



**Adams County
Health Department**

Public Health
Prevent. Promote. Protect.

Environmental Health &
Emergency Preparedness

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TEMPORARY FOODSERVICE REQUIREMENTS

The application and fee must be received at least 5 days prior to the event or the license may not be issued.

License fees are non-refundable.

Fee: Profit License: \$60.00 per day

Non-Profit: \$30.00 per day

INSTRUCTIONS: Please read each requirement carefully. Your license will be issued to you after an inspection of your facility is conducted to verify compliance at the event.

FOOD SOURCE:

- All food must be prepared at the event or:
 - In a licensed food service operation
 - Purchased commercially
 - No home cooked foods allowed

FOOD TEMPERATURE:

- All foods subject to spoilage must be kept:
 - Below 41°F or lower
 - Above 135°F
- Have probe thermometer available to determine these temperatures
- Use disposable gloves, utensils, wax paper, aluminum foil or plastic wrap when handling ready to eat foods.
- Hair restraints or hats must be worn when preparing food.
- Condiments must be provided in individual packets, pumps or squeeze type containers.
- No smoking or chewing tobacco in food prep/serving areas.
- Use of pesticides is prohibited during preparation and serving hours.

FOOD AND UTENSIL STORAGE:

- Store all food products and utensils at least six (6) inches off the ground and protect them from dust and insects, etc. (Please keep all food products covered.)
- Utensils must be either washed-rinsed-sanitized between uses or stored in foods.

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FOOD PROTECTION:

Foods on display for sale must be kept covered.
A sneeze guard is recommended for any self-service or display items.

HANDWASHING:

Provide hand washing facilities with soap and disposable towels.
An insulated spigot style cooler is acceptable with soap, paper towels, and a catch basin to collect water.

CLEANING AND SANITIZING PROCEDURES:

Proper cleaning of utensils and equipment is wash, rinse, and sanitize in three separate compartments. Three separate plastic dish tubs may be used. (Unscented bleach may be used as a sanitizer.)
Two (2) tablespoons of bleach per gallon of water is acceptable (concentration of 200 ppm).
Sanitizer test strips need to be used to check sanitizer concentration.
Dishes must be air-dried.

REFUGE STORAGE AND COLLECTION:

Trash must be stored in durable, cleanable receptacles with tight fitting lids.

WATER SUPPLY:

Water must be from an approved source: county water or an approved well.

WASTEWATER:

Shall be stored in a holding tank or discharged in sanitary sewer.
Gray water may not be dumped on the ground or run into a storm sewer.

TEMPORARY FOOD SERVICE OPERATION APPLICATION

Organization

Name: _____

Organization

Address: _____

Person In Charge of

Food: _____

Address of

Event: _____

Telephone number

(Home): _____ Work/cell: _____

Name and Date of

Event: _____

Day and Time of

Setup: _____

When will you be ready for inspection? (Date /Time)

Date and location of where the food will be prepared (if not on site):

Where will food be

obtained? _____

List all foods and beverages you plan to sell: All foods served must be able to be made on site or purchased commercially. Please indicate next to each food item an (MO) for made on site or a (P) for purchased.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Will there be any support facilities, i.e. stock trucks, primary cooking facility, etc?

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How will you keep foods hot (above 135°F)? _____

How will employees wash their hands? _____

Is this event inside or outside? _____

How will you keep the food covered? _____

What type of equipment will you use at the sale site for preparation of food items? _____

How will you keep the work area clean and sanitized? _____

Where will you wash and sanitize your utensils? _____

Draw a floor plan/layout of the operation as close to scale as possible. Please make sure to include: any cooking equipment, any hot/cold storage equipment, hand wash and utensil wash stations.

I certify that the above information is true to the best of my knowledge and that if there are additions or deletions in the information provided, I will contact the Adams County Health Department at (937) 544-5547 prior to operation.

Signature/Date

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