## Facilities Events Management Checklist

Please note Any vendor that has not completed all requirements a week before the event will not be allowed to operate on-premises.

For Mobile vendors or catering on site: Each vendor will be inspected by Environmental Health and Safety before/during the event. Any vendor found not to be following the SCSU Mobile Food Facility Checklist (Appendix E) will be asked to cease operation until the issue is addressed and corrected. If the problem cannot be fixed immediately (i.e., improper documentation or expired certification), they will be asked to cease operations and vacate the property.

Please complete and attach:

- 1. A Detailed Map of the event has been submitted, including, but not limited to, food trucks, any secondary fuel sources that are **<u>NOT</u>** attached to the food truck, tents (Must include square footage), tables, and any other items as well as their placements for during the event.
- 2.  $\Box$  Does the event contain tents?
  - $\Box$  Yes (Proceed to question 2.1)  $\Box$  No (Proceed to question 4)
  - 2.1 Are there any tents that are 400 square feet or greater?
    - Yes (Proceed to steps 2.2 and 2.3) No, Skip stepping 4
       2.2 The State Fire Marshall must inspect any 400 square feet or greater tent. You <u>must</u> notify facilities <u>no less than three weeks</u> before the event date about a 400 square feet or greater tent.

Facilities Notified?  $\boxtimes$  Yes Date:\_\_\_\_\_  $\square$  No

2..3 You <u>must</u> provide all the items outlined in Appendix A <u>one week</u> before the event. If the information is not provided to facilities before the event date, the tent will not be allowed to be erected as per the state fire marshal.

All items on Appendix A Provided?  $\Box$  Yes  $\Box$  No.

- 3. Does the Event have catering?
  - $oxed{intermat}$  The event will be catered off-site (Anywhere but the event itself) (Proceed to step 4)
  - $\Box$  The event is catered on-site or by food trucks. (At the event itself) (Proceed to step 5)
  - □ The event will be catered to off-site <u>AND</u> on-site. (Please complete steps 4 and 5)
- 4. Off-Site Catering/Food Trucks
  - a. Please complete the form for each attending vendor (Appendix D)
  - b. Ensure each vendor provides the following information before submitting to facilities. A copy of the following items must be received by facilities no less than one week before the event.
  - 1. Current Valid Health Permit by respected jurisdiction in which they operate.
  - 2. Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.
  - Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance. (For the requirements of these items, please see Appendix B and for an example, see appendix C)

- 4. Certificate of Insurance states SCSU as additional Insured.
- 5. On-Site Catering
  - c. Please list all vendors that will be attending on the form that is provided in Appendix D.
  - d. Ensure that all vendors provide all the following information before submitting to facilities. Facilities must receive all items. (A checklist is provided under each vendor to keep track)
  - 1) Current Valid Health Permit by respected jurisdiction in which they operate.
  - Current valid temporary health permit issued by New Haven Health Department or Quinnipiac regional health district. (Depending on which side of campus the event is taking place)
  - 3) Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.
  - 4) SERV Safe Certifications(s)
  - 5) Most recent cooking hood system semiannual Certification.
  - 6) Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance. (For the requirements of these items, please see Appendix B and for an example, see appendix C)
  - 7) Certificate of Insurance states SCSU as additional Insured.
  - 8) Will they be using any Connections or Discharges from the university?
  - 9) Will they be using any generators?
  - 10) Will they be using any solid fuels? (Such as wood, charcoal, or any other power source)

If you have any questions about this document, reach out to Edward Gleason, Director of Environmental Health and Safety, at gleasone2@southernct.edu.

# OFFICE of the STATE FIRE MARSHAL 450 Columbus Boulevard Hartford, CT 06103



Information required to complete a plan review for events utilizing tents includes but is not limited to the following:

Tents per the CT State Fire Safety Code are as follows:

Tents and membrane structures having an area in excess of 400 square feet (37 m<sup>2</sup>) shall not be erected, operated or maintained for any purpose without obtaining approval from the fire official. Exceptions:

- 1. Tents used exclusively for recreational camping purposes.
- 2. Tents open on all sides which comply with all of the following:
  - 2.1 Individual tents having a maximum size of 700 square feet (65 m<sup>2</sup>)
  - 2.2 The aggregate area of multiple tents placed side by side without a fire break clearance of 12 feet (3,658 mm), not exceeding 700 square feet (65 m<sup>2</sup>) total.
  - 2.3 A minimum clearance of 12 feet (3,658 mm) to all other structures and tents.
- 3. Tents 900 square feet and smaller in total area when occupied by fewer than 50 persons, which have no heating appliances, no installed electrical service and are erected for fewer than 72 hours.

# Provide the following for each event:

 $\Box$  Tent sizes with an indication of sides or no sides.

- □ Type of tent anchoring to be used by the tent company. (weights/location) Anchoring per the CFSC and per the SBC in the adoption of 2022 CT Codes.
- □ Detailed site plan showing the relationship of the tents to other structures or tents either temporary or permanent etc. (show distances)
- □ Detailed floor plan showing the proposed layout of tables, chairs, platforms, food tables, podiums, etc. (show distances between all items)
- □ Detailed seating plan seating plan in rows, or at tables, or both, aisles, aisle access ways, exits and dimensions.
- □ Exit signs show locations of exit signs and whether internally or externally illuminated.
- □ Certification of tent flammability certification for tents and all individual sections to be used.
- □ No smoking signs location of "No Smoking" signs.
- □ Lighting location of lighting if used and its power source.
- $\Box$  Fire Extinguishers location and type of fire extinguishers.
- □ Occupant load sign location of occupant load sign. (over 50 occupants)
- □ Heating equipment to be used, if any. (type, model, fuel source)
- □ Cooking equipment to be used, if any, location of cooking area in relation to tents, fuel source for cooking equipment. (show distances)
- □ LP gas tanks to be used, if any, refer to heating and cooking above.
- $\Box$  Display of motor vehicles to be displayed, if any.
- □ Generators to be used, if any, location in relation to tents and other building, fuel source.
- $\Box$  Food trucks if any, location and spacing in relation to tents and other structures.

# Include legend/key to identify symbols used on any drawings with notes to explain detail.

Additional info: Date & Time of Event, Name and Contact number for the Tent Company.

## **SCSU MOBILE FOOD FACILITY INSURANCE REQUIREMENTS:**

All events involving Mobile Food Facilities must be approved by the University's Facilities Usage Committee. The University group will obtain a Food Waiver from Chartwells and attach the Food Waiver, along with vendor's health permit(s) to the Facilities Usage Form.

- Vendor shall attach copies of their food licenses to this Contract. The Vendor shall obtain the appropriate food permit for the event. It is the responsibility of the Vendor to pass all appropriate licensing requirements and inspections by the University, Fire Marshal, and City of New Haven. University reserves the right to terminate Vendor's use of the property for failure to pass inspections. Non-compliance with this clause may subject Vendor to forfeiture of all funds paid to the University.
- The University is a smoke and tobacco free campus. No Vendor or person associated with Vendor shall smoke or otherwise use any product derived from or containing tobacco on any University property.
- Indemnification and Limitation of Liability Vendor understands that it is using University property at its own risk. Vendor agrees to indemnify and hold harmless the University and its officers, agents, employees, volunteers, successors and assigns for any damages to equipment or personal accidents or injuries, including death, and will perform at their own risk. Vendor further waives and releases any and all claims, demands and causes of action which Vendor may or could assert against University. Vendor further agrees to refrain from filing any claims, demands, complaints, suits or other legal or administrative complaints against University. Further, Vendor agrees generally to defend, indemnify and hold harmless University from and against any and all costs, attorney's fees, liabilities, judgments, damages and other expenses which University may incur as a result of any Vendor action. The University's liability shall not exceed the value of the amounts paid to Vendor under this Contract.

• Worker's Compensation

Statutory Benefits (Coverage A) Statutory Employers Liability (Coverage B) \$500,000 Each Accident \$500,000 Disease/Employee \$500,000 Disease/Policy Limit • Automobile Liability Owned Vehicles \$1,000,000 Non-owned Vehicles \$1,000,000 Hired Vehicles \$1,000,000 • Commercial General Liability Aggregate Limit \$2,000,000 Each Occurrence Limit \$1,000,000 Products/Completed Operations \$1,000,000 Personal/Advertising Injury \$1,000,000 Damage Rented Premises \$ 100,000



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### Appendix D Food Truck or Mobile Vendors

#### Vendor 1

Name of Vend	dor:
Contact:	Phone: Email:
Document Ch	necklist:
	$\boxtimes$ Current Valid Health Permit by respected jurisdiction in which they operate.
	Proper proof of Automobile Liability, CT workers compensation insurance, and Commercia General Liability Insurance.
	Certificate of Insurance states SCSU as additional Insured.
	$\Box$ Current and valid Connecticut Sales and use Tax Permit issued by the state of CT departm revenue services.
	$\Box$ Current and valid Connecticut Sales and use Tax Permit issued by the state of CT departm revenue services.
	<u>The following is required in addition to the above <b>only</b> if they will be catering on site:</u>
	If on the Hamden side of campus: Current valid temporary health permit issued by Quinn Regional Health District.
	$\Box$ If on the New Haven side of campus: Current Valid Health Permit issued by New Haven H
	Department.
	SERVSafe Certifications(s)
	Most recent cooking hood system semiannual Certification.

 $\Box$  Yes  $\Box$  No Will they be using any Connections or Discharges from the university?

 $\Box$  Yes  $\Box$  No Will they be using any generators?

 $\Box$  Yes  $\Box$  No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

	<u>vendor 2</u>		
Name of Vendor:			
Contact:	Phone:	Email:	

#### **Document Checklist:**

Current Valid Health Permit by respected jurisdiction in which they operate.

 Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance.

□ Certificate of Insurance states SCSU as additional Insured.

 Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

 Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

The following is required in addition to the above **only** if they will be catering on site:

□ If on the Hamden side of campus: Current valid temporary health permit issued by Quinnipiac Regional Health District.

□ If on the New Haven side of campus: Current Valid Health Permit issued by New Haven Health Department.

□ SERVSafe Certifications(s)

□ Most recent cooking hood system semiannual Certification.

 $\Box$  Yes  $\Box$  No Will they be using any Connections or Discharges from the university?

 $\Box$  Yes  $\Box$  No Will they be using any generators?

 $\Box$  Yes  $\Box$  No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

# Vandar 2

Name of Vendor:				
Contact:	Pho	ne:	Email:	
Document Checkli	st:			
	⊠Current Valid Health Permit by	respected jurisdic	tion in which they operate.	
	□ Proper proof of Automobile Lia General Liability Insurance.	ability, CT workers	compensation insurance, and Commerci	ial
	□ Certificate of Insurance states	SCSU as additiona	l Insured.	
	Current and valid Connecticut revenue services.	Sales and use Tax	Permit issued by the state of CT department	nent of
	Current and valid Connecticut revenue services.	Sales and use Tax	Permit issued by the state of CT department	nent of
	The following is required in addit	ion to the above <b>o</b>	<b>nly</b> if they will be catering on site:	
	If on the Hamden side of cam Regional Health District.	ous: Current valid	temporary health permit issued by Quin	nipiac
	If on the New Haven side of ca Department.	ampus: Current Va	lid Health Permit issued by New Haven H	lealth
	□ SERVSafe Certifications(s)			
	□ Most recent cooking hood sys	tem semiannual C	ertification.	
	$\Box$ Yes $\Box$ No Will they be using a	y Connections or	Discharges from the university?	
	$\Box$ Yes $\Box$ No Will they be using a	ny generators?		
	$\Box$ Yes $\Box$ No Will they be using a	ny solid fuels? (Suc	ch as wood, charcoal, or any other fuel)	
		<u>Vendor 4</u>		
Nome of Vandam				

Name of Vendor:		
Contact:	Phone:	Email:

# Document Checklist:

 $\boxtimes$  Current Valid Health Permit by respected jurisdiction in which they operate.

□ Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance.

 $\hfill\square$  Certificate of Insurance states SCSU as additional Insured.

 $\Box$  Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

 $\Box$  Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

The following is required in addition to the above **only** if they will be catering on site:

 $\Box$  If on the Hamden side of campus: Current valid temporary health permit issued by Quinnipiac Regional Health District.

 $\Box$  If on the New Haven side of campus: Current Valid Health Permit issued by New Haven Health Department.

□ SERVSafe Certifications(s)

 $\hfill\square$  Most recent cooking hood system semiannual Certification.

 $\Box$  Yes  $\Box$  No Will they be using any Connections or Discharges from the university?

 $\Box$  Yes  $\Box$  No Will they be using any generators?

 $\Box$  Yes  $\Box$  No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

 $\Box$  Yes  $\Box$  No Will they be using any generators?

 $\Box$  Yes  $\Box$  No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

#### Vendor 5

Name of Vendor:							
Contact:	Phone:	Email:					

#### **Document Checklist:**

Current Valid Health Permit by respected jurisdiction in which they operate.

 Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance.

□ Certificate of Insurance states SCSU as additional Insured.

 Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

 Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

The following is required in addition to the above **only** if they will be catering on site:

□ If on the Hamden side of campus: Current valid temporary health permit issued by Quinnipiac Regional Health District.

□ If on the New Haven side of campus: Current Valid Health Permit issued by New Haven Health Department.

□ SERVSafe Certifications(s)

□ Most recent cooking hood system semiannual Certification.

 $\Box$  Yes  $\Box$  No Will they be using any Connections or Discharges from the university?

 $\Box$  Yes  $\Box$  No Will they be using any generators?

 $\Box$  Yes  $\Box$  No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

	<u>Vendor 6</u>	
Name of Vendor:		
Contact:	Phone:	Email:

## **Document Checklist:**

Current Valid Health Permit by respected jurisdiction in which they operate.

 Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance.

□ Certificate of Insurance states SCSU as additional Insured.

 Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

 Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

The following is required in addition to the above **only** if they will be catering on site:

□ If on the Hamden side of campus: Current valid temporary health permit issued by Quinnipiac **Regional Health District.** 

□ If on the New Haven side of campus: Current Valid Health Permit issued by New Haven Health Department.

□ SERVSafe Certifications(s)

□ Most recent cooking hood system semiannual Certification.

 $\Box$  Yes  $\Box$  No Will they be using any Connections or Discharges from the university?

 $\Box$  Yes  $\Box$  No Will they be using any generators?

 $\Box$  Yes  $\Box$  No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

Name of Venc	lor:
Contact:	Phone: Email:
Document Ch	<u>ecklist:</u>
	oxtimesCurrent Valid Health Permit by respected jurisdiction in which they operate.
	$\Box$ Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial
	General Liability Insurance.
	$\Box$ Certificate of Insurance states SCSU as additional Insured.
	$\Box$ Current and valid Connecticut Sales and use Tax Permit issued by the state of CT departmer
	revenue services.
	$\Box$ Current and valid Connecticut Sales and use Tax Permit issued by the state of CT departmer
	revenue services.
	The following is required in addition to the above <b>only</b> if they will be catering on site:
	$\Box$ If on the Hamden side of campus: Current valid temporary health permit issued by Quinnip
	Regional Health District.
	$\Box$ If on the New Haven side of campus: Current Valid Health Permit issued by New Haven Hea
	Department.
	SERVSafe Certifications(s)
	□ Most recent cooking hood system semiannual Certification.
	☐Yes ☐ No Will they be using any Connections or Discharges from the university?
	$\Box$ Yes $\Box$ No Will they be using any generators?
	$\Box$ Yes $\Box$ No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

Vendor	8

Name of Vendor:			
Contact:	Phone:	Email:	

# **Document Checklist:**

 $\Box$ Current Valid Health Permit by respected jurisdiction in which they operate.

□ Proper proof of Automobile Liability, CT workers compensation insurance, and Commercial General Liability Insurance.

 $\Box$  Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

□ Current and valid Connecticut Sales and use Tax Permit issued by the state of CT department of revenue services.

The following is required in addition to the above **only** if they will be catering on site:

 $\Box$  If on the Hamden side of campus: Current valid temporary health permit issued by Quinnipiac Regional Health District.

 $\Box$  If on the New Haven side of campus: Current Valid Health Permit issued by New Haven Health Department.

□ SERVSafe Certifications(s)

□ Most recent cooking hood system semiannual Certification.

 $\Box$  Yes  $\Box$  No Will they be using any Connections or Discharges from the university?

 $\Box$  Yes  $\Box$  No Will they be using any generators?

□ Yes □ No Will they be using any solid fuels? (Such as wood, charcoal, or any other fuel)

#### Appendix E

#### SCSU MOBILE FOOD FACILITY CHECKLIST

Must be completed prior to/day of event

Vendor Name:

Address:

E- Mail:

Phone:

SCSU Representative Name:

Phone:

The vehicle/location is approved via Facilities Usage form

- Current and valid health permit issued by a local health department jurisdiction in which they normally operate within the State of Connecticut.
- Current and valid temporary health permit issued by New Haven Health Department/Quinnipiac Regional Health District.
- Current and valid Connecticut Sales and Use Tax Permit issued by The State of CT Department of Revenue Services
- SERVSafe Certification(s)

Most recent cooking hood system semiannual certification

#### **Insurance & Registration**

- Current and valid vehicle registration
- Proper proof of Automobile Liability Insurance
- Proper proof of CT Workers Compensation Insurance
- Proper proof of Commercial General Liability Insurance

#### **Connections/Discharges**

The vehicle is not running water or fuel lines from university connections without prior approva
--

- The vehicle is not discharging to the storm water or local drain system.
- Extension cords are in good condition, commercial grade without any splices, cracks or damage and include a grounding point connection (minimum 12 Gauge).
- GFCI required for damp applications.
- All cords and cables are run in a safe manner with protection from pedestrian traffic.
- The vehicle is arranged for unimpeded egress from the unit and is able to discharge to a safe location.
- The vehicle is free of external hazard exposures that could put patrons at risk.
- The vehicle is substantially stable with wheels secured (chocked) during parked use.

#### **Fuel and Power Source Checklist**

Fuel, fuel gas, and *generators if present are arranged in a safe manner with pedestrian protection to exhaust
or heated parts.

- Excessive fuel is not on site.
- Cooking fuel tanks in good condition and are approved for the manner in which they are used and mounted.
- Generators are not to be "hot" fueled.
- Fuel gas lines are in good condition. Lines are properly connected not spliced. Brass fittings and a purge mechanism installed. No appearance of dry rotting.
- Verify that fuel tanks are filled to the capacity needed for uninterrupted operation during normal operating hours.
- Ensure that refueling is conducted only during non-operating hours.

Check that any engine-driven source of power is separated from the public by barriers, such as physical guards, fencing, or enclosures.
<ul> <li>Ensure that any engine-driven source of power is shut down prior to refueling from a portable container.</li> <li>Check that surfaces of engine-driven source of power are cool to the touch prior to refueling from a portable container.</li> </ul>
Make sure that exhaust from engine-driven source of power complies with the following:
<ul> <li>At least 10 ft in all directions from openings and air intakes</li> <li>At least 10 ft from every means of egress</li> <li>Directed away from all buildings</li> <li>Directed away from all other cooking vehicles and operations</li> <li>Ensure that all electrical appliances, fixtures, equipment, and wiring complies with the NFPA 70<sup>®</sup>.</li> <li>Check that the main shutoff valve on all gas containers is readily accessible.</li> <li>Ensure that portable gas containers are in the upright position and secured to prevent tipping over.</li> </ul>
SOLID FUEL CHECKLIST (where wood, charcoal, or other fuel is used)
<ul> <li>Fuel is not stored above any heat-producing appliance or vent.</li> <li>Fuel is not stored closer than 3 ft. to any cooking appliance.</li> <li>Fuel is not stored near any combustible flammable liquids, ignition sources, chemicals, and food supplies and packaged goods.</li> <li>Fuel is not stored in the path of the ash removal or near removed ashes.</li> <li>Ash, cinders, and other fire debris should be removed from the firebox at regular intervals and at least once a day.</li> <li>Removed ashes, cinders, and other removed fire debris should be placed in a closed, metal container located at least 3 ft. from any cooking appliance.</li> <li>Fire Safety</li> <li>Extinguisher installed and certified (tagged current). Minimum K class for cooking and an additional ABC unit for generators or fuel fired equipment.</li> </ul>
<ul> <li>Hood suppression system provided for all cooking with current semi-annual certification tag in place. (Most recent cooking hood system semiannual certification record and cleaning record MUST be presented)</li> <li>Hood ventilation fan operational.</li> <li>Hood has proof of current cleaning with documented records.</li> <li>Hood is visibly clean including louvers and grease collectors.</li> </ul>
Ensure that workers are trained in the following:
<ul> <li>Proper use of portable fire extinguishers and extinguishing systems</li> <li>Proper method of shutting off fuel sources</li> <li>Proper procedure for notifying the local fire department location</li> <li>The vehicle is not located blocking any area egress, fire lane, fire safety, or other utility</li> <li>The vehicle is located on a non-landscaped surface unless approved in advance by Facilities Usage Committee.</li> <li>Clearance of at least 10 ft. away from buildings, structures, vehicles, and any combustible materials.</li> <li>Vehicular access is provided for fire lanes and access roads.</li> </ul>
Clearance is provided for the fire department to access fire hydrants and access fire department connections.