



SAN BENITO COUNTY

HEALTH & HUMAN SERVICES AGENCY

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HEALTH OFFICER

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DIRECTOR

PUBLIC HEALTH SERVICES
Healthy People in Healthy Communities

TEMPORARY FOOD FACILITY OFFICIAL INSPECTION FORM

Name of booth: _____

Name of Owner/Operator: _____

Telephone number: () _____ Address _____

Booth Construction

1. Name of booth/business is visible: YES ___/NO ___
2. Booth is fully enclosable/screened: YES ___/NO ___
3. Pass-thru windows are screened/closeable: YES ___/NO ___
4. Tarp or adequate flooring if booth is on grass or dirt: YES ___/NO ___
5. Garbage/Trash receptacles available: YES ___/NO ___
6. Waste water disposal available: YES ___/NO ___

Comments: _____

Food Holding/Storage

1. Adequate ice or mechanical refrigeration to maintain cold foods (Potentially Hazardous Foods) below 41 degrees F: YES ___/NO ___
2. Adequate hot holding units (mechanical or sterno chafing/warming pans with lids) to maintain PHF hot foods above 135 degrees F: YES ___/NO ___
3. Bimetal or digital thermometer available: YES ___/NO ___
4. All prepared food items are stored in sealed containers or bags: YES ___/NO ___
5. All food items are stored at least 6 inches off the ground: YES ___/NO ___
6. Approved storage for leftover PHFs that will be used for following day: YES ___/NO ___

Comments: _____

Utensil and Equipment Washing/Sanitizing

1. A 3 compartment sink or equivalent (3 containers/buckets), that can accommodate the largest utensil, of hot soapy water/clean rinse water/ and sanitizer is available at all times during operation: YES ___/NO ___
2. Fresh potable water source available: YES ___/NO ___
3. Sanitizer available (i.e. bleach): YES ___/NO ___
4. Disposable paper towels: YES ___/NO ___

Comments: _____

Hand Washing Station (at or inside booth)

1. Clean water source available: YES ___/NO ___
2. Liquid soap in dispenser available: YES ___/NO ___
3. Disposable paper towels available: YES ___/NO ___
4. Waste bucket or receptacle for waste water: YES ___/NO ___

Comments: _____

Restroom Facility

1. A restroom/toilet facility must be available within 200 feet: YES ___/NO ___
2. Hand washing facilities are available at restroom/toilet facilities: YES ___/NO ___

Comments: _____

PUBLIC HEALTH SERVICES
439 Fourth Street
Hollister, CA 95023
831-637-5367

MEDICAL THERAPY UNIT
761 South Street
Hollister, CA 95023
831-637-1989

ENVIRONMENTAL HEALTH SERVICES
1111 San Felipe Road, Ste 102
Hollister, CA 95023
831-636-4035

HEALTH EDUCATION PROGRAMS
439 Fourth Street
Hollister, CA 95023
831-637-5367

EMERGENCY MEDICAL SERVICES
439 Fourth Street
Hollister, CA 95023
831-637-5367