



Farmington Valley Health District

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

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

FOOD SERVICE PLAN REVIEW GUIDELINES AND APPLICATION Rev. Jan 2022

The Farmington Valley Health District requires written plan review approval for all food establishments that are new construction, undergoing a renovation or undergoing a change of ownership. Food establishment renovations and change of ownership will be required to bring the food establishment up to code. This may include adding/updating hand washing sinks, food preparation sinks, ware washing sinks, mop sinks, and adding or replacing commercial refrigeration or other pieces of equipment that are in deteriorated/unsanitary condition.

The following documents **must** be submitted for review:

_____ **Plan** of the establishment on a minimum 11"x17" paper including the following:

- Layout of the floor plan of the food establishment accurately drawn to scale (min. 1/4" per foot) showing location of all equipment, plumbing, electrical and mechanical ventilation.
- All areas of the food establishment as applicable including basement, dry/chemical storage areas, bathrooms, dining areas, bar areas, server areas, etc.
- Finish schedule for all floors, walls, and ceilings within the food establishment.

_____ **Proposed Menu** (including seasonal, off-site catering and banquet menus)

_____ **Manufacturer Specification Sheets** for each piece of equipment shown on the plan.

- Each piece of equipment must be clearly labeled with its common name.
- All equipment must be commercial grade and NSF® and/or ANSI approved or equivalent.
- * *If you cannot provide specification sheets for existing equipment, you may submit make and model number, sink measurements and/or pictures. **This applies to existing equipment in a food establishment only.***

_____ **Site Plan** showing the location of:

- The entrances, exits, loading/unloading area(s) and dock(s).
- Trash/recycling/grease dumpsters.
- External grease interceptor unit (if applicable).
- Well and/or septic system (if applicable).

_____ **Application/Payment for Plan Review** must be submitted with all requested items.

In addition, please note the following:

1. If the food establishment is served by a septic system, the system will need an evaluation by FVHD to ensure that it is suitable for the proposed use.
2. If the food establishment 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*).
3. Contact your town's Building Official, Fire Marshal and Zoning Official and Town Engineer regarding their requirements/approvals.
4. Contact your local WPCA or Town Building/Engineering Department for their specific requirements regarding an external grease trap or Automated Grease Recovery Unit (AGRU).
5. Hand washing sinks are required to be accessible in all areas that include food preparation, food dispensing and ware washing.
6. Food preparation sinks and mop sinks are required.

The Annual Permit will not be issued to the food establishment until the following requirements are met:

1. Plans and specifications as submitted to FVHD have received written plan approval.
2. A completed annual food service permit application has been received by FVHD with appropriate permitting fee paid.
3. The FDA Food Code and the Farmington Valley Health District Food Service Regulations require that food establishments that are Class II, III, IV's employ a Certified Food Protection Manager (CFPM) and certified alternate Person(s) in Charge (PIC) that 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 operational hours in compliance with regulatory requirements.
4. A pre-operational inspection has been conducted and approved in writing by FVHD.

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 NEW CONSTRUCTION	AMOUNT OF ANNUAL FOOD SERVICE PERMIT
FOOD SERVICE PLAN REVIEW FEE FOR EXISTING RENOVATION or CHANGE OF OWNER	\$100

Food Establishment Classification

Under Public Act 17-93

CLASS I	<ul style="list-style-type: none"> • Prepackaged food in its original commercial package that is TCS for safety. • Commercially prepackaged, precooked food that is TCS for safety and heated, hot held and served in its original commercial package not later than four (4) hours after heating • Food prepared in the establishment that is not TCS.
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 Control for Safety Food



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FOOD SERVICE PLAN REVIEW APPLICATION Rev. Jan 2022

FEE: _____ **DATE:** _____

Food Establishment 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: _____ Email: _____

2. Applicant (if other than owner): _____

Applicant relationship to owner (manager, architect, contractor, etc.): _____

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

Phone: _____ Email: _____

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

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

Maximum Meals to be Served a Day: (approx. #) **Breakfast** _____ **Lunch** _____ **Dinner** _____

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 Food Deliveries:

(check all that apply)

Sunday Friday

Monday Saturday

Tuesday

Wednesday

Thursday

Water Supply: Public Well (water registration form and lab analysis verifying the water potability is required)

Sewage Disposal: Public Septic System

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

Signature: _____ Date: _____

(Applicant/Owner)

Plan review approvals may take up to 14 days to begin after all parts of the plan review are received by FVHD.



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State of Connecticut Approved Testing Organizations and Tests for Certified Food Protection Manager (CFPM) Previously known as Qualified Food Operator (QFO)

1. ServSafe®

National Restaurant Association (NRA)

Phone: 1-800-765-2122

Website: www.servsafe.com

Exam Name: *ServeSafe Food Protection Manager*

2. Prometric

(Formerly Thomson Prometric, Exporior Assessments, National Assessment Institute, Chauncy and Educational Testing Service)

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

Website: www.prometric.com/foodsafety

Exam Name: *Certified Professional Food Manager*

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

Phone: 1-800-446-0257

Email: Customer.Service@nrfsp.com

Website: www.nsfsp.com

Exam Name: *Certified Food Safety Manager*

4. 360 Training.com®

Phone: 1-888-360-8764

Email: Enrollment.Advisor@360training.com

Website: www.360training.com or <https://www.360training.com/learn2serve/food-safety-manager-training>

Exam Name: *Learn2Serve Food Protection Manager Certification Exam*

5. AboveTraining, Inc dba StateFoodSafety

Phone: 1-801-494-1416

Website: www.statefoodsafety.com

Exam Name: *StateFoodSafety Certified Food Protection Manager Exam*

Sponsors (call or visit website to see if/when they hold courses/exams):

American Food Safety Institute, www.americanfoodsafety.com , 860-448-4882

CT Restaurant Association, www.ctrestaurant.org , 860-278-8008

QFO Consulting Center, QFOconsultingcenter@outlook.com , 203-592-9263

Mark Bakos and Associates, Inc., www.mbakosassociates.com , 866-826-2682

HRFoodSafe, www.HRFoodSafe.com , 855-478-7246

Westchester Food Safety, www.westchesterfoodsafety.com , 914-309-6572

Integrated Food Service Consulting Corp., www.ifuasafety.com , 888-510-0404

Victoria Hart, foodsafetyri@gmail.com , 508-596-4169 or 401-660-8605

KLR Environmental Consultants, LLC, klrenvironmental@gmail.com , 203-823-8861

The Petersen Group LLC Instructor, 203-595-6590 or 203-570-3735

FRESH Training Instructor: Judy Wrenn, 203-881-9304

Health Education & Consulting Instructor: Ed Briggs, 203-775-2924 or 203-858-7847

State Food Safety, www.statefoodsafety.com , 801-494-1416

Testing Centers

Prometric Testing Center, www.prometric.com

Professional Server Certification Corporation, www.onlinefoodsafetyclass.com , 866-378-0203 or 605-427-2911

TAP Series Food Safety Mgr. Cert. Training, www.tapseries.com , 888-826-5222

National Environmental Health Assoc. (NEHA), www.nehatraining.org
www.learn2serve.com , 800-442-1149



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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	Northeast Laboratories	129 Mill Street	(860)828-9787
Agawam, MA	Vallid Labs	295 Silver Street	(413)789-2206



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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:
CT Department of Public Health – Drinking Water Section, CRS Unit,
410 Capitol Ave. MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308

* If CWS customer, do not forward form to CT DPH – DWS.

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. *****