



Public Health
Prevent. Promote. Protect.



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

Healthy People



Healthy Communities

Mobile Food Establishment Plan Review (CHECKLIST)

The Following are REQUIRED to complete your review

- \$ 50 application fee Class B (TCS Foods) \$25 fee Class A (prepackaged foods)
- Provide proposed menu (printed list of all food you will serve)
- Provide floor plan of the mobile unit. Drawings must have all required information CLEARLY shown to include equipment location, plumbing fixtures, hand sinks, 3 compartment sink, hot water tank, potable water and waste tanks, refrigeration and any equipment used to prepare foods
If photos are provided with floor plan include interior and exterior of the unit, water tanks and waste tanks , propane tanks, water heaters , hand sinks , water inlets /outlets, refrigeration and any equipment used to prepare foods.
- Handwashing sink must provide hot & cold tempered running water and minimum of 5 gals water for handwashing
- 3 Compartment sinks – minimum 30 gallons. See information provided within application as to how to determine amount of water that must be dedicated for dishwashing. Ware washing sinks must be large enough to accommodate largest piece of equipment or utensils
- Waste water tank must be 15% greater than fresh water tank
- Provide equipment specification sheets. These must include make and model numbers of equipment
- Provide a copy of most recent water test results (well water only)
- Provide Copy of Certified Food Protection Manager Certificates
- Provide Employee Illness Policy FDA Form B
- Provide completed Base of Operation (Commissary) form *
- Provide completed Plan Review Packet (attached)
- Provide within mobile unit a handwashing sign or poster
- Mobile unit must have probe type thermometer capable of reading both hot & cold temperatures and is calibrated and accurate to +-2F
- Provide within mobile unit Vomiting and Diarrheal Event Clean up Kit
- Provide Name, Address and Phone Number on Truck; three (3) inch Letters Both Sides. (Sign Acceptable)

-
- **A Mobile food unit may not serve as the base of operation for a caterer**
 - **There shall be no home cooking, no home preparation, and/or no home storage of food offered on mobile units.**
 - **All foods must be from an approved source, obtained from a licensed and permitted wholesaler or food distributor.**
 - **All Mobile food Trucks and trailers must have a hand sink and 3 bay sink**
 - **Food& non-food equipment &surfaces must be of commercial grade. (NSF/ANSI approved)**

*Base of Operation (Commissary) A mobile food unit is required to operate from an approved or licensed commissary or warehouse unless the unit contains all the equipment and utensils necessary to assure the following :

- 1) Maintaining proper hot and cold food temperatures during storage and transit
- 2) Providing adequate facilities for cooling and reheating of foods
- 3) Providing adequate handwashing facilities, adequate ware washing facilities
- 4) Obtaining food, water from approved sources and sanitary removal of waste water and garbage at approved locations

A warehouse may be used for storage of only unopened packaged foods, single service articles and utensils. A residential home cannot be used to store items.

Contact Local Fire Marshal regarding inspection of compressed gas cylinders and Information regarding size &type of fire extinguishers required for trucks with hood systems



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Mobile Food Establishment Plan Review

Name of Business: _____

Name of Legal Owner: _____

Address: _____ Town _____ Zip _____

PHONE: Business _____ Cell: _____

EMAIL: address _____

License Plate Number of Mobile Unit: _____

MOBILE (ITINERANT VENDOR) CLASS: (check one) Class A Class B
All Class B Mobile Itinerant Vendors must have a Certified Food Protection Manager (CFPM) onsite

Name of CFPM: _____ Date Expiration Certificate _____

Phone: _____ Email _____

- 1) **Source of Water:** (check one) Public Water Well Water (must submit water analysis)
- 2) **Waste Disposal:** (check one) Public Sewers Septic System
- 3) Provide location where waste water will be disposed. Must include name of owner and address of location

- 4) Provide how and where cooking grease will be disposed. Must include name and address of location

- 5) List name of sanitizing chemical you will use (chlorine, quaternary ammonium)

- 6) **Attach a Detailed description of how proposed foods sold are prepared, must include the following:**
 - a) Cold food preparation steps
 - b) Hot food preparation steps.
 - c) List any foods made more than 4 hours in advance
- 7) Where will refrigerated /freezer foods, extra paper goods and extra foods be stored outside of operational hours?
Complete attached Base of Operation (commissary) form



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8) Where is food being prepared/cooked? On a Truck or Licensed Food Establishment *

9) *If Food is prepared by the license holder in a commercial kitchen provide the following information:

Name of Licensed Food Facility: _____ Owner's Name: _____

Phone Number: _____ Address of Facility _____

A detailed letter from the owner must be attached providing approval of use of facility regarding the storage, preparation and cooking of food products for the mobile unit. Facility must be able to accommodate additional storage, preparation, cooking from mobile unit.

Food products must be properly transported in hot/cold holding units at Proper Temperatures: Cold 41° F or less and 135° F or more.

10) Provide size of fresh water tank _____ gals. Provide size waste water tank _____ gals.

Handwashing sink must be plumbed to provide hot and cold tempered running water and a minimum of 5 gallons of water dedicated to handwashing
3 Compartment sinks – minimum 30 gallons. Ware washing sinks must be large enough to accommodate the largest piece of equipment or utensils .Waste water tank must be 15% greater than fresh water tank

To determine the minimum amount of water that must be dedicated for dishwashing you need to calculate capacity of 3 compartment sink. Measure inside of 3 compartment sink basin in inches then:

Multiply length x depth x width = _____/231x6=gall. For example if sinks are 10x 10x14/231x6=36 gallons

11) Provide the dimensions of sink compartments of 3 compartment sink (inches) length _____ width _____

Depth _____ and length of soiled and clean drain boards _____

12) Describe how often water tanks will be cleaned and how they will be sanitized _____

13) Describe means for handwashing in the mobile unit:

14) Provide description of materials (stainless steel, FRP, ceramic tile etc...) for:

Floors _____

Walls _____ Cove molding _____

Ceilings _____

15) To prevent entry of pests, outer openings must be protected.

Are windows and doors screened? If no, please describe how the unit will be protected from pest entry: _____

16) If applicable provide specification sheets for exhaust hood and fan. If unit is enclosed and grease cooking (such as cooking on stove top or deep frying) is conducted, a Type 1 hood is highly recommended: _____

17) List the type of refrigeration units and the number of units provided _____



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18) List the type of hot holding units and the number of unit's provided _____

19) For all items prepared and sold on the Mobile Food unit, indicate where the following tasks will take place. Select all that apply:

- | | | | | |
|-------------------------|--------------------------------------|--|---|---------------------------------------|
| Cooking: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Reheating: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Cooling: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Thawing: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Ice-making: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Store Bought |
| Washing Produce: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Slicing/Cutting/Dicing: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Ware washing: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Other: _____ | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |
| Other: _____ | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable | |

20) Indicate where the following storage will be located. Select all that apply:

- | | | | |
|-------------------|--------------------------------------|--|---|
| Cold Storage: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable |
| Dry Storage: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable |
| Freezer Storage: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable |
| Chemical Storage: | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable |
| Other: _____ | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable |
| Other: _____ | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Base of Operation | <input type="checkbox"/> Not Applicable |

Please complete application and submit all of the information required above. Applications that are not completed will be returned. SUBMISSION OF THIS APPLICATION TO BBHD IS NOT A LICENSE; LICENSES WILL BE ISSUED BY THE ASSIGNED BBHD SANITARIAN IF APPROVED

I understand that NO food can be prepared or food/food equipment stored in my home and I agree to abide by the Bristol-Burlington Health District's (BBHD) Food Service Requirements for Itinerant Vendor Operations and all regulations and ordinances enforced by BBHD.

Signature *Date* _____

Please print name _____

It may take up to 14 days for the plan review process to begin, once all items are received by BBHD



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BASE OF OPERATION DECLARATION FORM

Please use this form to provide the health district with required information on your base of operation.
 Temporary Event and Farmers' Market Vendors – use this form only if food is prepared off site

Most mobile food vending operations and some temporary food operations require a separate base of operation to prepare and store food items, wash and store equipment and to provide an approved location for discharging wastewater, discarding trash or supplying an approved source of water in advance of or following the food service activity or event. **A home kitchen cannot serve as a base of operation for a licensed food establishment, so a separate commercial grade kitchen is needed that can be operated in compliance with the requirements of the food service establishment regulations in Connecticut (FDA Food Code).** This can be accomplished by using an existing commercial kitchen that can accommodate your additional business needs, or by creating a new licensed commercial kitchen to support your food service operation.

Applicant Name: _____ **Phone #** _____

Mailing Address: _____

Name of your Business: _____ **Email** _____

Operating as a (check one):

- ITINERANT FOOD VENDING OPERATION (annual license)
- SEASONAL FOOD VENDOR (180 day license)
- TEMPORARY FOOD EVENT (1-14 day event)
- FARMERS' MARKET FOOD VENDOR

Uses the kitchen located at:

(Business Name): _____

(Street Address): _____

(Town): _____ (phone #): _____

Name of Owner/manager: _____

as a base of operation to support my temporary, farmers' market, seasonal or itinerant food service operation.

The facility will be used for the following activities (check all that apply):

Cold Food Preparation Dry Food/Supply Storage Cooking or Reheating Ware Washing

Cold Food Storage Waste/wastewater disposal Water Supply** Other: _____

(* ** The water supply must be from an approved public water supply or other approved source. Recent water test report required if using a private well water supply).

PLEASE NOTE: • The Base of Operation facility must be licensed or inspected by the local health department/district or the Connecticut Department of Consumer Protection in order to support your food service operation.

- If this facility is licensed/inspected as a food service establishment by the local health department/district, please attach a copy of their current license and most recent inspection report.
- If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection, please attach a copy of their current license or most recent inspection report.
- If your base of operation changes, you must update this information with the Bristol Burlington Health District immediately.

 Signature of Applicant

 Date



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