



**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 FOR FOOD ESTABLISHMENTS CHANGING OWNERSHIP / BUSINESS NAME**

## **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 Certificates for all new CFPM staff
2. Designated Alternate / Training Records if necessary.
3. A current copy of your menu with advisory and disclosure.
4. A complete equipment list and specs, if new equipment.
5. Tax Collectors Approval.

Licensing Year \_\_\_\_\_

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.# \_\_\_\_\_

## 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.**

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

## TRUMBULL HEALTH DEPARTMENT

**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: \_\_\_\_\_

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

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.

### 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 (21°C))	<input type="checkbox"/>				
Microwave	<input type="checkbox"/>				
Cooked Frozen	<input type="checkbox"/>				
Other (Describe)	<input type="checkbox"/>				

### COOKING:

## TRUMBULL HEALTH DEPARTMENT

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
Comminuted meats	145°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

\*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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**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:**

## TRUMBULL HEALTH DEPARTMENT

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

## 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.