



# Farmington Valley Health District

95 River Road • 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

The Farmington Valley Health District **requires** written plan review approval for all food establishments that are new construction, undergoing renovation or undergoing a change of ownership. **Plan review approval may take up to 14 days once all documents of the plan review are received by FVHD.**

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. Contact you're the applicable town Building Official, Fire Marshal and Zoning Official Town Engineer regarding their requirements/approvals.
3. Contact the applicable town WPCA or town Building/Engineering Department for their specific requirements regarding an external grease trap or Automated Grease Recovery Unit (AGRU).
4. Hand washing sinks are required to be accessible in all areas that include food preparation, food dispensing and ware washing.
5. At least 1 service sink (mop sink) is required.
6. Food establishment remodels/change of ownership will be required to bring the food establishment up to code. This may include adding/updating hand washing sinks, ware washing sinks, mop sinks, and adding or replacing commercial refrigeration or other pieces of equipment that are in deteriorated/unsanitary condition.

**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 through OpenGov with the applicable annual food service 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) that must possess a current Food Safety Manager's certificate from an approved testing organization (*attached*).
4. **If the food establishment is served by an onsite well**, a CT DPH Public Water Screening Form (*attached*) must be submitted to the State DPH Drinking Water Section. You can contact them at (860) 509-7333 with questions regarding their requirements. Lab analysis verifying the water potability is required prior to permitting. (*a list of water testing labs can be found on our website*).
5. A pre-operational inspection has been conducted and approved in writing by FVHD.

**Annual Permit Fee Schedule**  
Effective July 1, 2023

CLASS I	\$170
CLASS II	\$310
CLASS III	\$465
CLASS IV	\$515
RETAIL SUPERMARKET	\$720
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	\$150

**Food Establishment Classification**

CLASS I	<ul style="list-style-type: none"> <li>• Prepackaged food in its original commercial package that is TCS for safety.</li> <li>• 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</li> <li>• Food prepared in the establishment that is not TCS.</li> </ul>
CLASS II	<ul style="list-style-type: none"> <li>• Preparation of limited menu TCS food that is served immediately, cold-held, or hot-held for an unspecified length of time.</li> <li>• No cooling of TCS foods.</li> <li>• Does not include facilities that provide food service to a highly susceptible population.</li> </ul>
CLASS III	<ul style="list-style-type: none"> <li>• Preparation of an extensive menu of TCS food involving complex processes including cooking, cooling, reheating for hot-holding, and handling of raw ingredients.</li> <li>• Does not include facilities that provide food service to a highly susceptible population.</li> </ul>
CLASS IV	<ul style="list-style-type: none"> <li>• On-site preparation of foods by special processes, such as sous vide, acidification, ROP, etc.</li> <li>• 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.</li> </ul>

\*TCS= Time/Temperature Control for Safety Food



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## FOOD SERVICE PLAN REVIEW APPLICATION

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 the documents submitted as required are correct and I have read pages 1 & 2 of the Food Service Plan Review Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant/Owner)

**Plan review approvals may take up to 14 days once all documents of the plan review are received by FVHD.**



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## Approved Testing Organizations and Tests for Certified Food Protection Manager (CFPM)

1. **1 AAA Food Safety (AAA Food Safety, LLC)**  
Phone: 1-714-592-4100  
Website: <https://aaafoodhandler.com/food-manager-certification>  
Exam Name: *Food Manager Certification*
2. **American Safety Council/StateFoodSafety**  
Phone: 1-801-494-1416  
Website: [www.statefoodsafety.com](http://www.statefoodsafety.com)  
Exam Name: *StateFoodSafety Certified Food Protection Manager Exam*
3. **Learn2Serve by 360 Training.com®**  
Phone: 1-888-360-8764  
Website: [www.360training.com](http://www.360training.com)  
Exam Name: *Learn2Serve Food Protection Manager Certification Exam*
4. **National Registry of Food Safety Professionals**  
Phone: 1-800-446-0257  
Website: [www.nsfpr.com](http://www.nsfpr.com)  
Exam Name: *Food Safety Manager Certification*
5. **Responsible Training/Safeway Certifications, LLC**  
Phone: 1-866-409-9190  
Website: [www.responsibletraining.com](http://www.responsibletraining.com)  
Exam Name: *Food Protection Manager Exam*
6. **ServSafe®/National Restaurant Association**  
Phone: 1-800-765-2122  
Website: [www.servsafe.com](http://www.servsafe.com)  
Exam Name: *ServSafe Manager*
7. **The Always Food Safe Company, LLC**  
Phone: 1-612-203-4872  
Website: <https://alwaysfoodsafecom.com>  
Exam Name: *Food Protection Manager*

**NOTE:** Effective 4/1/22, **Prometric** is no longer offering the **Certified Food Protection Manager** exam. Those who passed the Prometric Exam that was offered prior to this date are still acceptable to meet the regulatory requirements in Connecticut for being a CFPM, as long as the certification is not expired.

**Prometric** (Form.: Thomson Prometric, Experior Assessments, National Assessment Institute, Chauncy and Educational Testing Service)  
**Exam Name: Certified Professional Food Manager**



# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH PUBLIC WATER SYSTEM SCREENING FORM

## Instructions

Pursuant to Connecticut General Statutes (CGS) Section 16-262m(a), a water company is defined: "As used in this section and section 8-25a, "water company" means a corporation, company, association, joint stock association, partnership, municipality, other entity or person, or lessee thereof, owning, leasing, maintaining, operating, managing or controlling any pond, lake, reservoir, stream, well or distributing plant or system employed for the purpose of supplying water to fifteen or more service connections or twenty-five or more persons on a regular basis."

Such proposed water companies must obtain a Certificate of Public Convenience and Necessity (CPCN) prior to any construction of the water system. CGS Section 8-25a requires that: "No proposal for a development using water supplied by a company incorporated on or after October 1, 1984, shall be approved by a planning commission or combined planning and zoning commission unless such company has been issued a certificate pursuant to section 16-262m. The municipality in which the planning commission or combined planning and zoning commission is located shall be responsible for the operation of any water company created without a certificate after October 1, 1984."

The Regulations of Connecticut State Agencies (RSCA) § 19-13-B102(a)(65) defines a Public Water System as "any water company supplying water to 15 or more consumers or 25 or more persons, based on the "Design Population" as defined in section 16-262m-8(a)(3) of the Regulations of Connecticut State Agencies, jointly administered by the department and the Public Utilities Regulatory Authority, daily at least 60 days of the year that does not meet all of the following conditions:

- (A) Consists only of distribution and storage facilities;
- (B) Does not have any treatment facilities, other than those for non-potable use;
- (C) Obtains all of its water from, but is not owned or operated by, a public water system;
- (D) Does not separately bill the consumers for water use or consumption; and
- (E) Is not a carrier which conveys passengers in interstate commerce; Insert Definition of a PWS

This form is used to determine if a proposed project or a change in operation at an existing facility will result in the creation of a new water company or public water system or change the status of an existing public water system.

**Proposed Development:** New construction/development serving drinking water to the public;

**Conversion of Existing Structure/Property:** The change in use of an existing structure/property resulting in drinking water being served to the public;

**Unclassified Facility Currently in Operation:** Discovery of a previously unknown operation providing drinking water to the public;

**PWS Classification Review:** Reactivation or Inactivation of a public water system (PWS).

### Section 1 – Basic Information

- **Project Type:** Mark appropriate box indicating what type of project this is.
- **Anticipated Start Date:** Date that you anticipate project to be complete. If already in operation, state that.
- **Name of Facility:** This will be used to identify the facility in correspondence from this office.
- **PWS ID #:** If known, provide the PWS identification number for this facility. This would be found on any correspondence you receive from the Drinking Water Section or online on your testing schedule.
- **Maximum daily population served:** The maximum number of persons to have water made available to them on a daily basis. If this is an expansion, state current and proposed population. For state-licensed entities such as childcare facilities or youth camps, state licensing capacity PLUS total number of staff.
- **Are you a customer of a water company:** Indicate if this facility is or will be a customer of a water company. *(You are not a customer of a water company if the facility is served by an on-site well)*
- **Property Address:** The physical location of the existing or proposed facility.



- **Number of service connections or buildings served:** The number of independent structures or housing units that are proposed. Separate the total number and indicate in the appropriate space how many of each type of connection.
  - "Residential" refers to housing facilities (homes, apartments, condos – permanent living quarters)
  - "Non-Residential" may refer to businesses, schools, day care facilities, food service establishments, offices, etc. (i.e. anything that is not residential).
- **Proposed/Current Daycare Capacity:** The existing or proposed licensed daycare capacity. For more information, refer to the DPH Child Day Care Licensing program: <http://www.ct.gov/dph/daycare>. If the facility does not serve a daycare, indicate N/A for not applicable.
- **Number of days per year facility is operational:** The total number of days that drinking water is or is anticipated to be made available to the public during a calendar year (days do not need to be consecutive).
- **Description of Project:** Provide a brief description of the project or a reason for requesting a PWS classification review. Please provide as much detail as possible.

**Section 2 – Facility Information**

- **Type of Facilities (check all that apply):** Check facilities that apply or closely match activities. Please specify if you check other.
- **Will or does the facility supply water for human consumption to its employees, students, customers, visitors and/or members?** : Check yes or no as applicable.
- **Type of water use at the facility (check all that apply):** Check type of anticipated use for water at the facility
- **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)?** Use the total number of persons at the facilities / businesses in any capacity (i.e. visiting, working, etc.) when determining. The 60 days a year do not need to be consecutive.
- **Facility annual operating period (begin/end dates of operation):** If operation is seasonal, state the time period you expect to be in operation. For year round operations state 1/1 to 12/31.
- **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:** Total number of persons regularly using the facilities for at least six months a year, six months does not need to be consecutive (i.e. employees, students, etc.).
- **Number of persons whose primary residence is or will be supplied by the facility based on design population:**

Calculate and provide the total residential population that is or will be served by the facility. RCSA § 16-262m-8(a) (3) defines design population as "the estimated number of people per service connection, calculated as follows, unless specific circumstances dictate otherwise:

<b>Type of service</b>	<b>Design Population Per Service Connection</b>
Single family dwelling (Over 3 bedrooms add 1 person per additional bedroom)	4
Multi-dwelling (i.e. apartments, elderly housing, duplexes, townhouses and residential condominiums)	
One bedroom unit	2
Two bedroom unit	3
Three bedroom unit (over 3 bedrooms add 1 person per additional bedroom)	4
Mobile Homes or Trailers	2.5
Convalescent Homes	Use Number of Beds
All other components described in 16-262m-1 (a)	Use Estimated Population"

- **Does this water system have any treatment?** Specify yes or no on treatment. Example of type of treatment and purpose would be softener for iron removal or neutralizer for corrosion control.

### **Section 3 – Property Owner Information**

The Drinking Water Section (DWS) requires each public water system to identify one entity that has the legal authority to act on behalf of the water system. This entity may be an individual, property owner, sole proprietor, partnership, limited partnership, corporation, LLC, or government entity but not a tenant who has no ownership or legal rights to the public water system or water company. In all cases, the DWS requires that an individual person be named to represent the organization. This contact will receive all general and legal correspondence from the DPH. In addition, the DWS is requesting that all contacts maintain an active email address on file with the Department to improve messaging and communication, especially in the event of an emergency.

### **Section 4 – Certification Statement**

Please read the certification statement provided and sign and date in the spaces provided. Signatures must be that of the property owner or legal contact for the water system. Print your name in the space provided below 'signature'.

### **Section 5 – Local Health Review**

**NOTE TO APPLICANT: The Form must signed by your local health department/ district before submitting it to the Drinking Water Section. If you are unsure what local health jurisdiction you fall under, you can consult the Department of Public Health website at the link below and click on the town where your facility/project is located:**

<https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration---Site-Map>

#### **LOCAL HEALTH OFFICIALS:**

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

**Local health understanding of water use at the facility** -check all categories that apply:

**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?** Check yes or no. Of no, please expand under the "Additional Information" section above.

**Please submit completed forms and all Supporting Documents to:**

[DWDCompliance@ct.gov](mailto:DWDCompliance@ct.gov)

or

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



**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

<b>Section 1: Basic Information</b>						
<b>Project Type:</b>		<input type="checkbox"/> Conversion of Existing Structure/Property		<input type="checkbox"/> Proposed Development		
		<input type="checkbox"/> Unclassified Facility Currently in Operation		<input type="checkbox"/> PWS Classification Review (Change in Use)		
		<input type="checkbox"/> Change of Ownership (PWS Responsibilities letter will be sent out)				
Anticipated Start Date:						
Name of Facility			Maximum Daily Population Served		<b>Customer of a water company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
PWS ID #			Current:			
Property Address			Number of Service Connections:		Proposed/current daycare capacity:	
City	State	ZIP Code	Residential	Non-Res	<input type="checkbox"/> NA	Number of days per year facility is/will be operational:
Description of Project (Attach additional pages if necessary, please see instructions for additional information):						
<b>Section 2: Facility Information</b>						
Type of Facilities (Check all that apply) <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Campground						
<input type="checkbox"/> Medical/Dental <input type="checkbox"/> Professional Office <input type="checkbox"/> Youth Camp <input type="checkbox"/> Gas Station <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Place of Worship						
<input type="checkbox"/> Park/Recreation Area <input type="checkbox"/> Other - specify: _____						
Will or does the facility supply water for human consumption to its employees, students, customers, visitors and/or members?: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of water use at the facility (check all that apply):						
<input type="checkbox"/> drinking <input type="checkbox"/> bathing/showering <input type="checkbox"/> cooking <input type="checkbox"/> dishwashing <input type="checkbox"/> public restroom <input type="checkbox"/> drinking water fountain						
<input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, specify type: _____			Purpose: _____			
<b>Section 3: Property Owner Contact Information</b>						
Name			Legal Contact Person (if owner is not an individual)			
Mailing Address			City	State	ZIP Code	
Telephone	Fax		Emergency Phone			
E-mail Address						



**Section 4: Certification Statement**

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

Signature of Property Owner/Legal Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner/Legal Contact: \_\_\_\_\_

For Local Health Use Only

**Section 5: Local Health Department Review**

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

Local health understanding of water use at the facility:

- drinking  bathing/showering  cooking  dishwashing  public restroom  drinking water fountain
- other: \_\_\_\_\_

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

Signature of Local Director of Health or Registered Sanitarian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Local Director of Health or Registered Sanitarian \_\_\_\_\_

FOR DWS USE ONLY

CPCN:  Yes  No

Reactivation of former PWS:  Yes  No

New Water System (currently in operation):  Yes  No

PWS Classification Review:  Yes  No

Change of Ownership (send PWS responsibilities letter)  Yes  No

System Classification:  C  NTNC  TNC  NP Date of determination: \_\_\_\_\_ DWS Project #: \_\_\_\_\_

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