
- Provide a site plan of the property showing the location of the entrances, exits, loading/unloading areas and docks and the location of the trash/recycling/grease dumpsters as applicable.
- The plan must show the location of all food service equipment. Each piece of equipment must be clearly labeled with its common name.
- Cut sheets and specification sheets for ALL equipment verifying NSF® approval. All proposed equipment must be commercial grade.
- Complete finish schedule for each room including floors, walls, ceilings, and coved juncture bases must be provided.
- Submit a proposed menu. Plans will not be reviewed without a menu.
- If the facility is served by an onsite well, a water registration form and lab analysis verifying the water potability is required (*a list of water testing labs is attached*).

In addition, please note the following:

1. If the proposed food service establishment is served by a septic system, the system may need an evaluation by FVHD to ensure that it is suitable for the proposed use.
2. All Class II, III and IV food establishments are required to install either a 1,000 gallon (minimum) outside grease interceptor, or an automatic grease recovery unit (AGRU). Please contact your local WPCA or town engineering dept for more information and their requirements.
3. You must contact your town's Building Official, Fire Marshal and Zoning Official and Town Engineer regarding their requirements.
4. In the case that the proposed facility will be located in a private home, a commercial kitchen is required separate from the kitchen used for home use.
5. Hand washing sinks are required to be accessible in all areas that include food preparation, food dispensing and ware washing area(s).
6. Food preparation sinks and mop sinks are required.
7. The FDA Food Code and the Farmington Valley Health District Food Service Regulations require that food service establishments that are Class II, III, IV's employ a Certified Food Protection Manager (CFPM) and Person in Charge (PIC) must possess a current Food Safety Manager's certificate from an approved testing organization (*attached*). There should be at least one person with a Food Safety Manager's certificate onsite during operating hours in compliance with regulatory requirements.

The Food Service Permit will not be issued for the food establishment until the following requirements are met:

1. A completed annual food service license application has been received by FVHD with appropriate permitting fee paid. Your annual permit fee will be prorated based on when you open.
2. Plans and specifications have been approved in writing by this office.
3. Certified Food Protection Manager Certificate(s) have been submitted for the Certified Food Protection Manager (CFPM) and any alternate Person(s) in Charge (PIC). Certification is required for all Class 2, 3, and 4 Food Service Establishments.
4. A pre-operational inspection has been conducted and approved.

Annual Permit Fee Schedule

Effective July 1, 2020

CLASS I	\$175
CLASS II	\$300
CLASS III	\$450
CLASS IV	\$500
RETAIL	\$175
SUPERMARKET	\$700
PERMIT RENEWAL LATE FEE	\$100
FOOD SERVICE PLAN REVIEW FEE	AMOUNT OF ANNUAL FOOD SERVICE PERMIT FEE.

Food Establishment Classification

Under Public Act 17-93

CLASS I	<ul style="list-style-type: none"> • Prepackaged food that is not TCS. • Commercially prepackaged, processed (fully cooked) food that is TCS and either cold-held or heated for hot holding, but not cooled. • Preparation of non TCS foods.
CLASS II	<ul style="list-style-type: none"> • Preparation of limited menu TCS food that is served immediately, cold-held or hot-held for an unspecified length of time. • No cooling of TCS foods. • Does not include facilities that provide food service to a highly susceptible population.
CLASS III	<ul style="list-style-type: none"> • Preparation of an extensive menu of TCS food involving complex processes including cooking, cooling, reheating for hot-holding, and handling of raw ingredients. • Does not include facilities that provide food service to a highly susceptible population.
CLASS IV	<ul style="list-style-type: none"> • On-site preparation of foods by special processes, such as sous vide, acidification, ROP, etc. • Preparation of an extensive menu of TCS food involving complex processes including cooking, cooling, reheating for hot-holding, and handling of raw ingredients that is served in an establishment which serves a highly susceptible population.

*TCS= Time/Temperature for Safety Food



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FOOD SERVICE PLAN REVIEW APPLICATION

FEE: _____

DATE: _____

Facility Name: _____

Address: _____ Town: _____ Zip: _____

This is a: New Construction Renovation Change of Ownership

List all persons to receive correspondence

1. Owner: _____

Mailing Address: _____ Town: _____ State: ___ Zip: _____

Phone: _____ Fax: _____ Email: _____

2. Applicant (if other than owner): _____

Mailing Address: _____ Town: _____ State: ___ Zip: _____

Phone: _____ Fax: _____ Email: _____

Hours/Days of Operation: _____

Number of Proposed Seats: _____ Indoor: _____ Outdoor: _____

Type of Operation:

(check all that apply)

- Take out/Fast food
- Dine-in
- Catering
- Buffet/Self-Service
- Bar
- Other: _____

Primary Service Type Offered:

(check all that apply)

- China/metal flatware
- Disposable containers/flatware
- Dish machine on premises

Frequency of Deliveries:

(check all that apply)

- Sunday Friday
- Monday Saturday
- Tuesday
- Wednesday
- Thursday

Water Supply: Public Well

Sewage Disposal: Public Septic System

I hereby attest that the above information and all submitted plan information is correct.

Signature: _____ Date: _____

(Owner or responsible representative)

Plan reviews may take up to 14 days after date received by this office for the review process to begin.



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WELL WATER TESTING REQUIREMENTS!!

The Connecticut Department of Public Health, through the action of the Connecticut General Assembly, adopted requirements for testing well water. Specifically, the requirements are:

1. ***ALL*** water samples must be collected by an individual under the direction of a licensed laboratory, a state certified operator as defined in Section 25-32-7a(c) of the regulations of state agencies, or a licensed sanitarian;
2. The well water ***MUST*** meet the maximum contaminant levels (MCL'S) of the Connecticut Public Health Code;
3. The water has to be analyzed for:

a. Total Coliform bacteria	j. pH
b. Nitrate	k. Sulfate
c. Nitrite	l. Apparent Color
d. Sodium	m. Odor
e. Chloride	n. Volatile Organic Chemicals (VOC'S)
f. Iron	o. Seven listed pesticides, if the nitrate level is over 10.0
g. Manganese	
h. Hardness	
i. Turbidity	
4. ***The Connecticut Department of Health recommends testing for Arsenic and Uranium.***

When the results are mailed or faxed to the Farmington Valley Health District, a Water Certification Form with signature of the person who took the sample must be included. This is a State Regulation.

APPROVED LOCAL WATER TESTING LABORATORIES

Plainville	Tunxis Laboratory	100 Northwest Drive	(860)793-8866
Torrington	Litchfield Hills Water Testing www.tahd.org	350 Main Street, Ste A	(860)489-0436
Windsor	Envirotech Laboratory	77 Cook Hill Road	(860)688-7249
Manchester	Phoenix Environmental Lab	587 East Middle Tpke	(860)645-1102
Waterbury	NW Environmental Water Lab	450 Meriden Road	(203)437-4110 (203)725-0501 Fax
New Milford	Hydro Technologies	62 Bank Street	(860)355-8773 (860)350-2258 Fax
Berlin Agawam, MA	Northeast Laboratories Vallid Labs	129 Mill Street 295 Silver Street	(860)828-9787 (413)789-2206



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Approved Testing Organizations and Tests For Certified Food Protection Manager (CFPM) & Person in Charge (PIC)

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

Prometric

(formerly Thomson Prometric, Experior 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

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

360training.com®

Phone: 1-888-360-8764

Contact: Enrollment.Advisor@360training.com

Website: 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



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STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH DRINKING WATER SECTION Food Service Establishment Water System Registration Form (Rev. 4/06)

Refer to instructions on reverse side for assistance in completing this registration form.

Are there changes to property and/or food service establishment ownership/contact information from this past year? Yes No

A. Food Service Establishment Information

New food establishment licensure Relicensure

Food Service Establishment Name: _____

Ownership information (food service establishment):

Name: _____

Mailing Address: _____

Phone Number: _____

Signature of food service establishment Owner: _____ Date: _____

B. Water System Information

What is the source of the water supply for this location? Onsite Well

If 'Customer of a Community PWS', do not complete Section B. Customer of a Community Public Water System (PWS)

Provide name of Community PWS: _____

Water System/Property Name _____ PWSID*: CT _____

* If known / if applicable

Address of Water System: _____ Town: _____

List all businesses and/or facilities supplied by water system: _____

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

Total number of **same** persons who **regularly** use the facilities / businesses (i.e. employees, students, but not residents) for **at least 6 months a year**: _____ Avg. # of Daily Customers: _____ # of Residents: _____

Does this water system also supply water to a (check applicable): hotel/motel municipal bldg gas station
 medical facility rest area park/recreation area campground place of worship Other: _____

Type and number of wells: Drilled Wells _____ Shallow Dug Wells _____ Other: _____

Installed water treatment equipment: Iron/manganese filter Ultraviolet light Water softener Aeration
 Granular Activated Carbon filter Acid Neutralizer Other/Unk: _____ Chemical feed: _____

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

Water system ownership information (i.e. property owner): Name: _____

Mailing Address: _____



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Phone Number: _____
Signature of Property Owner: _____ Date: _____

Information below to be completed by the Local Health Department

1. Date: _____
2. Water System Classification (check one): NTNC TNC NP Undetermined CWS Customer*
3. Reviewed by (print name, title and LHD): _____
4. Signature: _____

Mail a copy of the completed registration form to: * If CWS customer, do not forward form to CT DPH – DWS.
 CT Department of Public Health – Drinking Water Section, CRS Unit,
 410 Capitol Ave. MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308

Instructions for Completing Registration Form

This form is to be used for food service establishments who will or do occupy a building with a well water system. This form is to be used during new food service establishment licensure and existing food service establishment relicensure. Sections A and B of this form are to be completed by the food service establishment applicant, and returned to the respective Local Health Department for review and transmission to the Drinking Water Section of the Department of Public Health. Section B is to be completed by the Local Health Department.

A. Food Service Establishment Information: This information is to be provided by the food service establishment applicant. Check if there are any changes in ownership, or contact information (i.e., phone #, address, ownership, contact information, etc.). ***New food service establishment licensure / Relicensure*** – check either new licensure or relicensure.

Food Service Establishment Name – list the business name of the food service establishment.

Ownership information – enter the name, mailing address, phone number and dated signature of the owner of the food service establishment. If the owner is a corporation then the name of a contact person must also be provided.

B. Water System Information:

What is the source of the water supply for this location? – Indicate (check) whether this establishment is served by its own well or is a customer of Community Public Water System (CWS).

*Only continue completing Section B if the food service establishment receives all or part of its water supply from a source other than a regulated CWS. If the food service establishment does not own the water system (i.e. leased space) then the information in Section B may need to be obtained from the property owner.

Water System/Property Name – provide the name that best describes the water system. In cases where the water system serves only the food service establishment, provide the business name of the food service establishment. If the water system serves a shopping plaza provide the name of the shopping plaza. If the water system serves multiple properties provide the name that best describes the water system (example: 156-159 Main Street). Provide the Public Water System (PWS) identification #, if known or if applicable.

Address of Water System – list the address(es) of the property(ies) being served by the well water system.

Town – list the town in which the water system is located.

Businesses and/or facilities supplied by water system – list the name of all businesses, or other facilities served by the water system.

Do at least 25 persons visit the facilities/businesses supplied by the water system daily at least 60 days out of the year? – The availability of water would include public restrooms and/or foods or beverages prepared with water. Check yes or no.

Total number of same persons who regularly use the facilities/businesses for at least 6 months a year – provide the number of persons (i.e. employees, students, NOT residents or transient customers) who use the facility on a daily basis at least 6 months out of the year. Provide an average number of customers who visit your facility/business on a daily basis. Provide the number of residents who live at the facilities/businesses.

Does this water system also supply water to a (check any that apply) – check any of the applicable categories. If an applicable category is not provided, check other and provide a description of the type of facility the water system supplies.

Type and number of wells – provide the number of wells for each applicable category in the space provided, when using the “Other”



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category also provide a description of the type of water source.

Installed water treatment equipment – check any water treatment equipment installed on the water system. When checking chemical feed systems also list the type of chemical that is being added to the water (example: chlorine, soda ash, permanganate).

Water system annual operating period (begin/end dates of operation) – provide the beginning and end dates (month and day) of the season of operation for the water system, if the water system operates year round enter from 1/1 to 12/31.

Water system ownership information – enter the name, mailing address, phone number and signature for the **property owner** of the water system that will provide water service to the food service establishment. This may be the same information as the owner of the food service establishment, or it may be the name of the landlord, owner of a shopping plaza, etc. If the owner is a corporation then the name of a contact person must also be provided.

Information to be completed by the Local Health Department:

1. **Date** – date of review.
2. **Water System Classification (check one)** – check the water system classification based on information provided in Section B (Water availability to 25 or more persons/day for at least 60 days/year, and # of employees, residents, etc.).
 - If the system regularly serves at least 25 of the **same** persons (not including residents or transient persons) per day for 6 months or more a year, then check **NTNC**.
 - If the system does not supply water to at least 25 persons for at least 60 days out of the year, then check **NP**.
 - If the system is served only by a Community Public Water System (Section B is N/A), then check **CWS Customer**.
 - If the system serves 25 or more persons, at least 60 days a year, and does not meet any of the above, then check **TNC**.

*For additional information on classification, refer to <http://www.dph.state.ct.us/BRS/water/Consumer/PWS.htm>
3. **Reviewed by (print name and title)** – provide the name and title of the local health official reviewing the registration form. This person must be a registered sanitarian or the local director of health.
4. **Signature** – signature of the person (registered sanitarian or local director of health) reviewing the registration form.

***** **QUESTIONS???** If you have any questions please call the Drinking Water Section at (860) 509-7333. *****