



Farmington Valley Health District

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

Time as Public Health Control Written Procedures

Establishment Name: _____

Date: _____

Establishment Address: _____

Important Note: Improper time/temperature control is a leading cause of foodborne illness. Time/Temperature Control is a crucial factor in preventing foodborne illness.

RULES AND REGULATIONS

Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand the life of all food(s) held utilizing time only as a public health control is limited to 4 hours from when the food is removed from hot (135°F or above) or cold (41°F or below) temperature control.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that once time only as a public health control has begun, the food(s) may not be returned to temperature control.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that if foods are cooked, cooled and cold held prior to the use of time only as a public health control, I must have written procedures and monitoring documentation available to ensure foods are properly cooked, cooled and cold held.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that food(s) must be cooked and served, served ready-to-eat, or discarded within 4 hours from the point in time when the food(s) are removed from temperature control.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that food(s) must be marked or identified or logged to indicate the time that is 4 hours past the point in time when the food is removed from temperature control.
Yes <input type="checkbox"/> No <input type="checkbox"/>	Time as a public health control will not be used for raw eggs in an establishment that serves a highly susceptible population such as immunocompromised persons of any age, preschool-age children, or older adults.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand these written procedures and any required monitoring documentation must be available at all times in the food establishment and made available for review upon request. Whenever there is a change in CFPM, these records shall be updated to reflect that change.
Yes <input type="checkbox"/> No <input type="checkbox"/>	I understand that I must operate my food establishment according to these procedures each day the establishment is in operation using Time as a Public Health Control, and failure to demonstrate compliance with this procedure may result in a failed inspection report. The FVHD has the right to revoke approval to utilize Time as a Public Health Control if compliance is not demonstrated during routine inspections.

I am completing this written procedure because I would like to utilize **Time as a Public Health Control (TPHC)** to hold working supplies of **time/temperature control for safety (TCS) foods** in my Farmington Valley Health District (FVHD) permitted food establishment.

This document is a description of written procedures that will be implemented to operate the establishment to protect the health and safety of the public.

Print Owner/CFPM Name _____

Signature Owner/CFPM _____

Date _____

Approved By:

FVHD Sanitarian Print Name _____

FVHD Sanitarian Signature _____

Approval Date _____

WRITTEN PROCEDURES

Effective written procedures communicate what the task is, where the task will take place, how and when the task will be performed, and who will perform the task. Include the following information in your written procedures. Attach additional pages if needed.

Identify the **specific location(s)**, and **TPHC food item(s)** in the **Food Establishment and documentation** that **TPHC** will be utilized to hold **TCS food(s)**. You must list the food items separately (use a second sheet of paper if applicable).

LOCATION	FOOD ITEM(S)	DOCUMENTATION	
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Time marked on the food tray/container <input type="checkbox"/> Time marked on a chart or board <input type="checkbox"/> Sticker with time	<input type="checkbox"/> Time log <input type="checkbox"/> Other: _____

Describe how you properly cool TCS food that is prepared, cooked, and refrigerated prior to using TPHC (write N/A if food is not cooled prior to TPHC)

List each individual who is responsible for marking/logging time on each food item under TPHC.

List each individual who is responsible for ensuring that the food item(s) under TPHC is discarded within 4 hours.

