



Town of Manchester

41 Center Street · P.O. Box 191
Manchester, CT 06045-0191
www.manchesterct.gov

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Dear Prospective Restaurant Owner,

Thank you for your interest in opening a Food Service Establishment in Manchester, CT. Enclosed please find the following information:

1. Application for a Full Service Food License
2. Food Service Establishment Checklist
3. Revised Classification of CT Food Establishments
5. Alternate Person in charge Statement
6. Food Employee training program and records
7. Qualified Food Operator Approved Training Courses
8. Letter regarding FOG regulations

Class 2, 3 and 4 food establishments must contact Michael Raymond of the Water and Sewer Department at (860) 647-3117 for information on Fat Oil and Grease removal.

Not all information pertains to every class of Food Service Establishment. Please contact the Inspector assigned to your facility for clarification of this information package.

Sincerely,

Town of Manchester Health Department





TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

Application for Full Service Food License

Restaurant Establishment Information

New License License Renewal

*****(Please Print Clearly)*****

Name of Establishment:			
Manager's Name:			
Street Address:			
City, State, Zip Code:			
Phone#:		Cell Phone#:	
Fax#:			
E-Mail Address:		Seating Capacity:	
Please submit latest copy of the Qualified Food Operator/ServSafe certificates to the office.			
Qualified Food Operator:	YES <input type="checkbox"/> NO <input type="checkbox"/>	(Required for Class 2, 3 & 4)	Certificate#:
Name:		Date:	
Quality Assurance/Food Safety Representative:		Phone#:	
E-Mail Address:		Alternate Phone#:	

Restaurant Owner Contact Information

Owner's Name:			
Street Address:			
City, State, Zip Code:			
Phone#:		Fax #:	
E-Mail Address:		Cell Phone#:	

Renovations

Were there any renovations made last year? YES NO Will there be any renovations? YES NO

If **Yes**, please list all renovations that were done/to be done:

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Mailing Address to send Food License Renewal Permit to:

Name of Restaurant/Company:			
Attention:			
Address:			
City, State, Zip Code:			
Phone#:			

Restaurant Menu/List of All Items Served/Sold

Latest Menu Attached? YES NO

NOTE**(Must have latest copy on file)

Please list all menu items in as much detail as possible **or** a copy of a menu attached is applicable.

Additional Information

Please check one only:

State Licenses: **Bakery** **Café** **Liquor Permit** **None**

Water Supply: ___ **Public** ___ **Private Well**

Wastewater Disposal: ___ **Public** ___ **On-Site** ___ **Other** (please use space below to explain)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentations made on this application may result in immediate shutdown or revocation of my Food Service License for the Town of Manchester. **Please submit this complete registration form with a check payable to: *Town of Manchester.*** Food Service License will be issued after the Food Inspector has completed his/her inspection.

Applicant Name (Print):		
Applicant Signature:		Date:

Office Use Only

Inspector Name (Print):	
Inspector Signature:	Date:
Food Class: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Fee:
Food License#:	Expiration Date:
Check#: _____ Cash: <input type="checkbox"/>	Receipt#:
Fee Paid:	Date Received:



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The following checklist is provided as a guide for information needed to obtain a permit to construct (renovate/new facilities), remodel or assume a food service establishment.

FOOD SERVICE ESTABLISHMENT CHECKLIST

- Floor plan showing location of all equipment and facilities.
- Manufacturer specification sheet for each piece of food service equipment. List all food equipment with model numbers.
- Provide hand-washing facilities in all necessary areas.
- Show dry storage area.
- Show area and indicate method of collection for exterior refuse storage.
- Type of floors, walls, and ceilings in food preparation areas (need to be non-absorbent and cleanable).
- Provide a coved base at the floor/wall juncture in the food preparation areas.
- Provide a mop sink. If there is no mop sink, explain how mops will be cleaned and where water will be disposed.
- Provide an area for employees to place personal items (purses, jackets, etc.)
- Provide an area to store toxic items away from food preparation.
- Provide a 3-bay sink and/or dish machine.
- Equipment list to indicate if equipment is fixed in place, on casters, or movable.
- All food service equipment to be mounted a minimum of 6" off floor or on wheels.
- Provide food prep sink. (if applicable)
- Submit documentation for qualified food operator (QFO), if applicable.
- Provide light schedule (new) or ensure lights are shielded.
- Indicate type of commercial dishwasher – hot water versus chemical sanitizer with test strips.
- Provide salad bar details, sneeze guard and reach in distance, if applicable.
- Locate floor drains, if required
- Contact Consumer Protection at (860) 713-6160 if proposed establishment is a bakery or grocery store.
- Indicate type of ice machine – water-cooled versus air-cooled.
- Provide appropriate backflow prevention devices where needed.

REVISED CLASSIFICATION OF CONNECTICUT FOOD ESTABLISHMENTS

PREVIOUS CLASSIFICATIONS UNDER 19-13-B42

CLASS 1:

- Commercially prepackaged food
- Hot and cold beverages
- Hot holding of commercially pre-cooked PHFs that are heated and served in the original package within 4 hours
- No preparation or cooking

CLASS 2:

- Preparation of cold or RTE commercially processed food that does not require heat treatment
- Hot and cold beverages
- Hot holding of commercially precooked PHFs that are heated and served in the original package within 4 hours
- Reheat and hot holding of commercially precooked hot dogs, kielbasa, and soup taken directly from the package and served within 4 hours

CLASS 3:

- Preparation, cooking, hot/cold holding of PHF that are consumed within 4 hours of preparation

CLASS 4:

- Preparation, cooking, hot holding greater than 4 hours after preparation and prior to consumption, and cooling of PHF

NEW CLASSIFICATION UNDER PA 17-93 AS OF 10/01/2017

CLASS 1:

- 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 2:

- 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 allowed
- Does not include facilities that provide foodservice specifically to a highly-susceptible population

CLASS 3:

- 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 foodservice specifically to a highly-susceptible population

CLASS 4:

- On-site preparations 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

PHF – Potentially Hazardous Food

TCS – Time/Temperature Control for Safety Food

ROP – Reduced Oxygen Packaging



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QUALIFIED FOOD OPERATOR **DEMONSTRATED KNOWLEDGE STATEMENT**

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(6), 19-13-B48(j)(5), 19-13-B49(t)(5), in the absence of documentation that the Qualified Food Operator has passed a test administered by a testing organization approved by the department, a signed statement must be provided by the owner/operator of the food service, itinerant food vending or catering food service establishment (as applicable), attesting that the qualified food operator has demonstrated knowledge of food safety as specified below:

- (A) ELEMENTS OF KNOWLEDGE
- (i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.
 - (ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS-RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.
 - (iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY-RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.
 - (iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING-DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.
 - (v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS-DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.
 - (vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT AND LAYOUT – IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.
 - (vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH, TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE-IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.
- (B) DEMONSTRABLE ELEMENTS OF COMPETENCY

- (i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT-PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/ INSPECTION PROGRAM; REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.
- (ii) ASSESS AND MANAGE THE PROCESS FLOW-IDENTIFY APPROVED SOURCE; IMPLEMENT AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES; IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.



**QUALIFIED FOOD OPERATOR
DEMONSTRATED KNOWLEDGE STATEMENT**

I _____ attest that _____
 (Print name of Owner or Operator) (Print name of Qualified Food Operator)

is employed in a full-time supervisory position and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title _____ Date _____
 (Signed by Owner/Operator of the Establishment)

Signature and Title _____ Date _____
 (Signed by Qualified Food Operator)

Name of Establishment _____

Address of Establishment _____

ALTERNATE PERSON IN CHARGE

DEMONSTRATED KNOWLEDGE STATEMENT

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(8)(B) and 19-13-B49(t)(7)(B), the owner or manager of the food service/catering food service establishment shall designate an alternate person who has demonstrated the elements of knowledge and competency listed below, as per PHC Section 19-13-B42(s)(6), 19-13-B49(t)(5), to be in charge at all times when the qualified food operator cannot be present.

The alternate person in charge shall be responsible for ensuring that all employees comply with the regulations and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

A signed statement must be provided by the owner/operator of the food service or catering food service establishment (as applicable), attesting that the alternate person in charge has demonstrated knowledge of food safety as specified below:

A. Elements of Knowledge

- (i) Identify foodborne illness – define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.
- (ii) Identify time/temperature relationship with foodborne illness – recognize the relationship between time/temperature and microorganisms (survival, growth and toxin production); describe the use of thermometers in monitoring food temperatures.
- (iii) Describe the relationship between personal hygiene and food safety – recognize the association hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a food handler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.
- (iv) Describe methods for preventing food contamination from purchasing to serving – define terms associated with contamination; identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.
- (v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils – define terms associated with cleaning and sanitizing; apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing; identify frequency of cleaning and sanitizing.
- (vi) Recognize problems and potential solutions associated with facility, equipment, and layout – identify facility, design and construction suitable for food service establishments; identify equipment and utensil design and location.
- (vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance – implement self inspection program; implement pest control program; implement cleaning schedules and procedures; implement equipment and facility maintenance program.
- (viii) Identify and recognize the foods most commonly associated with food allergies.

B. Demonstrable elements of competency

- (i) Assess the potential for foodborne illness in a food service establishment – perform operational food safety assessment; recognize and develop standards, policies and procedures, select and train employees; implement self audit/inspection program; revise policy and procedure (feedback loop); implement crisis management program.
- (ii) Assess and manage the process flow – identify approved source; implement and maintain a receiving program; implement and maintain storage procedures; implement and maintain preparation procedures; implement and maintain holding/service/display procedures; implement and maintain cooling and post preparation storage procedures; implement and maintain re-service procedures; implement and maintain transportation procedures.



I _____ attest that _____
(Print Name of Owner or Operator) (Print Name of Alternate Person in Charge)

is employed as the alternate person in charge and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title: _____ Date: _____
(Signed by Owner/Operator of the Establishment)

Signature and Title: _____ Date: _____
(Signed by Alternate Person in Charge)

Name of Establishment: _____

Address of Establishment: _____

EMPLOYEE TRAINING RECORD

TRAINING TOPICS	Date Completed	QFO Initials	Employee Initials
I. Proper Food Temperature Control			
a. Cooking			
b. Hot and Cold Holding			
c. Rapid Cooling and Reheating			
d. Food temperature gauge use, storage, sanitization, and calibration			
II. Food Protection			
a. Washing fruit and vegetables			
b. Protection from barehand contact			
c. Protection from cross contamination			
d. Covering food and protection from other sources of contamination			
III. Personal Health and Cleanliness			
a. Employee sick leave, restricting ill food workers from food service duties			
b. Reporting illness to health jurisdiction			
c. Good hygienic practices			
d. Handwashing requirements, facilities, and procedures			
IV. Sanitation of the Facility, Equipment, Supplies, and Utensils			
a. Sanitization requirements and procedures			
b. Cleaning schedule and procedures for food and non-food contact surfaces			
c. Proper use of the warewashing sink and dishwashing machine			
V. Identify and recognize the foods most commonly associated with food allergies.			

EMPLOYEE TRAINING PROGRAM SHEET

Pursuant to the State of Connecticut Public Health Code (*PHC*)

Section: 19-13-B42(s)(8)(A) and 19-13-B49(t)(7)(A); the qualified food operator of each food service and catering food service establishment is responsible for ensuring the training of each food preparation personnel. Training shall include but not necessarily be limited to:

1. Instruction in proper food temperature control;
2. Food protection;
3. Personal health and cleanliness;
4. Sanitation of the facility, equipment, supplies, and utensils
5. Food Allergies

The qualified food operator of each food service and catering food service establishment shall maintain written documentation of a training program, and training records of individual employees, and shall make these records available to the local health departments upon request. Training records shall be retained for the term of employment of all current food workers.

The qualified food operator is responsible for completing and maintaining the enclosed employee training sheet and training records forms*, or substitute forms with similar content approved by the local health department.

Employee Training Information

Name of establishment: _____

Address of establishment: _____

Employee Name: _____

Duties: _____

Date of Hire: _____

*Adapted from forms developed by the Westport-Weston Health District