



To Benefit TEAM, Inc.
 Saturday, May 3, 2025, at Warsaw Park - Ansonia

CHEF INFORMATION SHEET

Personal Information

1. Team Captain Name _____

Other Team Members' Names: _____

2. Company (if applicable): _____

3. Address: (Home) _____

4. Phone: Home: _____ Cell: _____

Work: _____ (circle preferred phone)

5. Email: _____

Culinary Creation Information

1. Name of dish: _____
 Brief description of dish _____

2. (*Optional)*

My team elects to participate in the "Best Homemade Dessert Competition"

My team elects to participate in the "Best Appetizer" competition

My team elects to participate in the "Best Table Décor" competition

3. Does your dish need to be served hot or cold? (Please check one) Serve Hot Serve Cold/Room Temp.

a. Will you be cooking at Ansonia High School? Yes No

If no, please list other licensed kitchen location _____

Please return this form by March 21, 2025.

Any questions please email: LMcKenzie@teaminc.org or call 475-223-2214



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

Temporary Food Event Application

(Chef)

Business Name: _____ Food Operator(s) _____

Street Address _____ Town _____ Zip _____ Phone# _____

Menu Items

Reminder: No home cooked foods or foods prepared in an unapproved facility are permitted.

| Food Item Includes beverages, desserts, salads, ice etc. | How Served | | Food Source | Preparation List all steps and final internal temperature |
|--|------------|------|----------------------------------|---|
| | Hot | Cold | | |
| Example: Grilled chicken | X | | Stop & Shop Bpt. Ave, Shelton | Marinate chicken in refrigerator, grill to 165F at event |
| Example: cupcakes | N/A | | Stop & Shop Bpt. Ave, Shelton | Pre-made |
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Type of potable water supply

At event: On-site Well Public Water Bottled water **only**
Facility where food is prepared: On-site Well Public Water Bottled Water **only**

If an on-site well, you must submit the results of the most recent water test

1. Will food be purchased the day of the event? Yes No

If yes, maintain the receipts and bring to the event for reference.

If no, where will food be stored prior to the event?

*Name of Establishment: _____

Address: _____

Include a copy of the current food service license for establishment if not licensed by NVHD

2. Food Items being delivered/catered

When will food(s) be delivered? _____

How will food(s) temperatures be maintained in transport? _____

3. Will any foods be prepared prior to the event? Yes No

If yes, how will food(s) be cooled? _____

How will food(s) be reheated at event to 165 F or above? _____

4. Where will food(s) be stored at the event? Trailer Pallets Tables

(all food must be kept off the ground/floor)

5. How will cold potentially hazardous food(s) be kept below 41 F?

Refrigerator Cooler (with well-drained ice) Other _____

6. How will hot potentially hazardous food(s) be kept above 135 F?

Steam Table Propane Electric Warmer Other _____

7. Will probe thermometer be available to take internal temperatures of food? Yes No

8. How will food(s) be protected from flies, dust and other sources of contamination?

Individually Wrapped Single Service packages Kept covered

If food booth is outside, will there be overhead protection (such as a tent)? Yes No

9. How will food workers limit bare hand contact with food? Non-latex gloves Utensils

10. Will a hand washing station be set-up in the food booth? Yes No

(to include water, soap, paper towels and a bucket for run off)

11. Food workers will wear Hats Hairnets Other _____

(Beard nets will be required if applicable)

12. Type of sanitizer used Bleach Quaternary Ammonia

Do you have test strips to verify sanitizer concentration? Yes No

(Bleach/water solution 50-100ppm, Quaternary Solution 200ppm)

13. Toilet facilities: Restroom on site Portable toilets

14. Covered non-absorbent trash receptacles will be accessible? Yes No

Signature of Operator

Date

Name Printed

Approved by: _____