PLAINVILLE-SOUTHTON REGIONAL HEALTH DISTRICT
Serving the communities of Middlefield, Plainville and Southington
Main Office   Satellite Office   Satellite Office
196 NORTH MAIN ST. ONE CENTRAL SQUARE 405 MAIN ST., STE.1
SOUTHTON CT 06489    PLAINVILLE CT 06062    MIDDLEFIELD CT 06455
860-276-6275 ● FAX 860-276-6277 ● pshd.org
SHANE LOCKWOOD, M.P.H., R.S., DIRECTOR OF HEALTH

Health Department Checklist for Outdoor Dining

Please reference the guidance (below) developed by the Governor’s office for outdoor dining.

The guidance set forth by the Governor is what is required of your operation. Based on this guidance, below is a checklist for the Health Department review. This checklist is not all inclusive of the Governor’s orders, so please continue to reference the guidance above, and follow www.ct.gov for updates.

Once completed, submit this form to our department through email to gleicherl@southington.org, fax to 860-276-6277 or drop in our drop box at the front of our main office at 196 North Main Street, Southington. Once received, a sanitarian will be in contact with you to review your operation.

☐ Gloves and masks available for staff. Gloves and Masks must be worn by all employees while working
☐ Log sheet of employees maintained including days worked and hours
☐ Employees trained on guidelines, proper hygiene including handwashing, cleaning procedures, etc. Employees trained on signs/symptoms of COVID-19 and to not come into work if sick. Provide a training sheet to show that all employees are trained.
☐ When reporting to work, have employees confirm they have not experienced COVID-19 CDC-defined symptoms; and to monitor their own symptoms, including cough, shortness of breath, or any two of the following symptoms:
  o Fever
  o Chills
  o Repeated shaking with chills
  o Muscle pain
  o Headache
  o Sore throat
  o New loss of taste or smell
☐ Employees shall stay home if sick
☐ Signs posted
  o Proper Social Distancing
  o Cleaning/Disinfection procedures
  o Personal Protective Equipment requirements
  o Employees must stay home if sick
  o Customers cannot enter if they are sick
  o State hotline (211)
☐ Rolled or packaged silverware used. If rolling silverware, employee must wash hands and use gloves.
Health Department Checklist for Outdoor Dining

☐ Single use condiments for customers
☐ Provide adequate ventilation in kitchen
☐ Keep 6’ separation for all employees where possible while working. In the kitchen, stagger employees on opposite sides of cook line, schedule tasks to keep separation
☐ Use paper menus that are thrown out after one use, or a whiteboard or other type of menu display
☐ Hand sanitizer located at entrance. Provide at other locations if available.
☐ All hand sinks functioning and stocked with soap, paper towel and trash can. Hand sinks easily accessible for staff
☐ Tables/chairs spaced out so sitting customers are at least 6 feet apart. Place markers in main areas to show 6’ spacing.
☐ Cleaning/disinfection procedures maintained and cleaning log maintained
  - All tables disinfected between customers
  - Set schedule to clean bathrooms
  - Set schedules to clean/disinfect frequently touched surfaces and areas in the kitchen
  - Provide type of disinfectant to be used: __________________________________

In addition to requirements specific to outdoor dining, we remind you to continue to use safe food handling practices. A Certified Food Manager must be onsite when operating to ensure the establishment is being run safely.

Restaurant Name: _____________________________________________________________

Address: _____________________________________________________________________

Name of Certified Food Manager: ______________________________________________

Applicant Name: ___________________________ Signature: ___________________________

Email: ___________________________Phone Number: ___________________________

Date: ___________________________

____________________________________________________________________________

Sanitarian Reviewing: _____________________________________________________________________ Date: __________

Comments: ________________________________________________________________________