



Temporary Food Plan Review

A guide to starting a Temporary Food Service Operation (FSO) or Temporary Retail Food Establishment (RFE) facility in Erie County, Ohio.

All Temporary Food Service Operations and Retail Food Establishments are required to have a license prior to opening or operating in Erie County.

Erie County Health Department: 420 Superior St. Sandusky, OH 44870

Phone: 419-626-5623 Fax: 419-624-3358

Where to Start?

This is a helpful guide produced by Erie County Health Department, Environmental Health Division to aid in the planning of your temporary food business.

Any temporary food service operations or retail food establishment requires a plan review application and payment to be submitted 10 days prior to the start of the event. An inspection will be completed on the first scheduled date of the event indicated on the plan review application.

All plans submitted will be reviewed by the assigned Sanitarian in our Food Safety Program to ensure compliance with the Ohio Uniform Food Safety Code (Chapter 3717-1).

All temporary units are limited to serve at an event for no more than **5** consecutive days. As an owner or government entity, you are not permitted to acquire more than **10** temporary permits within a licensing year, starting March 1st and ending the last day of February the consecutive year.

Temporary Food Service Operations and Retail Food Establishments may conduct business at fairs, festivals or other events. This would require the establishment to be self-sufficient and adequately provided with all necessary equipment, space and plumbing for the intended operation.

Plan Requirements

A layout of your temporary establishment, equipment list and menu must be submitted to and approved by our department before operation. You must submit your temporary food service operation or retail food establishment plans no later than 10 days prior to the start of the event.

All electrical, fire and plumbing components must meet current codes and standards. If your temporary location falls outside municipal water connections additional water sample analysis or another approved water supply will be required before operation can occur.

Please read this packet carefully as it covers specific requirements and other information pertinent to the plan review process. For a complete list of rules and regulations please see the Ohio Uniform Food Safety Code. If you should have any questions, please contact our department.



License Fee and Fee Schedule

Payment is accepted in the form of cash, credit card, money order, bank certified check or company check.

Personal checks will not be accepted.

All fees subject to change.

Temporary Food License Fees are non-refundable.

<u>Risk Level</u>	<u>Total Fee</u>
Temporary Events	\$85.00

Approved Sources

Foods intended for use inside of your temporary unit or location must come from an approved source. An approved source is one that is inspected locally, or at the state or national level. Foods may be purchased from any retail grocery store or food vendors. Foods that are considered **unsafe** or **unapproved** sources are foods made from home. Only acceptable forms of foods prepared from home: licensed home bakery foods, non-perishable baked goods under cottage food rules and regulations, candy, jam, jelly and fruit butter. All foods made or brought from an unapproved source will be subject to destruction or embargo.

Equipment

All equipment intended for use at the temporary event must be able to sufficiently cook and hold foods at proper temperatures. Cold holding products need to be kept at 41°F or below and hot holding products need to be kept at 135°F or above. Non-commercial pieces of equipment are permitted for use, if they are sufficient in capacity to hold foods at proper temperatures.

Single Use Gloves

Single Use gloves may be worn to protect bare hand contact with Ready-to-Eat (RTE) foods.

When using single use gloves, you must choose the correct size.

Latex Gloves are not permitted to be used in food facilities.

Single-Use gloves do not replace handwashing.

Approved non-latex gloves permissible for use include: nitrile, polyethylene and vinyl.



Thermometers





Food thermometers are required at your temporary food location. **Thin-tipped thermometers** are required for thin meats, cheeses and other food products.

Thermometers are also required in every cold holding piece of equipment and hot holding piece of equipment. Cold holding equipment: shall have a thermometer in the warmest part of the cold holding unit, normally by the door.


Hot holding equipment: shall have a thermometer in the coldest part of the hot holding unit, normally by the front/door.



Plumbing Fixtures

	<p align="center"><u>HAND WASHING STATION</u></p>	<p align="right"><u>Requirements:</u></p> <ul style="list-style-type: none"> • Soap • Drying Method • Signage • 100°F water • Trash receptacle
	<p align="center"><u>WASTE WATER TANK OR BLUE BOY</u></p>	<p>Made with safe and durable materials on an enclosed system and sloped to drain. Capacity must be 15% greater than water inlet supply tank. Must be disposed at an approved location.</p>
	<p align="center"><u>WATER SUPPLY HOSE</u></p>	<p>Made with drinking water qualities that are clearly marked food grade or NSF. Each unit requires a back-flow prevention device whether filling a tank or on direct water connection. Green garden hoses are not</p>
	<p align="center"><u>WAREWASHING TUBS REPLACEMENT OF CONVENTIONAL SINKS</u></p>	<p>Required to have 3 plastic or other approved material tubs for use as a 3-comp sink. Must be large enough to accommodate largest piece of equipment by half. Temperature and concentration requirements still in effect.</p>

Chemical Use

Sanitizers for Warewashing	Type of Chemical	Required Test Strips	Required Parts per Million (PPM) Concentration
	Quaternary Ammonia "Quat"	Quat test strips	200-400 PPM
	Chlorine "Bleach"	Chlorine test strips	50-100 PPM

Plan Requirements Checklist

- ◆ Plan Review Application
- ◆ Fee Payment
- ◆ Type of Establishment: FSO or RFE
- ◆ Menu
- ◆ Floor Plans (drawn to scale) to Include:
 - ◆ Equipment List
 - ◆ Equipment Location
 - ◆ Plumbing Fixtures (hand sink & 3-comp sink/tubs)
 - ◆ List of floor and covering finishes

Office Use Only

Approved by: _____ Date Approved: _____ License # : _____ Audit #: _____

**Return the following pages to:
Erie County Health Department : 420 Superior St. Sandusky, OH 44870
Phone : 419-626-5623 Fax : 419-624-3358**

Contact Information

Date of Application: _____

Event Start Date: _____ Event End Date: _____

Establishment Name: _____

License Holder Name: _____

License Holder Address: _____

E-mail: _____ Phone: _____

Contact for plans if different from above: _____

E-mail: _____ Phone: _____



Statement of Understanding

I understand that the Erie County Health Department has **10 days** to review my plans for a temporary food license once they are submitted.

I understand that incomplete plans may delay the plan approval process.

I understand this temporary permit (if granted) is limited to 5 consecutive days.

I understand I'm not permitted to acquire more than 10 temporary permits within 1 licensing year.

I understand it is my responsibility to comply with the Ohio Uniform Food Safety Code 3717-1.

By signing this statement any information submitted is believed to be true and accurate.

I acknowledge that an incomplete plan review application will delay the process of obtaining my plan approval.

Signature

Date

Approved Food Sources

Please attach additional sheets as necessary.

Check where foods will be prepared (Check all that apply):

At the temporary location

At a licensed food facility*

Name, Address, City

List **all** menu items that may be sold/served during the temporary event.
Items not included on this list cannot be sold/served at the temporary event.

Menu Item	Supplier	Menu Item	Supplier
<i>Example: Burgers</i>	<i>Bob's Grocery Store</i>		
<i>Example: Cheese for Burgers</i>	<i>Bob's Grocery Store</i>		

Method for storing food prior to event:

All food will be purchased the day of the service

At a support facility:

Name, Address, City

Food thermometer available at temporary location:

Thin tipped digital thermometer

Dial face thermometer

Return to : Erie County Health Department: 420 Superior St. Sandusky, OH 44870

Phone: 419-626-5623

Fax: 419-624-3358

Processing Questions

Please attach additional sheets as necessary.

1. Transportation method for hot and cold foods (Check all that apply):

Insulated Cooler Refrigerated Truck Other: _____

2. Cold holding equipment to maintain food 41°F or colder:

Refrigerator Refrigerated Truck/Trailer Freezer Dry Ice
 Other: _____

3. What equipment will be used to cook foods?

Grill Fryers Stove Oven Other:

4. Hot holding equipment to maintain food 135°F or warmer:

Grill Roaster Units Stove Oven Other:

5. Hand washing equipment:

Portable hand sink(s) Coffee urn with spigot Other:

6. How foods will be protected from bare hand contact:

Gloves Tongs/Utensils Wax Paper/Aluminum Foil

7. Hot water source:

Supplied at event Heating water on site Other:

8. Dish washing equipment for equipment and utensils to be washed, rinsed and sanitized:

Three compartment sink Three tubs/pans (large enough to immerse equipment by at least 1/2)

9. Sanitizing method for dish washing:

Chlorine bleach (unscented) Quaternary ammonia Other:

10. Hair restraint effectiveness:

Hat/Visor Bandana Hairnet

11. Trash removal in proper waste containers/bags and removed by:

Event personnel Owners of the temporary

Return to : Erie County Health Department: 420 Superior St. Sandusky, OH 44870

Phone: 419-626-5623

Fax: 419-624-3358

Equipment List

Type	Use
<i>Refrigeration Unit</i>	<i>Beverages</i>

Type	Use

Surface Finishes List

Floors	Ceilings/Overhead Covering

Additional Information:

Floor Plan Drawing

Include doors, windows, service counters, equipment location including sinks and inlet water supply. This is a template for the set up of your temporary operation.

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

**Erie County Health Department
 Environmental Health Division
 420 Superior St.
 Sandusky, OH 44870**

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>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:</i>	
Signature	Date

Licensors to complete below

Valid date(s)	License fee: \$85.00
---------------	--------------------------------

Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.