CCHD CITY-COUNTY HEALTH DEPARTMENT

For Office Use Only
Date Application Received: _____ By (Initial):_____
Date Payment Received:_____ By (Initial):_____
☐ **Check here if FEE EXEMPT**

TEMPORARY FOOD SERVICE (TFS) PLAN REVIEW APPLICATION

Temporary Food Service Plan Review Categories (check one)

Please make check or money order payable to CCHD

☐ **$100** Establishments with 2 or fewer employees working at any one time at event **(includes first permit)**

☐ **$135** Establishments with more than 2 employees working at any one time at event **(includes first permit)**

☐ **Fee Exempt** Non-Profit Organization (as defined in 50-50-102 MCA)

☐ **$60** Expedited Fee: Required for application submitted 3 or less business days prior to event date

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Licensee Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Telephone: (____) _____ **Contact FAX: (____)** _____

Contact Email Address: _____

TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW ATTACHED REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.

I hereby certify that the information I have supplied is true and correct. Upon approval, I agree to operate by the standards outlined in the following Temporary Food Service Plan Review. I understand any future changes to the Temporary Food Service Establishment menu and/or set-up will require submission of a new Temporary Food Service Plan Review Application.

Licensee Signature: _____ **Date:** _____

Section below to be completed and signed by the Regulatory Authority ONLY!

Approved Menu:

_____

_____

License Limitations and Restrictions: _____

Plan Review Approved? ☐Yes ☐No Reason(s) for denial:_____

Regulatory Authority Name (Print):_____

Signature:_____ Date: _____

List each food to be served and identify how it will be prepared (cooking, thawing, hot and cold holding) and where it will be prepared (on site or in a licensed kitchen).

Food	Preparation Steps and Location
Hamburger	Will buy pre-formed patties at grocery store. Will transport to event in cooler with ice. Raw meat will be in separate cooler from other foods. Will keep on ice until ready to cook. Will cook on grill. Will hold in roasting pan above 135°F. Will throw away all patties left at the end of the day.

For Food items that will be prepared at other locations, provide the following information:

Retail Food Establishment Name: _____ License #:_____

Address: _____

Name of License Holder: _____ Phone #: _____

Sketch the general layout of the Temporary Food Establishment, indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage

Food Service Operation Details

Utensils and Equipment (When Applicable) ☐ Single-serve eating and drinking utensils ☐ Multi-use kitchen utensils **Type of Utensil Washing Setup:** ☐ Three basin setup ☐ Shared three compartment sink ☐ Three compartment sink within a food establishment **Sanitizer to be used:** ☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine	**Handwashing Facilities (When Applicable)** Provided by : ☐ Event Coordinator ☐ Temporary Food Operator **Type of handwashing facility:** ☐ Gravity-fed water with spigot/bucket ☐ Self-contained portable unit (with potable water and waste water holding tanks) ☐ Plumbed with hot and cold water under pressure ***Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing sinks.***
Food Storage or Display Equipment Identify all holding equipment that will be used:	**Toilet Facilities for Food Employees** Provided by : ☐ Event Coordinator ☐ Temporary Food Operator
Cooking Equipment Identify all cooking equipment that will be used:	**Electrical Supply:** ☐ Refrigerator or Freezer available ☐ Lighting available
Food Transportation Identify how food will be transported to event:	**Refuse Removal** Identify responsible party for waste removal:
Food Employees (When Applicable) Certified Food Manager available ☐ Yes ☐ No Name: _____ # of food employees: ____	**Liquid Waste Removal** Identify responsible party for liquid waste removal: Frequency of liquid waste removal:_____per day

PERMIT INFORMATION

****MUST HAVE ANNUAL TEMPORARY FOOD SERVICE PLAN REVIEW APPROVED AND ON-FILE (p. 1-4) ****

The first permit is included as part of the plan review fee.

*For future events occurring in Cascade County during the **same** calendar year:*

Temporary Food Service (TFS) operators may submit a "Temporary Food Service Permit Application" for the event **only when the approved plan will be followed (no menu and/or set-up changes)**

*For future event during a **different** calendar year **OR** changes to the approved menu/set-up for events in same calendar year:*

A new plan review must be submitted for review and approval

Name of Temporary Event: _____

Temporary Event Physical Location: _____

City: _____ **Zip code:** _____ **County:** _____

Dates of Operation: _____ **To** _____ **Total Days Operating:** _____
(Start Date) (Last Day)

ON-SITE EVENT INFORMATION	
Event Organizer's Name:	**Event Organizer's Telephone Number:**
TFS On-site (Person-in-Charge) Name:	**TFS On-site Contact Telephone Number:**
Hours of Operation (include time set-up will begin):	**Anticipated Maximum Attendance at Peak Time:**
Event Location (select one): ☐ Indoor Event ☐ Outdoor Event **Will event occur regardless of weather conditions?** ☐ Yes ☐ No	**Facility Type (select one):** ☐ Booth ☐ Mobile Food Establishment ☐ Permanent Building ☐ Food Cart

I hereby certify that the information I have supplied above is true and correct. Additionally, I agree to operate by all standards outlined in the approved TFS Plan Review on-file for the establishment. I understand any menu and/or set-up changes made without prior health department approval will invalidate the permit and may result in closure of the temporary food establishment.

Licensee Signature: _____ **Date:** _____

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Permit Approved? ☐ Yes ☐ No Reason(s) for denial: _____

Regulatory Authority Name (Print): _____

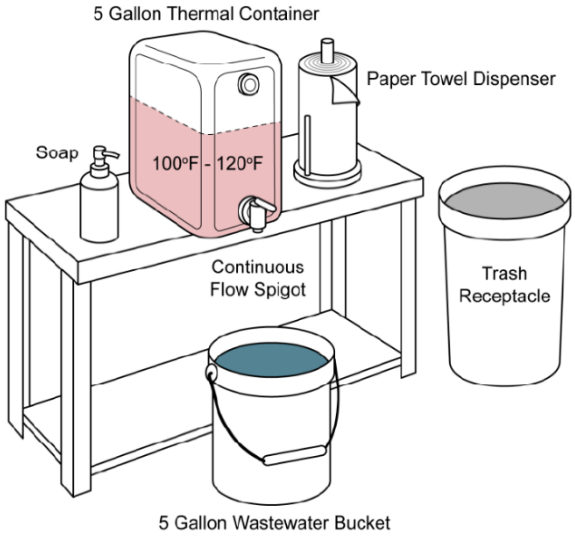
Signature: _____ Date: _____

MINIMUM REQUIREMENTS FOR SAFE FOOD HANDLING



1. **Holding temperatures:** **Hot food ≥ 135°F** **Cold food ≤ 41°F**
2. **Cooking temperatures:** **Whole Beef/Pork ≥ 145˚F** **Ground Beef/Pork ≥ 155˚F** **Chicken ≥ 165˚F**
3. **Reheat temperature** (heating precooked food)**: ≥ 165°F**
4. **Thermometers:** Metal stem food thermometer must be available to check food temperatures. Cold holding equipment must have ambient air thermometers.
5. **Thawing procedures:** Thaw under cold, running water (≤ 70°F) or in fridge (≤ 41°F).

Temporary Handwashing Sink



6. **Wash hands** thoroughly before putting on disposable gloves or handling food; after visiting a restroom, smoking, eating, or drinking; after handling raw meats, garbage, soiled linens, or dirty dishes; or any time hands become contaminated. Highly recommend assigning staff to specific duties to limit the chance of contamination and reduce the need for handwashing (e.g., one person work register, other prepare food).
7. **No bare hand contact with ready-to-eat (RTE) foods!** Disposable food handler gloves, deli paper, or utensils **must** be used when handling or serving RTE foods (e.g., cooked foods, buns, salad).
8. **Exclude ill individuals from food prep**! Staff with diarrhea, vomiting, jaundice, sore throat with fever, skin infection, open or draining wounds, or with uncontrolled cough, runny nose or sneezing must not prepare food.

9. **Separate raw foods from cooked or RTE foods** during food prep and storage.
10. **Wash raw fruits and vegetables** before being served or cooked.

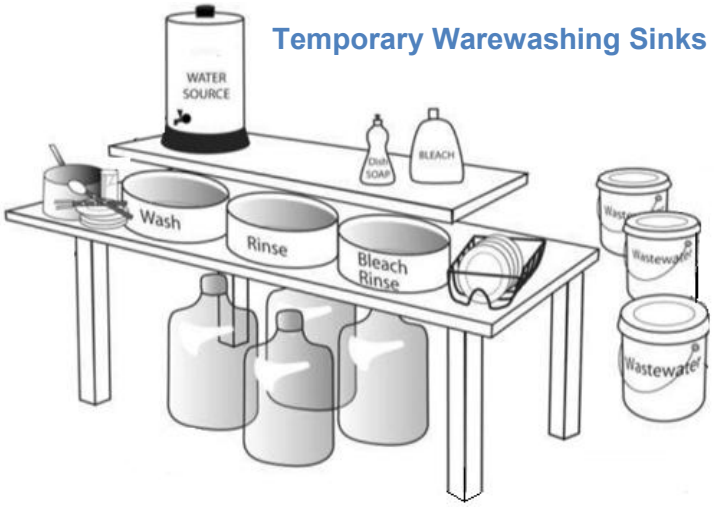
11. **Clean and Sanitize food contact surfaces** (e.g., tables, counters, cutting boards) prior to use, at least every 4 hours during use, and after contact with raw meats.
    a. **Bleach Sanitizer:** mix ½ cap regular, unscented bleach/gal. water (100 ppm chlorine).
    b. **Quaternary Ammonium Sanitizer:** mix as directed on container (150-400 ppm QA).
    c. **Use appropriate test strips to test concentration.**
    d. **Store in-use wiping cloths in sanitizer bucket.**







Temporary Warewashing Sinks



12. **Clean and sanitize all utensils and dishes** in this order: **Wash > Rinse > Sanitize > Air dry**. Mix sanitizer as describe above. If utensil such as knives, tongs, or spatulas are used continuously, clean and sanitize at least every 4 hours or bring extra clean utensils.