REQUIREMENTS FOR USE OF TIME ONLY AS A CONTROL FOR POTENTIALLY HAZARDOUS FOODS

Food service establishments may apply for permission from the Central Connecticut Health District to maintain potentially hazardous foods at 46°F to 139°F using time only as a control provided the following conditions are met.

1. The working quantity of food doesn’t exceed an amount that will be served within 4 hours;
2. The food is marked or identified with
   a. The date and time when temperature control is interrupted (when the food was removed from the heat or cooling source)
   b. The date and time (no more than 4 hours after removal from temperature control) by which the food must be served or discarded;
3. Food not served within 4 hours of removal from temperature control shall be discarded;
4. Unmarked time-controlled food shall be discarded;
5. An application describing the above procedures has been approved by the Central Connecticut Health District. Approved procedures must be maintained in the establishment.
6. The establishment may be required to show that they have not had any violation of items 3, 4, 7, 8 and 9 on the inspection report form, a 4 point demerit item, or a score of less than 80 for the past 3 routine inspections
7. Written verification that food employees have been trained in the approved procedure prior to implementation.
Application for Use of Time Only As a Control for Potentially Hazardous Foods (PHF)

(See over for Control Requirements)

Name of Establishment _____________________________ Date _____________________________

Address of Establishment _____________________________ Street _____________________________

Choose a Town

Qualified Food Operator _____________________________

Designated Alternate (QFO) _____________________________

List potentially hazardous food items to be stored/displayed at room temperature:

____________________________________________________________________________________

(NOTE: ALL PHF TO BE DISCARDED AFTER 4 HOURS OR IF NOT SOLD)

Describe how potentially hazardous foods stored at room temperature will be labeled or identified to ensure compliance with control requirements:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Applicant Name ____________________________________________ (please print) _____________________________

Signature

Approved By _____________________________________________

Registered Sanitarian _____________________________ Date

Approved By _____________________________________________

Director of Health _____________________________ Date

(See over for Control Requirements)