

TEMPORARY FOOD OPERATION



REQUIREMENTS REQUIREMENTS

CRAWFORD COUNTY GENERAL HEALTH DISTRICT

130 N. Walnut St., Suite B
Bucyrus, Ohio 44820

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EMAIL

Environmental@crawford-co.org

CHECK HOW ALL FOODS WILL BE TRANSPORTED TO THE SITE:

Refrigerated Truck

Hot Boxes/Hot Thermalized Containers

Cooler Chest with Ice

Other (Explain): _____

CHECK TYPE OF HANDWASHING FACILITIES TO BE USED:

Handsink (with hot & cold water)

Disposable Wet Wipes

Coffee Urn

NOTE: SOAP & PAPER TOWELS MUST BE PROVIDED WITH THE HANDSINK AND URN OPTIONS

CHECK HOW ALL UTENSILS AND EQUIPMENT WILL BE WASHED, RINSED, AND SANITIZED

Fully Functional Three-Compartment Sink

Three (3) Individual Buckets, Dishpans, Tubs, Etc.

NOTE: A PROPER SANITIZER MUST BE USED IN EITHER OPTION (Check Attached Regulations for Proper Sanitizers)

CHECK THE TYPE OF HAIR RESTRAINT TO BE WORN BY EVENT WORKERS:

Hair Nets

Visors

Ball Caps/Hats

CHECK HOW ALL WASTE PRODUCTS WILL BE REMOVED FROM THE SITE:

Deposited in Proper Waste Containers/Bags and Removed by Event Personnel

Deposited in Proper Waste Containers/Bags and Removed by Owners of the Site

**INDICATE THE TYPE OF FLOORING TO BE PROVIDED UNDER THE ENTIRE TEMPORARY OPERATION:
(Only necessary if Temporary Operation is to be located on exposed soil, gravel, or grassy areas)**

Wood Panels/Wood Planks

Other (Explain): _____

IN THE SPACE BELOW, PROVIDE A DIAGRAM OF HOW THE ENTIRE TEMPORARY LOCATION WILL BE SETUP:

Crawford County General Health District

TEMPORARY FOOD OPERATION REQUIREMENTS

Obtaining a Temporary Food Operation License



1

A temporary food operation license must be obtained for any event where foods are being prepared or served for a charge or required donation.

A temporary event is an event that operates over a period of 5 days or less. If an event spans a period longer than 5 days, a separate license must be obtained for each 5-day period.

Only 10 temporary licenses are permitted to be taken out by one person or group per year.

2

To obtain a temporary food operation license, the attached application must be completed and submitted with the fee to the Crawford County Health Department at least three (3) days prior to the planned event.

3

The application outlines information that is necessary for obtaining the license. Listed below is a listing of some of the information necessary for completing the application.



A diagram of the layout of the temporary location



A listing of all foods to be served.



Equipment used to keep foods hot and cold.



Water source and how hot water will be obtained.



Setups used for dishwashing and handwashing.

CRITICAL REQUIREMENTS

APPROVED SOURCES

All foods must be obtained from approved sources

- Grocery Stores
- Food Suppliers (Sysco, GFS, etc.)
- Meat Shops (Carles, Gochenours, etc.)



PREPARATION

All foods must be prepared at the licensed temporary location or in a licensed food operation.

Foods CANNOT be prepared in the home and transported to the site.

As well, home-canned foods cannot be used as ingredients in foods or sold at the temporary location.



HOT HOLDING

Hot foods must be held at **135° F** or higher at all times. The following items may be used for hot holding of foods.



Grills



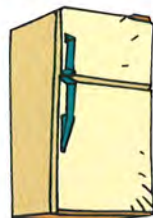
Crockpots



Roasters

COLD HOLDING

Cold foods must be held at **41° F** or colder at all times. The following items may be used for cold holding of foods.



Refrigerators



Ice Chests

DISHWASHING

Proper dishwashing of utensils must occur through the use of a three (3) bin sink system. This may be accomplished in several ways.



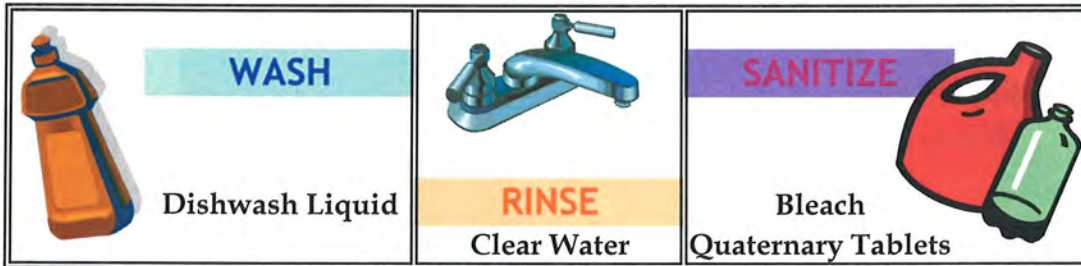
Using an actual three-bin sink

OR



Using a three bucket or dishpan setup

Proper Three-Compartment Sink Setup



SANITIZER

A proper sanitizer must be used in the 3-bin sink setup and a proper test kit must be used to test the sanitizer level.



Bleach = Chlorine Test Kit

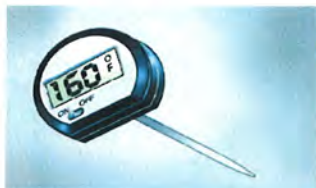


Quaternary Tablets = Quaternary Test Kit

TEST KITS

THERMOMETER

A proper thermometer (dial, digital, etc.) must be provided for checking cooking, hot holding, cold holding, and storage temperatures. Any thermometer used must contain a range of 0° - 220° F.



HANDWASHING

Handwashing facilities must be provided to ensure all persons working at the temporary location have the ability to wash hands frequently. Acceptable hand washing facilities:



Handwash Sink
with
Hot & Cold Water



Coffee Urn
for
Hot Water



Disposable
Wet Wipes

Both of These Options
Require Soap &
Disposable Towels



BARRIERS

Barriers must be used when handling **READY-TO-EAT** foods. Examples of acceptable barriers include:



Gloves



Tongs



Food Tissue

HAIR RESTRAINTS

Hair Restraints must be worn when preparing and serving foods. Acceptable hair restraints include:



STORAGE & FLOORING

Ensure all food storage is up and off the ground and that all foods are kept covered. If the temporary location is in an unpaved area with exposed soil/grass, flooring of smooth, cleanable construction must be laid under all storage, food preparation, and serving areas.



Use
Crates, Tables, Etc
to elevate food
and
food equipment



Use Foil,
Plastic Wrap
or similar
coverings for
foods



Use
Wood Panels,
Wood Planks,
or similar smooth
materials for flooring

Application for a License to Conduct a Temporary: (check only one)

Instructions:

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:
4. Return check and signed application to:

- Food Service Operation
 Retail Food Establishment

CRAWFORD COUNTY
GENERAL HEALTH DISTRICT
 130 N. WALNUT ST., SUITE B
 BUCYRUS, OH 44820

Before 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			
City		State	ZIP
Start date	End date	Operation time(s)	
Name of license holder			Phone number
Address of license holder			
City		State	ZIP
List all foods being served/sold			

I hereby 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
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Licensors to complete below

Valid date(s)	License fee:
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.