

CHATHAM HEALTH DISTRICT

Serving the Towns of Colchester, East Haddam, East Hampton, Hebron, Marlborough & Portland

Application Fee \$100

Application # _____ Check # _____ Cash _____ Date Paid _____

MOBILE FOOD UNIT PLAN REVIEW APPLICATION

Provide an answer and requests to all items listed below.

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Phone Number: _____

Food Service Location / Address: _____

Phone Number at Location: _____

Food Service Classification: I II III IV (Circle One)

Type of town permits received and when: _____

Circle the operational days open during the week: Mon Tue Wed Thur Fri Sat Sun

Hours of operation per operational day: _____

Type of operation: Breakfast Lunch Dinner Other: _____

Estimated number of meals to be served: _____

Number of employees: _____

Description of menu (attached if needed): _____

Description of all equipment to be used (attached if needed): _____

Has a site plan location been provided: _____

Location of all hand washing facilities: _____

Location of 3-bay sink for equipment / utensil washing: _____

Location of garbage cans / receptacles: _____

How do you plan on disposing the garbage: _____

How do you plan on collecting / retaining any waste water: _____

How do you plan on disposing the waste water: _____

Are all foods coming from an approved source: _____

Name(s) of the approved source: _____

Where is food being stored during operational hours: _____

How will the food be stored during operational hours: _____

Where is the food being stored after operational hours: _____

How will the food be stored after operational hours? _____

After the food is cooked, at what temperature will the food be maintained at during hot holding: _____

At what minimum temperature will food be stored at during refrigeration: _____

How do you plan on cooling down hot foods for refrigeration: _____

How long will this take: _____

How do you plan on reheating food coming from refrigeration: _____

How long will this take: _____

Type of sanitizing to be used: _____

Is the sanitizer EPA approved: _____
Type of sanitizing testing equipment to be used: _____

Where is the portable water coming from: _____
Has it been tested and is it potable: _____

How is sewage being addressed: _____

Is there public rest rooms available and where: _____

Is there a bathroom for the employees and where: _____

Any additional items you would like to add or address: _____

Have you received a copy of the Connecticut Public Health Code Section 19-13-B48 'Itinerant Food Vending' as amended from time to time: _____

Reviewed By: _____ Title: _____

Date of Review: _____ Approved: _____ Not Approved: _____

Comments: _____
