

FARMINGTON VALLEY HEALTH DISTRICT FOOD SERVICE PLAN REVIEW GUIDELINES & APPLICATIONS



The Farmington Valley Health District requires that all plans for proposed food service operations be submitted to this office for review. This helps ensure that the proposed equipment, the layout, menu, and floor/wall finishes meets public health code requirements **before** the start of construction.

Following the plan review and the completion of construction, the Farmington Valley Health District will conduct a preopening inspection of the facility. At that time, a possible future inspection schedule will be discussed. This schedule will vary for each facility based on the menu, clientele served, and inspection history.

We hope that you find the enclosed materials helpful in your planning. Please do not hesitate to contact this office should you have any questions regarding the planning of your facility.

PROPOSED FOOD SERVICE FACILITY REQUIREMENTS

The following information must be submitted to the Farmington Valley Health District for all proposed food service facilities:

1. A plan review application and a food service permit application and the required fees. *(See attached fee schedule)*
2. A complete set of facility plans including an equipment layout of all areas, plumbing plans, and electrical plans.
3. Details regarding finishes for floors, walks, and ceilings in all areas.
4. Cut sheets and specifications for all equipment verifying NSF® approval.
5. A copy of the proposed menu.
6. If the facility is served by an onsite well, a water registration form, and lab analysis verifying the water potability *(a list of water testing labs is enclosed)*.

In addition, please note the following:

1. If the proposed facility is served by a septic system, the system may need evaluation by an engineer to ensure that it is suitable for the proposed use.
2. In an effort to address the issue of fats, oil, and grease discharged into municipal sewers, the CT Department of Environmental Protection requires that Class III and Class IV food establishments install either a 1,000 gallon (minimum) outside grease interceptor, or an automatic grease recovery unit. Please contact your local WPCA for more information.
3. You must contact the town's Building Inspector, Fire Marshal, Zoning Official, Town Engineer, and if applicable, the Water Pollution Control Authority, regarding their requirements.
4. You must contact the CT Department of Consumer Protection, Food and Standards Division, at 860-713-6160 if baked goods and/or frozen desserts will be manufactured in the facility.

5. In the case that the proposed facility will be located in a private home, an equipped kitchen **separate** from that for home use is required.
6. Hand wash sinks are required to be accessible in areas that include: food preparation areas, food dispensing areas, and warewashing areas.
7. CT Public Health Code and Farmington Valley Health District Food Service Regulations require that a Qualified Food Operator (QFO) and a Certified Designated Alternate be employed in all facilities that serve hot potentially hazardous foods to the public. This certification can be obtained through an approved testing organization (*list enclosed*) or in part, by attending a Farmington Valley Health District Seminar. Contact our office at 676-1953 for a current seminar schedule.

In 1997, there were changes in the Connecticut Public Health Code that affected food service facilities. One change concerned the frequency of inspections by Health Departments. Before 1999, all facilities were inspected every three months. Now, a facility's menu and extent of foodhandling determine how often it is inspected.

There are four categories or "classifications" of facilities that determine the inspection frequency. They are:

Class

Type of Menu

Class I
Commercially prepackaged foods
Hot and Cold Beverages
Non-potentially hazardous foods

Inspection frequency Once per year (minimum)

Class II
Cold potentially hazardous foods
Hot dogs, kielbasa, and commercially precooked soups, must be served within four hours.

Inspection Frequency Twice per year (minimum)

Class III
Hot potentially hazardous foods.
Must be served within four hours.

Inspection Frequency Three times per year (minimum)

Class IV
Hot potentially hazardous foods.
Served four or more hours after heating.

Inspection Frequency Four times per year (minimum).

AVON
BARKHAMSTED
CANTON
COLEBROOK
EAST GRANBY
FARMINGTON
GRANBY
HARTLAND
NEW HARTFORD
SIMSBURY



FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE PO BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

FEE SCHEDULE – EFFECTIVE JANUARY 1, 2007

Annual Permit Fee

CLASS I		\$100
CLASS II		\$125
CLASS III		
	0-99 SEATS	\$225
	100> SEATS	\$250
CLASS IV		
	0-99 SEATS	\$275
	100-199 SEATS	\$325
	200> SEATS	\$375
SUPERMARKET LARGER THAN 10,000 SQ.FT.		\$125.00 FOR CLASS I/II \$275.00 FOR CLASS III/IV
Permit Renewal Late Fee		\$100

❖ **FOOD SERVICE PLAN REVIEW FEE TO BE THE SAME AMOUNT AS THE ANNUAL FOOD SERVICE PERMIT FEE FOR THE CLASS OF THE PROPOSED ESTABLISHMENT.**

AVON
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FARMINGTON VALLEY HEALTH DISTRICT

PERMIT #: _____

FEE : _____

50 AVON MEADOW LANE P.O. BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

PLEASE TYPE OR PRINT CLEARLY

Business Name _____ Local Phone Number _____

Street Address _____ Fax # _____
Town & Zip Code

Mailing Address (If different): _____ Email Address _____

.....
1. Name of Owner/Primary contact _____ Home Phone _____

Address for Official Correspondence _____

If there is more than one owner, please provide contact information:

Name of Owner #2 _____ Home Phone _____

Mailing Address _____

2. Qualified Food Operator (QFO) name: _____

Designated Alternate name: _____

3. Building served by: Public Sewer
 Septic system - Date of last pumping: _____ (Please enclose copy of last bill)
 Public water
 Well – Date of last analysis: _____ (Please enclose copy of current report)

Seating Capacity of Establishment: _____

Hours of Operation: _____ Days of Operation _____

4. I attest that the above information is correct

SIGNATURE OF OWNER/MANAGER

DATE

.....
FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Date of Inspection: _____ Score: _____ Rating: _____ Fee: _____
QFO _____ Testing Org: _____ Class: _____

Designated Alternate: _____ Testing Org: _____
Initial Permit Exp. Date: _____ Annual Permit Issue Date: _____

Application reviewed and approved by: _____

AVON
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FEE: _____

DATE: _____

FOOD SERVICE PLAN REVIEW APPLICATION

FACILITY NAME _____

ADDRESS _____

IS THIS A RENOVATION OR A NEW BUILDING? _____

IS THIS BUILDING SERVED BY:

PUBLIC SEWER _____ PUBLIC WATER _____

SEPTIC SYSTEM _____ WELL WATER _____

PROPOSED NUMBER OF SEATS _____ PROPOSED CLASS _____

List all persons to receive correspondence

1. OWNER _____

ADDRESS _____

PHONE _____ FAX# _____ Email _____ *Town & Zip*

2. APPLICANT IF OTHER THAN OWNER _____

MAILING ADDRESS _____

PHONE _____ FAX# _____ Email _____ *Town & Zip*

3. ANY OTHERS TO RECEIVE CORRESPONDENCE

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

TOWN/ZIP _____ TOWN/ZIP _____

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 | |

- ❖ 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

Averill Environmental Laboratory
100 Northwest Drive
Plainville, CT 06062
860-747-0676

Vallid Labs
295 Silver Street
Agawam, MA
413-789-2206

Torrington Laboratory
339 Main Street
Torrington, CT 06790
860-496-8378

www.tahd.org/laboratoryhome

Envirotech Laboratory
77 Cook Hill Road
Windsor, CT 06095
860-688-7249

Northeast Laboratories
129 Mill Street
Berlin, CT 06037
860-828-9787
www.nelabsct.com

QUALIFIED FOOD OPERATOR
APPROVED TESTING ORGANIZATIONS

ServSafe®

The Educational Foundation of the National Restaurant Association (NRA)

Phone: 1-800-765-2122

Website: www.nraef.org

175 West Jackson, Suite 1500

Chicago, IL 60604

Thomson Prometric

(formerly Experior Assessments, National Assessment Institute, Chauncey, and Educational Testing Service)

Phone: 1-800-786-3926

Website: www.experioronline.com/food.htm

1260 Energy Lane

St. Paul, MN 55108

National Registry of Food Safety Professionals/Environmental Health Testing

Phone: 1-800-446-0257

1-407-352-3830

Fax: 1-407-352-3603

Website: www.NRFSP.com

5728 Major Blvd.

Suite 750

Orlando, FL 32819

****Not Currently Approved, but certificates obtained prior to 2003 are acceptable:***

Certifying Board for Dietary Managers

Phone: 1-800-323-1908

Fax: 1-630-587-6308

Website: www.dmaonline.org

406 Surrey Woods Drive

St. Charles, Illinois 60174-2386

Automatic Grease Recovery Unit Manufacturer Contacts

This list is not all-inclusive nor does it constitute an endorsement by the FVHD. We strongly urge food establishments to contact several manufacturers to compare not only prices, but design and performance features.

Big Dipper

Jeff Horn
(203) 393-2020
Jeffrey.horn@comcast.net

Highland Tank/Lowe Engineering

Mike Gauthier
(603) 315-7465
mgauthier@highlandtank.com

International Grease Recovery Device (IGRD)

Todd Halstead
(860) 648-1593
halsteadandassociates@cox.net

John Connolly
(617) 472-1441
Jconno1000@aol.com

JOSAM

Russ Smith
YOST Associates
(860) 659-0301
rsmith@yostassociates.com

Town and Country

Peter Burkholder
Burkholder and Associates
(860) 651-5667
Peter.burkholder@snet.net