

TEMPORARY FSO/RFE APPLICATION

| Festival/Event Info | | Operator Info | |
|--|--|---|--|
| Festival/Event Name Festival/Event Location | | Name | |
| | | | |
| · | | City/State/Zip Cell Phone | |
| Address Stop Date | te | Email Address | |
| PERSON-IN-CHARGE | | | |
| and can answer questions correctly be present at the Temporary Food S LIST THE N What time will you start setting up? What time will you start preparing f What is the desired time for inspect MENU All food must be purchased from a least of the second | regarding food safet Service at all times. IAME(S) OF THE PERSO P food? (hours of operation to take place? | | |
| service location by a method appro- Please use the below boxes to indic | | | |
| Food Items | Source? | How will you keep food cold (below 41F) or food hot (above 135F)? | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Office use only: S | anitarian district | Initials of person who received paperwork | |

HAND WASHING FACILITIES

| | shing system shall be used whenever exposed food is available. This shall consist of warm water, |
|-------------|--|
| | er towels, and trash. Water shall come from an approved source. will you be getting your water? |
| | off what you will provide: |
| | Insulated Thermos-style container with free-flowing spout |
| | Portable hand sink, provide make & model #: |
| | Other, please describe in detail: |
| _ | other, preuse describe in desam |
| | Providing hand sanitizer to use <u>after</u> hand washing is recommended. Hand Sanitizer is to be used as an addition to hand washing, not as a replacement. |
| FOOD STO | RAGE |
| How will fo | ood be protected from contamination: |
| Bare Hand | Contact is not allowed with ready-to eat and cooked foods. A barrier shall be in place between the |
| | d the food. |
| Check off v | what items you will provide to accomplish this: |
| | Single-use disposable gloves |
| | Tongs, spoons, utensils |
| | Deli tissue |
| | Other, please describe in detail: |
| | |
| COLUDBAC | NT AND LITERICIES |
| | NT AND UTENSILS |
| | em thermometer will need to be available to take temperatures of the food. Please indicate below |
| | of thermometer you will be using: |
| | off which style you have: Digital thermometer 0°F to 220°F |
| | Dial-face thermometer 0°F to 220°F |
| | Dial-face thermometer of to 220 F |
| A 3-Compa | artment sink or bucket system shall be provided and used with an approved sanitizer for washing, |
| • | I sanitizing of equipment and utensils. |
| - | which type of containers you will provide: |
| | Dishpans Control Contr |
| | Buckets |
| | Other, please describe in detail: |
| | |
| | The use of disposable dishes & utensils is recommended whenever possible. |
| Check | off which chemical sanitizer you will provide: |
| | Plain chlorine bleach |
| | Quat ammonia liquid and Sanitabs |
| | |

| Check off which sanitizer test paper you will provide: Chlorine Test Papers are for Plain Chlorine Bleach (50-100ppm is required) pHydrion QT-10 or QT-40 Test Papers are for Quat Ammonia liquid and Sanitabs (150-400ppm is required) |
|--|
| TEMPORARY LAYOUT |
| n the box provided below, please draw a diagram of your temporary food booth. Make sure the following tems are included: -Hand washing station -Dishwashing (3 buckets or sinks) -Location of equipment, coolers, etc -Prep tables -Service area |
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Top Ten Steps to Safe and Sanitary Temporary Food Events

1. Permits

You must fill out and return the Temporary Food Event Application/information form with payment to the Toledo-Lucas County Health Department. This will allow the Toledo-Lucas County Health Department to know where the event will be held, what you plan to serve, where the food will come from, how you will prepare and transport the food and the precautions that you will take to keep your food safe.

2. Booth

Design your booth with food safety in mind. Make sure that your booth is appropriate for the venue, and that equipment used for food safety is acceptable (e.g. Chafers with Sternos are not recommended in outdoor settings). The ideal booth will have an overhead covering, be entirely enclosed except for the serving window and have only one door flap for entry. Only food workers may be permitted inside the food preparation area. No animals or children allowed in the booth

3. Menu

Keep your menu simple, and keep TCS foods (meats, eggs, dairy products, potato salad, cut fruits, and vegetable, etc.) to a minimum. Cook to order, so as to avoid the potential for foodborne illness. Use only foods from approved sources. **Do not use food that has been prepared at home.** If food needs to be transported from a licensed facility, use refrigerated trucks or insulated containers to keep hot foods hot (above 135°F) and/or cold foods cold (below 41°).

4. Cooking

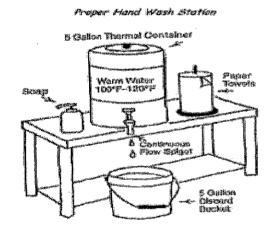
Use a food thermometer to check cooking and cold holding temperatures of all food. Whole pork, whole beef and seafood to 145°F; Hamburgers and other ground beef should be cooked to 155°F; poultry to 165°F.

5. Hand Washing/Food Handling

You shall have a hand washing facility available at all times. It must have warm running water under pressure, or gravity flow (such as a large urn full of water) for hand washing. Soap dispenser, a roll of paper towels and a bucket to collect waste water shall also be provided.

6. Health and Hygiene

Only healthy workers can prepare and serve food. Anyone who shows symptoms of disease: nausea, vomiting, fever, fever with sore throat, diarrhea, jaundice, or who have open sores or infected cuts on the hands are not allowed in the food booth. Workers shall wear clean outer garments and shall not smoke in the booth.



7. Dish Washing

Use disposable utensils for food service. <u>Wash equipment and utensils in a 3-step process</u>: wash in hot, soapy water, rinse in hot water, rinse in chemical sanitizer. Utensils and dishes shall be air dried.

8. Ice

Ice used to cool cans and bottles should not be used in drink cups. Ice used for drinks should be stored separately. Use a scoop to serve ice, never the hands or cup.

9. Wiping Cloths

Prepare sanitizing solution according to manufacturer's specifications. Use proper test strips to make sure that solution is at the proper concentration (50-100ppm for chlorine, 150-400ppm for Quat). Check the solution every hour and change if it is not the proper concentration.

10. Insect Control and Trash

Keep foods covered to protect them from insects. Place garbage in a trash can with a tight fitting lid.



Food Safety Checklist for Temporary Events

| nent Ch | necklist | | |
|--|---|--|--|
| ☐ Hand washing supplies | | | |
| 0 | Continuous flow of warm running water of 100°F or greater | | |
| 0 | Bucket to catch waste water | | |
| 0 | Soap | | |
| 0 | Paper towels | | |
| Gioves | 5 | | |
| ☐ Thermometer that reads 0°F to 220°F | | | |
| ☐ Extra utensils | | | |
| 3-compartment sink set up for cleaning utensils, with compartments big enough to hold your | | | |
| largest piece of equipment | | | |
| ☐ Sanitizer and sanitizer test kit | | | |
| ☐ Hot and cold holding equipment for ALL TCS foods | | | |
| Mechanical refrigeration for overnight storage | | | |
| Separate containers for washing vegetables | | | |
| ☐ Ice scoop with handle, if you are using ice | | | |
| Bucket for sanitizing wiping cloths | | | |
| | | | |
| All Trye | ers and grills must have a metal covering such as a lid or metal awning | | |
| | Hand of o o o o o o o o o o o o o o o o o o | | |

Application for a License to Conduct a Temporary: (check only one) ☐ Food Service Operation Instruction: Retail Food Establishment 1. Complete the applicable section. (Make any corrections if necessary.) 2. Sign and date the application. 3. Make a check or money order payable to: Toledo Lucas County Health Department 4. Return check and signed application to: Toledo-Lucas County Health Department 635 N Erie Toledo, OH 43604 Before the license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code. Name of Temporary food facility: Location of event: Address of event Email City State Zip Start date: End date: Operation time(s): Name of license holder: Phone number: Address of License holder Email City State Zip List all foods being served/sold I herby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above: Signature Date Licensor to complete below Valid date(s): License fee: Application approved for license as required by Chapter 3717 of the Ohio Revised Code. Ву Date Audit no. License no.

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