



EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

OUTDOOR SEATING REVIEW CHECKLIST

Date _____
Name of Food Establishment _____
Address _____
Town _____
Owner's Name _____
Cell Phone Number: _____ Email: _____
CFPM Name: _____ Phone: _____

- ___ Signage posted with 211 number for customers and employees.
- ___ DEDC certification completed, badge posted.
- ___ Display maximum outdoor occupancy.
- ___ Owner/ Operator conducts a pre-shift health check * of every employee.
- ___ Food workers/ employees are told not to report to work with symptoms.
- ___ Public restrooms are accessible/ occupancy limited/ cleaning schedule > thorough & adequate.
- ___ Tables & chairs are set a minimum of 6' apart when occupied, with no more than 5 persons to a table.
- ___ On-line/ phone in ordering utilized.
- ___ Food staff/ waiters must wear gloves and face coverings/ practice social distancing.
- ___ Customers must wear face coverings unless eating/ drinking.
- ___ Retrain every staff member in food safety and disinfection procedures. A certified manager must be on duty for each shift.
- ___ Use only disposable utensils, placemats, condiment packages and menus, or sanitize all items after each use.
- ___ Encourage frequent handwashing by employees and/or make hand sanitizer available to all employees.
- ___ Sanitize all surfaces frequently; seating area, tables, and common items after each seating.
- ___ Display maximum outdoor occupancy.
- ___ Observe public health officials' social distancing recommendations.
- ___ Are there one-way lanes/ lines (reduce unnecessary exposure) identified? Consider an exit from the facility separate from the entrance to allow for one-way traffic.
- ___ Water quality assessment. Following prolonged closure, run tap for 30 minutes until clear.
- ___ All applicable town regulations must be followed.

* Temperatures taken & recorded, health questions asked, maintain a log