



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823

Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248

Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533

Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767

www.ccthd.org

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.



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
www.ccthd.org

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 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)