



**Public Health**  
Prevent. Promote. Protect.  
Trumbull Health Department

**Trumbull Health Department**  
**335 White Plains Road, Trumbull, CT 06611**  
**Phone (203) 452-1030 Fax (203) 452-1050**



# **FOOD SERVICE PLAN REVIEW**

## **Application Requirements & Guidelines**

The Trumbull Health Department is concerned about your time and expense in building or remodeling a foodservice establishment. We would like to make the plan review process as quick and trouble free as possible. To help assure a timely review process, please read and follow the Plan Review Guidelines attached. Failure to submit complete and required information will cost you time and may result in additional fees and delays.

**TRUMBULL HEALTH DEPARTMENT**  
**FOOD SERVICE FEE SCHEDULE**

## FOOD SERVICE LICENSE

Class I	150.00	*100.00 for plan review
Class II	250.00	*150.00 for plan review
Class III	450.00	*250.00 for plan review
Class IV	500.00	*350.00 for plan review
Caterer	150.00	
Non-profit (annual)	50.00	
Itinerant (per vehicle)	150.00	
Priority Item Re-inspection Fee	100.00	
Seasonal	100.00	
Temporary (14 day or less)	50.00 per booth or trailer per event	
Temporary (non-profit)	20.00 per booth or trailer per event	

## LATE FEES

**\$20.00 (per business day) late fee will apply if not submitted 14 days prior to temporary event.**

**\$50.00 (per business day) late fee will apply if annual food service license is not submitted by the end of the licensing period, April 1<sup>st</sup>.**

**Those facilities already licensed by the Town of Trumbull are required to pay the fee for temporary food licenses.**

## Farmers Market

- Selling whole produce only No Fee
- Individually wrapped, prepackaged items (no tasting / sampling) No Fee
- All other food vendors 100.00

# TRUMBULL HEALTH DEPARTMENT

Please fill out and submit with this application:

1. Certified Food Protection Manager (CFPM) certificates for all new CFPM staff Application # \_\_\_\_\_
2. Person in Charge/Designated Alternate / Training Records if necessary. Licensing Year \_\_\_\_\_
3. A current copy of your menu with advisory and disclosure. Date \_\_\_\_\_
4. A complete equipment list and floor plan. Date \_\_\_\_\_
5. Tax Collectors Approval. Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Location of Business (Street #) \_\_\_\_\_ (Street) \_\_\_\_\_

Business Phone \_\_\_\_\_

24 Hr. Emergency Contact Name (REQUIRED) \_\_\_\_\_ Phone: \_\_\_\_\_

TYPE OF BUSINESS:  Restaurant  Market/Grocery Store  Deli/Convenience Store  Caterer  Vendor  
 Corporate Cafeteria  School/Day Care  Health Care Institute  House of Worship  Other

Owner or Operator: \_\_\_\_\_

If partnership or more than one owner, please complete page 4 of this application with a list on names, titles, home addresses and phone numbers and their signatures.

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Certified Food Protection Manager \_\_\_\_\_ Cert.# \_\_\_\_\_

Person in Charge/Alternate Qualified Food Operator \_\_\_\_\_ Cert.# \_\_\_\_\_

## Check All Applicable Boxes

**Water:**  Public  Well  Not applicable

If on well, water registration with the State of Connecticut, Public Health Dept., Drinking Water Division is required.

**Sewage Disposal:**  Sewer  Septic System  Not applicable

**Grease Trap:**  Internal  External  Heat Assisted  Not applicable

**Floor Drains:**  Yes  No

**Liquor Served:**  Yes  No (If yes, please submit a copy of liquor license)

**SEATING CAPACITY:** \_\_\_\_\_

Hours of Operation: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Example: Mon 11-9 Tues 11-9 Wed 11-9 Thurs 11-9 Fri 11-10 Sat 11-10 Sun closed

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Note: Establishments on private water supply wells must submit a complete water analysis report from a State certified laboratory prior to the issuance of an annual license.

Food establishments on well water shall register with the State of Connecticut, Public Health Department, Drinking Water Division. (Forms provided in this packet.)

Prior to submitting this application to the Health Department, it must be approved by the office of the Tax Collector.  
APPLICATIONS RECEIVED WITHOUT THIS APPROVAL WILL NOT BE PROCESSED.

# TRUMBULL HEALTH DEPARTMENT

\*Approved: \_\_\_\_\_ Tax Collector \_\_\_\_\_ Date: \_\_\_\_\_

**The following information is required when a partnership or Corporation owns the business. Please complete the necessary information for each partner.**

**Name of Business:** \_\_\_\_\_

**Business Partners:** \_\_\_\_\_

Name (Emergency person – 24 hr. availability) \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of License \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of License \_\_\_\_\_ Date \_\_\_\_\_

Name (Emergency person – 24 hr. availability) \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of License \_\_\_\_\_ Date \_\_\_\_\_

Name (Emergency person – 24 hr. availability) \_\_\_\_\_

Home Address (No PO Boxes) \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature of License \_\_\_\_\_ Date \_\_\_\_\_

## TRUMBULL HEALTH DEPARTMENT

STATEMENT: I hereby certify that the information included in this package is correct, and I fully understand that any deviation from it without prior permission from the Trumbull Health Department may nullify this approval.

Signature(s):

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Owner(s) or authorized representative(s)

Date: \_\_\_\_\_

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Approval of these plans and specifications by the Trumbull Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

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**Please Fill Out All Sections Of The Application Completely.**

If a section does not pertain to your particular establishment, please indicate with “N/A” along with a brief explanation.  
Please do not leave pages or sections blank.

**Examples:**

Page 9      Thawing

- N/A – no frozen products will be used

Please Note: Failure to complete all sections of the Food Service Plan Review Packet will delay the processing of your Food Service License.

Thank you

**TRUMBULL HEALTH DEPARTMENT**  
**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

1. Plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of  $\frac{1}{4}$  inch = 1 foot. This is to allow for ease in reading plans.
2. Information accompanying the plan shall include: the proposed menu, seating capacity, projected daily meal volume for food service operations.
3. The plan shall show the location and when requested elevated drawings of all food service equipment. **Each piece of equipment shall be clearly labeled on the plan with a number that will be the same on the plan, on the schedule/list of equipment and on each spec sheet that will be submitted with the plan.**
4. Adequate rapid cooling including ice baths and refrigeration, and hot holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate hand washing facilities used for no other purpose shall be designated for each toilet room and in the immediate area of food preparation, food dispensing, and utensil washing.
7. Ware washing area to have 3 bay sink with sloped back and 2 drain boards or 2 drain board and proper drainage shelving above. Additional equipment may include an approved dishwasher. Indicate the type of dishwasher: chemical or hot temp sanitizing.
8. The plan layout shall contain room size, space between and behind equipment and placement of the equipment on the floor.
9. Auxiliary areas such as storage rooms, garbage rooms, toilets basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.
10. The plan and specifications shall also include:
  - A. Entrances, exits, loading/unloading areas and docks;
  - B. Complete finish schedules for each room to include floors, walls, ceilings and covered juncture bases;
  - C. Plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead waste waterlines, hot water generating equipment with capacity and recovery rate, back flow prevention, waste water line connections;
  - D. Lighting schedule with protectors; Food contact surfaces = 20 foot candles (220 Lux)  
All other areas = 10 foot candles (110 Lux)
  - E. Schedule of equipment (a list) to include make and model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment. **All equipment should be NSF listed or equivalent.**
  - F. Manufacturers' equipment specification sheets (cut sheets).
  - G. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that state and local regulations are to be complied with;
  - H. A flow chart demonstrating flow patterns for:
    - Food (receiving, storage, preparation, service)
    - Food and dishes (portioning, transport, service)
    - Dishes (clean, soiled, cleaning, storage)
    - Utensil (storage, use, cleaning)
    - Trash and garbage (service area, holding, storage)
  - I. Heating and Ventilation schedule for each room
  - J. Required sinks include: Hand sinks in each area of food preparation, food service and ware washing; a 3 bay sink with drain boards, and a food preparation sink with drain boards;
  - K. Garbage can washing area/facility;
  - L. Cabinets for storing toxic chemicals

## TRUMBULL HEALTH DEPARTMENT

- M. Dressing rooms, locker areas, employee rest areas and/or coat rack as required;
- N. Site plan (plot plan).

11. You will be notified in writing after your plans are reviewed and approved.

**12. Required inspections: (Please Call to Schedule)**

- A. After equipment is installed and establishment is ready to open. [ ]

**13. DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN CONSENT FROM THIS OFFICE.**

14. A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.

15. If served by a well, please complete "Water Supplies Section" of this application.

16. A pre-operational inspection shall be conducted by this office and a license obtained before opening business.

If there are any equipment changes, building modifications, etc. after the original plans have been approved, you must notify us for our approval.

Thank you for your cooperation.

# TRUMBULL HEALTH DEPARTMENT

## FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served.

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1. Thin meats, poultry, fish, and eggs	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other: _____		

### PLEASE CHECK / ANSWER THE FOLLOWING QUESTIONS

#### FOOD SUPPLIES:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 41°F and below?  Yes  No
2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?  Yes  No

If yes, how will cross-contamination be prevented? \_\_\_\_\_

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3. Does each refrigerator / freezer have a thermometer?  Yes  No  
Number of refrigeration units: \_\_\_\_\_  
Number of freezer units: \_\_\_\_\_
4. Is there a bulk ice machine available?  Yes  No  
If yes, is it:  Air cooled  Water cooled  
Note: If on a septic system, an air-cooled unit is required.

# TRUMBULL HEALTH DEPARTMENT

## THAWING:

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

	<b>Thick Meats</b>	<b>Thin Meats</b>	<b>Cold Foods</b>	<b>Hot Foods</b>	<b>Baked Goods</b>
Refrigeration	<input type="checkbox"/>				
Running Water (less than 85°F)	<input type="checkbox"/>				
Microwave	<input type="checkbox"/>				
Cooked Frozen	<input type="checkbox"/>				
Other (Describe)	<input type="checkbox"/>				

## COOKING:

1. Food product thermometers (0-212°F) shall be provided and used to measure final cooking and reheating temperatures of PHF's.  Yes  No

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Whole Beef / Pork roast	130°F	121 minutes
Seafood	145°F	15 seconds
*Eggs	145°F	15 seconds
Communited meats	155°F	15 seconds
Ground Meat	155°F	15 seconds
Poultry	165°F	15 seconds
Other PHF's	145°F	15 seconds
*Reheated PHF's	165°F	15 seconds

2. List type of cooking equipment: \_\_\_\_\_

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\*Except: Eggs in schools, daycare centers and health care facilities must be cooked to a minimum of 165° for 15 seconds.

## HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135°F and above during holding for service? Indicate type and number of hot holding units.

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2. How will cold PHF's be maintained at 41°F and below during holding for service? Indicate type and number of cold holding units.

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# TRUMBULL HEALTH DEPARTMENT

## COOLING:

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
Shallow Pans	<input type="checkbox"/>				
Ice Baths	<input type="checkbox"/>				
Reduce Volume	<input type="checkbox"/>				
Rapid Chill	<input type="checkbox"/>				
Other (Describe)	<input type="checkbox"/>				

## PREPARATION:

1. Please list categories of food prepared more than 12 hours in advance of service.
2. Will employees be trained in good food sanitation practices using a certified food service sanitation course?

Yes       No

Name of course: \_\_\_\_\_

3. **Note:** Disposable gloves and/or food grade paper shall be used in addition to utensils, to minimize handling of ready-to-eat foods.
4. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts or broken skin?       Yes       No

Please describe briefly:

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5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit:       Yes       No

6. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled?

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7. Will all produce be washed prior to use?       Yes       No

Is there an approved location used for washing produce?       Yes       No

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation.

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9. If food is transported to another location off-premise, food must be protected from contamination and held at proper holding temperatures. List equipment and procedures (attach additional sheets if necessary).

# TRUMBULL HEALTH DEPARTMENT

## FINISH SURFACES REVIEW

### I. FLOORS

Floors must be smooth, impervious, non-absorbent and easily cleanable. Quarry tile, commercial vinyl tile or a seamless poured epoxy floor is acceptable.

Floor drains are required.

### II. WALLS

Walls must be smooth, impervious, non-absorbent, light colored and easily cleanable. All food prep, ware washing or other areas subject to abuse or splashing must be FRP (Fiberglass Reinforced Plastic), ceramic tile, commercial tile, commercial marble, stainless steel, or equal. Exposed waterlines, waste lines, gas lines or conduits must be protected.

A 4-inch cove molding must be supplied on all walls. Indicate type of coving:

Vinyl base       Quarry tile base

### III. CEILINGS

Ceilings must be smooth, impervious, non-absorbent and easily cleanable. Painted sheetrock or vinyl faces suspended ceiling tiles are acceptable. Porous tiles are acceptable only in customer seating areas. Exposed waterlines, waste lines, gas lines or conduits must be protected.

		Material	Finish	Color
Kitchen	Floors			
	Walls			
	Ceilings			
Prep Area	Floors			
	Walls			
	Ceilings			
Ware washing	Floors			
	Walls			
	Ceilings			
Storage Rooms	Floors			
	Walls			
	Ceilings			
Restrooms	Floors			
	Walls			
	Ceilings			
Bar	Floors			
	Walls			
	Ceilings			
Locker Room	Floors			
	Walls			
	Ceilings			

# TRUMBULL HEALTH DEPARTMENT

## IV. DOORS AND WINDOWS

All doors and windows must be tight fitting to prevent the entrance of insects and rodents. Doors and drive-thru windows must be self-closing. Screening material shall not be less than 16 mesh to the inch.

Windows that open:  screened  self-closing

Outside doors:  screened  self-closing

If air curtains are used, where will they be used? \_\_\_\_\_.

## V. LIGHTING

20-foot candles of light must be provided on all working surfaces and equipment in food preparation, food storage, utensil washing and hand washing areas.

10-foot candles of light must be provided in toilet rooms measured at a distance of 30 inches from the floor.

Protective shielding must be provided for all light fixtures in food and clean equipment areas. Shatterproof bulbs such as "tuff-skin" or shat-r-shield" may be used in place of plastic shields.

## VI. VENTILATION

Ventilation must be adequate so that all areas are kept reasonably free from excessive heat, steam, condensation, vapors, fumes, or objectionable odors. Exhaust hoods must be designed to prevent grease or condensate from dripping into the food and the filters or baffles must be readily removed for cleaning. Make-up air must be adequate size, design and properly located.

## VII. TOILET FACILITIES

Toilet facilities available to the employees are required. If seating for the public is provided, a public restroom is required. Separate facilities are required for each sex if the occupancy (seating plus employees) is above 15.

Facilities must be available to the public without passing through the kitchen.

Must be located within 500 feet if facility is located in a multi-purpose building.

# of water closets for Men \_\_\_\_\_ Women \_\_\_\_\_

# of lavatories for Men \_\_\_\_\_ Women \_\_\_\_\_

# of urinals \_\_\_\_\_

Toilet facilities must be available and accessible all times establishment open.

Sanitary napkin receptacles must be provided in female restrooms. (Covered waste container).

Restrooms vented to the outside by mechanical fan or openable, screened window.

Restrooms must have self-closing doors.

# TRUMBULL HEALTH DEPARTMENT

## VIII. HANDWASHING FACILITIES

Handwashing facilities shall be provided for each food preparation area, food dispensing area, utensil washing area, toilet rooms and at bar and beverage service areas.

All handwashing facilities provided with hot and cold water under pressure shall have a mixing valve or combination faucet. The minimum temperature of the handwashing water shall be 85°F.

Each hand washing station provided with liquid soap dispenser and appropriate hand drying

Paper towels       Electric dryer

**Note:** Any self-closing or metering faucet must be capable of providing a flow of water for at least 15 seconds.

## IX. FOOD PREP SINK

All raw fruits and vegetables shall be washed thoroughly before being cooked or served. A separate sloped backsplash sink shall be provided for these food preparations.

Please Note: CONSULT BUILDING DEPARTMENT FOR PROPER DRAINLINE CONNECTION FOR FOOD PREP SINK. The installation of all plumbing and equipment shall be in compliance with the requirements of the Connecticut Public Health Code and the latest "Updated Guideline For Correcting Plumbing Hazards and cross-Connections Found in Food Service Establishments" issued by the Connecticut Department of Public Health. Installation of equipment and cross-connection / backflow / back siphonage prevention shall be in compliance with the current State of CT Plumbing Code.

## X. CHEMICAL STORAGE

All toxic materials including cleaning compounds, pesticides, sanitizers, etc. must be stored in an area away from food preparation. All containers and spray bottles must be clearly labeled. Separate as follows: Toxics, General Purpose, and Sanitizing Agents.

Location: \_\_\_\_\_

## XI. CLEANING EQUIPMENT STORAGE

Cleaning equipment (mops, brooms, etc.) shall be stored in a room completely separate from food storage or prep, utensil storage areas or utensil washing.

Floor curbed utility sink with backflow preventer provided.

## XII. DRESSING ROOMS

Are separate dressing rooms for staff provided?  Yes       No

Are lockers provided?  Yes       No

If not, describe storage facilities for employees' personal belongings (purse, coat, shoes, etc.)

\_\_\_\_\_

## XIII. LAUNDRY FACILITIES

Are laundry facilities located on premises?  Yes       No

If yes, what will be laundered? \_\_\_\_\_

Washing machine  Yes       No

Dryer  Yes       No

Location of clean linen \_\_\_\_\_

Location of dirty linen \_\_\_\_\_

# TRUMBULL HEALTH DEPARTMENT

## XIV. GARBAGE AND REFUSE

### Interior

Will refuse be stored inside?

Yes

No

If so, where \_\_\_\_\_

Is there a garbage can cleaning sink or area?

Yes

No

### Exterior

Will dumpster be used?

Yes

No

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency or pick up \_\_\_\_\_

Contractor \_\_\_\_\_

Will a compactor be used?

Yes

No

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency or pick up \_\_\_\_\_

Contractor \_\_\_\_\_

**Note:** All dumpsters and compactors must be leak proof and have tight fitting lids.

Will garbage cans be stored outside?

Yes

No

Describe surface and location where dumpster / compactor / cans are to be stored

\_\_\_\_\_  
Type and location of grease receptacle \_\_\_\_\_

Is there an area to store recycled containers?

Yes

No

Describe \_\_\_\_\_

## XV. DISHWASHING FACILITIES

A 3 – compartment sink must be provided with compartments that are large enough to submerge the largest piece of equipment used.

Size of each compartment: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Drain board at least 18 inches provided at each end of sink. Wall mounted drain shelving may be substituted.  
(Wire shelves over sink.)

Will a dishwasher be used?

Yes

No

NSF Listed

Yes

No

On State of Connecticut Food Protection Program approved dishwasher list?

Yes

No

Make \_\_\_\_\_

Model \_\_\_\_\_

Type of machine

high temp

chemical

Hot water requirements: \_\_\_\_\_ gallons per hour of \_\_\_\_\_ degree F water.

Booster Heater: Make \_\_\_\_\_

Model \_\_\_\_\_

Indirect waste line provided:  Yes

No

Ventilation required:  Yes

No

# TRUMBULL HEALTH DEPARTMENT

## XVI. HOT WATER SUPPLY

Hot water heater: Make \_\_\_\_\_ Model \_\_\_\_\_

Fuel type  oil  gas  electric Size \_\_\_\_\_ gallons

Hot water requirements of establishment are \_\_\_\_\_ gallons per hour, based on usage requirements of all fixtures.

## XVII. GREASE TRAPS

Applicants are required to plan for the construction of a grease trap / interceptor in accordance with the treatment requirements of the Water Pollution Control Authorities. Information is available through the WPCA and Building Department.

N/A

Internal (heat-assisted) Size \_\_\_\_\_ External Size \_\_\_\_\_

**Note:** If on a septic system and the discharge will exceed 500 gallons per day an external grease trap is required.

## XVIII. REFRIGERATION AND FREEZER STORAGE

### WALK IN REFRIGERATORS

Floors \_\_\_\_\_

Walls \_\_\_\_\_

Ceilings \_\_\_\_\_

Size \_\_\_\_\_

### WALK IN FREEZERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interior finishes must be smooth, non-absorbent and easily cleanable.

Floors can be prefabricated from manufacturer and may be quarry tile.

A floor drain must be provided in the walk-in refrigerator with the floors pitched to the drain. If this is not possible, a drain must be provided within 6 feet outside the walk-in door.

### REACH IN REFRIGERATORS AND FREEZERS

# of refrigerators \_\_\_\_\_ capacity \_\_\_\_\_ cubic feet

# of freezers \_\_\_\_\_ capacity \_\_\_\_\_ cubic feet

**Thermometers must be provided in all refrigeration units in a location where they can be easily seen.**

## XIX. FACILITIES TO PROTECT FOOD

All utensils and equipment (ie: mixers, blenders, food processors, etc) must be stored at least 12 inches off the floor and must be clean, dry and protected from splash and dust.

Hot holding units must be capable of maintaining food at an internal temperature of 135°F or above, during display, service or holding periods.

If food is transported to another location off premises, food must be protected from contamination and held at proper holding temperatures. List equipment and procedures:

\_\_\_\_\_

### Appropriate thermometers required for monitoring temperatures.

Are you having a salad bar?  Yes  No

Type of foods:  cold  hot

## TRUMBULL HEALTH DEPARTMENT

Method of keeping foods cold:  ice  electric cold plate

Method of keeping hot food: \_\_\_\_\_

Permanent drain installed  Yes  No

Adequate sneeze guards shall be provided

Are frozen desserts being scooped or dispensed?  Yes  No

Is yes, a running water dipper shall be provided.  Yes  No

Is there a separate food preparation area provided for Sushi bar?  Yes  No  Not applicable

### XX. DRY STORAGE

The dry storage space required depends on the menu, number of meals, quantity purchased and frequency of delivery.

Room free of overhead sewer and waste line pipes.

Adequate metal shelving provided. (Bottom shelves 12 inches above floor)

Adequate metal or durable dunnage racks provided.

Adequate bulk food containers with tight fitting covers and dollies provided.

Food dispensing scoops provided.

All containers labeled with contents.

### XXI. PLUMBING AND CROSS CONNECTION CONTROL

***You must hire a professional plumber with permits issued through the Building Department. Plumbing code regulations must be adhered to.***

# TRUMBULL HEALTH DEPARTMENT

## MENUS

### Consumer Advisory

Consumers shall be informed of the risks involved with the consumption of raw or undercooked animal foods by written mean such as: posters, brochures, menu advisories, table tents, etc. available at the food service establishment stating: **“Thoroughly cooked meats, poultry, seafood, shellfish, or eggs reduces the risk of food borne illness”**. Exemptions to the food temperature requirements shall not be allowed at food service establishments serving highly susceptible populations in hospitals, nursing homes, or similar health care facilities. Refer to Code for details.

**A consumer advisory and disclosure shall be on the menu, etc.**

Examples are:

“Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of food borne illness.”

OR

“Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food borne illness, especially if you have certain medical conditions.”

### Disclosure

Printing the advisory on the menu with an asterisk \* at each potentially hazardous food item fulfills the disclosure requirement.