



TONI N. HARP
MAYOR

CITY OF NEW HAVEN
COMMUNITY SERVICE ADMINISTRATION
DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
54 Meadow Street - 9TH Floor • New Haven • Connecticut 06519
Phone 203-946-8174 • Fax 203-946-6509



Itinerant Vendor *

- * There is a 3-part application form not included here that must be picked up directly from the Health Department.

Date Revised June 2016
Seven (7) pages and
3-part application form

**REQUIREMENTS FOR
ITINERANT VENDOR LICENSE**

Food Vendor which is self contained, on wheels and is mobile.

- * Completed application form.

- * License fee of \$280.00

- * **Have vehicle inspected by Fire Marshal, if required. If you can stand inside your cart or truck, then Fire Marshal sign off is required. Inspections will be done between 7:00 and 9:00 AM. Call 946-6232 for an appointment. You must bring your driver's license. Fire Marshal is to sign food service application form where indicated.**

- * Vendor's Permit from the Building Department's Permit and License Center
200 Orange Street – 5th Floor
Building Department Staff (203) 946-8388
Allow two weeks or more to get a Vendor's Permit.

- * Follow Itinerant Vendor Inspection Guidelines on next page to prepare for your Health Department inspection. .

- * Vehicle is to be inspected and approved by the New Haven Health Department.
Monday thru Friday between 9:00 AM and 9:30 AM.

ITINERANT VENDING INSPECTION GUIDELINES



**A LICENSE WILL NOT BE ISSUED WITHOUT
COMPLETE COMPLIANCE WITH THE FOLLOWING CHECK LIST**

- _____ **QFO Certificate: All class 3 vendors must be a Qualified Food Operator** as required by the State of Connecticut Public Health Code Section 19-13B-42(S)(4). Any cooked foods other than boiled hot dogs or Georgia hots will classify your operation as a class 3 and will require you to provide a Qualified Food Operators Certificate.
- _____ **Name, Address, and Phone #** on truck or cart in 3" letters **on both sides**. (sign acceptable)
- _____ **Menu Reviewed and Approved.**
- _____ **Food contact surfaces** of utensils and equipment **clean**.
- _____ **All surfaces approved**, designed, constructed, and maintained.
- _____ **Umbrella** provided / overhead cover (no mesh umbrellas.)
- _____ **Hand Wash Setups, Hand Sink Available.** For pushcarts moist towelettes with alcohol are acceptable.
- _____ **Thermometers** present in all heating/cooling units including ice chest. Provide **probe type thermometers** for taking temperatures. (Range 0° to 220° refer to handout.)
- _____ **Paper towels** available for clean up and hand drying.
- _____ **Labeled Spray Bottle with Bleach and Water Available for Sanitizing** (1/2 tsp per bottle of water). Trucks must have bleach bucket with clean wiping clothes. Dipper wells need a bleach soaking solution.
- _____ **Approved Food Containers and Utensils.** Utensils must be in excellent condition and capable of being sanitized.
- _____ **Provide adequate and approved facilities to maintain product temperature (Insulated Cooler, Hot Holding Units.)**
- _____ **All containers must be labeled.**
- _____ **All storage** a minimum of 12" **off the ground**.
- _____ **Trash Receptacle** with plastic bags available.
- _____ **Napkins** available for public use.
- _____ **Potentially hazardous food meets temperature** requirements during storage, preparation, display, service, and transportation. (**Hot Foods 140°F** or hotter, **Cold Foods 45°F** or colder.)
- _____ **Source of Water.** Public water preferred. Well water test required for private wells.
- _____ **Food Source and Labeling Approved.** No home preparation allowed to be sold in lunch carts. All food must be prepared on site. All containers must be labeled.
- _____ **Proper Storage** and use of **Toxic Items**.

NOTE: Screened pass through windows should be provided on vending trucks.
License Displayed in public view.

Approved: Yes _____
No _____
Date _____

Inspector _____
Date _____
Operator _____

**INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS**

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#51FDP, Hartford, CT 06134

ROUTINE INSPECTION REINSPECTION
 PREOPERATIONAL OTHER

NAME OF ESTABLISHMENT
STREET ADDRESS
OWNER or OPERATOR

ESTABLISHMENT CLASS
TOWN
INSPECTION DATE and TIME

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

SOURCES OF FOOD		
1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1

FOOD PROTECTION		
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	Unwrapped or potentially hazardous food not reserved	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4

PERSONNEL		
12	Personnel with infection restricted	4

CLEANLINESS OF PERSONNEL		
13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2

EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & INSTALLATION		
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

EQUIPMENT & UTENSILS : CLEANLINESS		
21	Preflushed, scraped, soaked and racked	1
22	Wash water clean, proper temperature	
23	Accurate thermometers provided, dish basket, if used	
24	Sanitization rinse (hot water - chemical)	2
25	Clean wiping cloths	1
26	Food-contact surfaces of utensils & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1

WATER SUPPLY		
29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2

SEWAGE DISPOSAL		
31	Sewage disposal approved	4
32	Proper disposal of waste water	1

PLUMBING		
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4

TOILET FACILITIES		
35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	

HANDWASHING FACILITIES		
38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1

GARBAGE/RUBBISH STORAGE & DISPOSAL		
39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures – properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	

VERMIN CONTROL		
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1

FLOORS, WALLS & CEILINGS		
44	Floors: floor covering installed, constructed as required, good repair, clean	1
45	Floors, graded, drained as required	
46	Floor, wall juncture covered	
47	Mats removable, good repair, clean	
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1

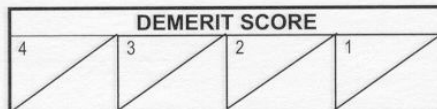
LIGHTING & VENTILATION		
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	

DRESSING ROOMS & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1

HOUSEKEEPING		
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1

NONSMOKING AREAS		
59	Seats 75 or more: Nonsmoking area provided, sign(s) posted at entrance(s), smoking area indicated by sign(s)	3

QUALIFIED FOOD OPERATOR		
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2



TOTAL	RATING	Date Corrections Due

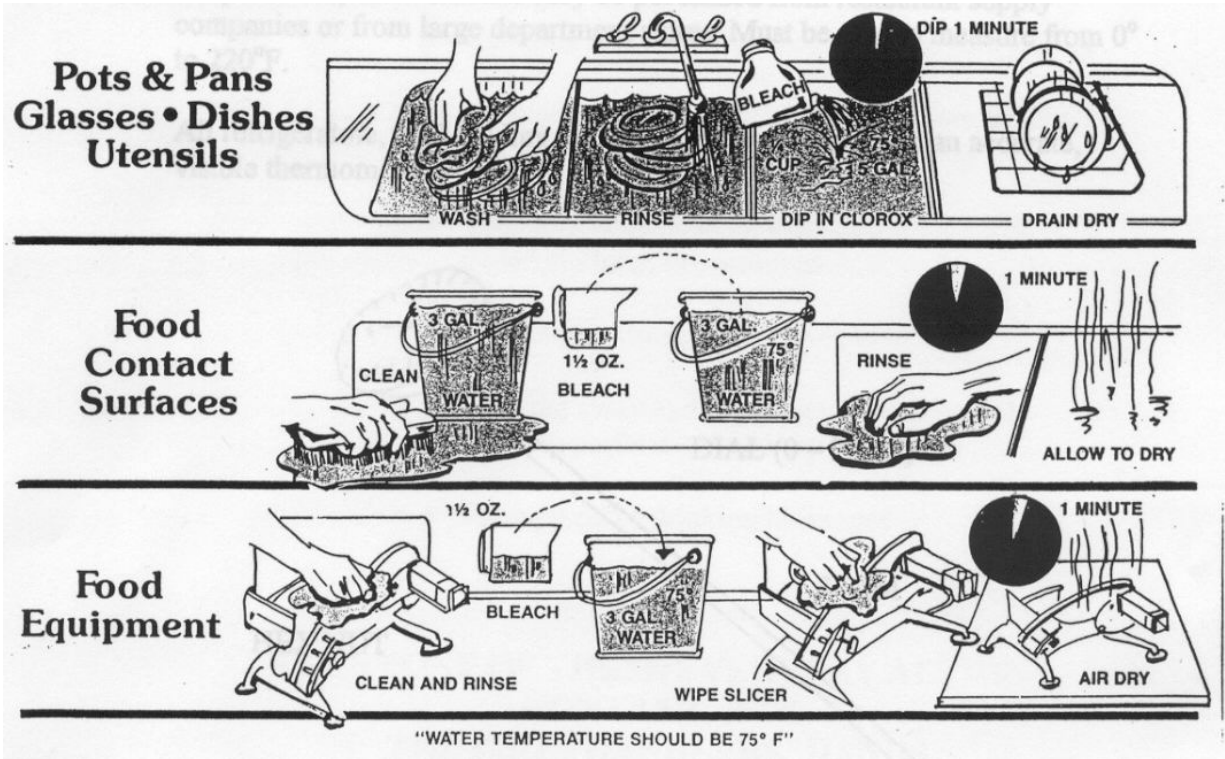
RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge
SIGNED (Inspector)

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

Bleach is an effective all purpose sanitizer that even kills some bacteria that may cause food poisoning. BLEACH is authorized for use under USDA meat, poultry, rabbit and egg products inspection programs.

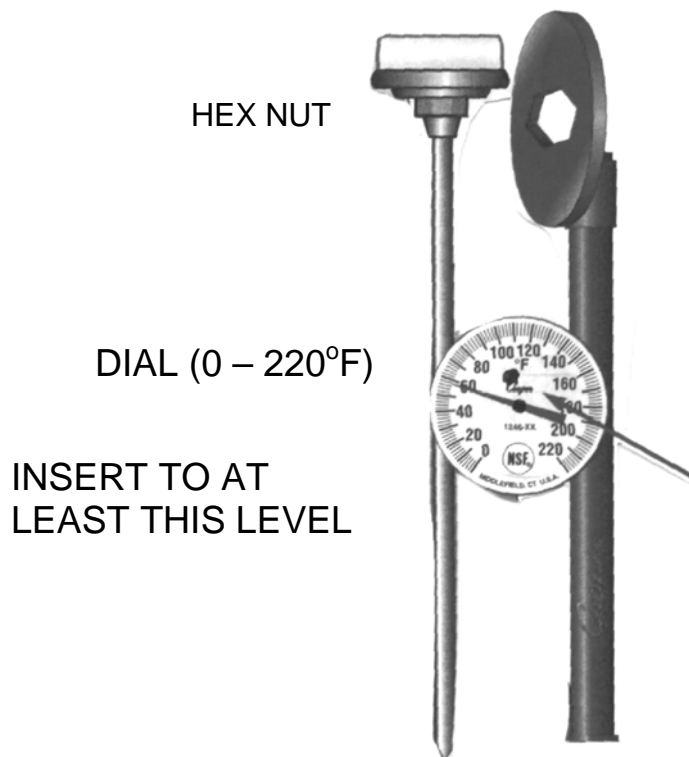
ONE TABLESPOON OF BLEACH IN A GALLON OF WATER IS EQUIVALENT TO 200 PPM OF AVAILABLE CHLORINE. ONE TABLESPOON OF BLEACH PER GALLON MEETS THE U.S. PUBLIC HEALTH SERVICE RECOMMENDED LEVEL FOR SURFACE SANITATION.



THERMOMETERS

A metal-stem thermometer must be available and used to check internal food temperatures; thermometers may be purchased from restaurant supply companies or from large department stores. The thermometer must be able to measure from 0° to 220°F.

All refrigerators, cold holding units, and freezers must have an accurate, visible thermometer.



HANDWASHING

THE FOLLOWING ACTIVITIES SHOULD ALWAYS BE FOLLOWED BY THOROUGH HAND WASHING

- Using the restroom
- Using the handkerchief or tissue
- Handling raw food – particularly meat and poultry
- Touching areas of the body, such as ears, mouth, hair, or scratching anywhere on the body
- Touching unclean equipment and work surfaces, soiled clothing, or wash rags
- Smoking or using chewing tobacco
- Clearing away and scraping used dishes and utensils; performing scullery operations
- Eating food or drinking beverages

EVERY ONE OF THESE EVERYDAY ACTIONS CONTAMINATE THE FOOD HANDLERS' HANDS.