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COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401 PO Box 1489, San Luis Obispo, CA 93406 Phone: (805) 781-5544 Fax: (805)781-4211

Email: ehs@co.slo.ca.us

MID-STATE FAIR

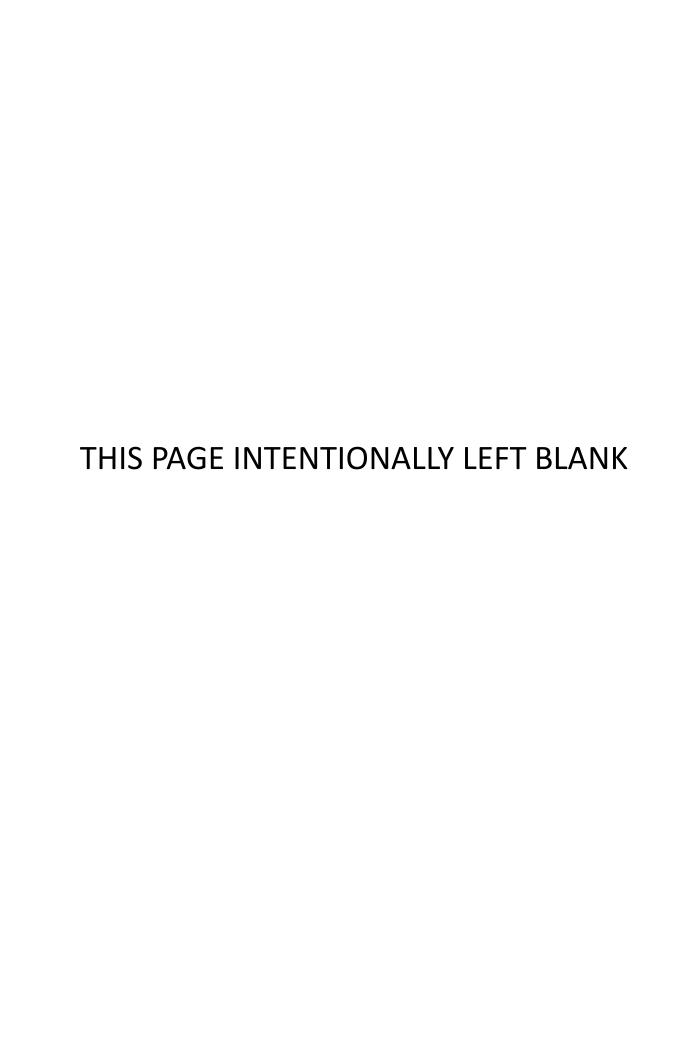
TEMPORARY FOOD FACILITY

MID-STATE FAIR

CHECKLIST ITEMS NECESSARY TO OPERATE AN APPROVED TEMPORARY FOOD FACILITY:

]	(keep this page as your event preparation checklist) Health permit (obtain from office)
	[] Application complete, submitted to health department <u>TWO WEEKS PRIOR</u>
	[] Health Permit Fees paid, submitted with application (fee exemption for nonprofit organizations and veterans, proof of nonprofit and/or VE form required)
	[] Approval by the Event Organizer
	[] Demonstration of knowledge (knowledge of food safety principles, see the "Temporary Food Facility Guidelines" handout on the web at: http://www.slocounty.ca.gov/TemporaryFoodFacilityOperationalRequirements)
]	Food from an approved source (shellfish tags provided)
]	Proper booth enclosure, floor covering; identification (full/partial enclosure dependent on operation)
]	Food, equipment, utensils: Approved; Protected from contamination
	[] sneeze guards
	[] customer self service (condiments, single service utensils)
	[] foods covered and off floor
	[] BBQ equipment barricaded from public access (risk and contamination prevention)
]	Appropriate cold and hot holding temperatures (cold food below 45° F, hot food above 135° F)
]	Foods cooked to the minimum required temperatures
]	A probe thermometer provided to verify proper holding and cooking temperatures
]	Hand washing facilities (water supplied under pressure, soap, paper towels, trash receptacle)
]	Utensil washing facilities (3 compartment sink to wash, rinse, and sanitize)
]	A container(s) of sanitizing solution with wiping cloths (100 ppm bleach or 200 ppm quat)
]	Trash and waste water disposal (waste water disposed of into sewer only)
1	Toilet facilities (available within 200 ft.)

PLEASE FILL OUT AND SUBMIT THE MID-STATE FAIR APPLICATION ON THE NEXT PAGE:





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MID-STATE FAIR TEMPORARY FOOD FACILITY APPLICATION

MID-STATE FAIR

MID-STATE FAIR TEMPORARY FOOD FACILITY INFORMATION

BUSINESS NAME/ BOOTH NAME				
BUSINESS MAILING ADDRESS				
BUSINESS TELEPHONE NUMBER				
BUSINESS EMAIL ADDRESS				
CONTACT DURING BOOTH OPERATION				
RESPONSIBLE PERSON(S) NAME(S)				
RESPONSIBLE PERSON(S) TELEPHONE NUMBER(S)				
RESPONSIBLE PERSON(S) EMAIL ADDRESS				
PERMIT INFORMATION PLEASE CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOUR BUSINESS:				
SERVING PREPACKAGED FOOD/ PREPACKAGED SAMPLES (NO OPEN FOOD/ NO OPEN FOOD SAMPLES)				
HAS A CURRENT SAN LUIS OBISPO COUNTY ISSUED TEMPORARY FOOD FACILITY MULTIPLE EVENT PERMIT				
PERMIT NUMBER EXPIRATION DATE				
HAS A CURRENT SAN LUIS OBISPO COUNTY ISSUED MOBILE FOOD FACILITY PERMIT				
PERMIT NUMBEREXPIRATION DATE				
REPRESENTS A NONPROFIT / CHARITABLE ORGANIZATION:				
TAX ID NUMBER PLEASE ATTACH A COPY OF YOUR 501C FORM				
QUALIFIES FOR VETERAN'S EXEMPTION : PLEASE PROVIDE ENVIRONMENTAL HEALTH AFFIDAVIT AND SUPPORTING DOCUMENTS.				
NONE OF THE ABOVE (FEE REQUIRED)				

PLEASE FILL OUT THE FOLLOWING PAGES TO COMPLETE YOUR APPLICATION FOR THE MID-STATE FAIR

REQUIREMENTS ARE BASED ON THE CALIFORNIA RETAIL FOOD CODE, CALIFORNIA HEALTH AND SAFETY CODE §113700-114437. §114381.2 STATES THAT A PERMIT APPLICATION MUST BE SUBMITTED TO THE ENFORCEMENT AGENCY BY EACH TEMPORARY FOOD FACILITY OPERATOR.

FOR OFFICE USE ONLY							
DATE RECEIVED	RECEIVED BY	ASSIGNED TO_	ENT	ERED BY ENTERE	D DATE		
PE#	AMOUNT DUE	_ AMOUNT PAID	CHECK OR CC	AUTH #	_ CASH		
NONPROFIT: 501	C FORM ATTACHED YES	☐ NO	VETERAN EXEMPT	PAPERWORK ATTACHED	YES NO		
PR#	SR#	FA#		INVOICE NUMBER			
INSPECTOR APPRO	OVED			DATE			

1. Descr	ibe the proposed menu/food items to be sold or given away to the public:
2. All fo	ods must be prepared on-site or in an approved commercial food facility (facility must possess a valid health department permit or registration). Check all that apply:
	I am preparing my food on-site
	I am preparing some or all of my food off-site. Name of off-site food facility:
	Indicate where food will be purchased/obtained (market/wholesaler name):
3. REQL	IIRED: Facility enclosures are required to protect food, utensils, plates, cups, napkins etc. from flies, dust, public
	contamination, bird droppings, etc.
	Fully enclosed temporary food booth with facility identification: Required for all facilities handling and serving non-prepackaged foods .
	Overhead protection, 4 walls of mesh or tarp, 12" X 18" pass through windows, washable flooring (washable flooring is not required when operating on concrete or asphalt)
OR	The required when operating on contracte or aspirary
	Open-air temporary food booth with facility identification: <u>Prepackaged foods only.</u> Overhead protection, 0-3 walls of mesh or tarp, and washable flooring (flooring is not required over concrete or asphalt).
4. Descr	ibe the materials used to construct the temporary food facility:
5. REQ L	IRED*: I will be providing handwashing facilities equipped to provide warm water (100°F) under pressure for a mini - mum of 15 seconds through a mixing valve or combination faucet, with pump dispensed liquid soap, paper towels, and a trash receptacle. NOTE: Glove use does not substitute hand washing; Hand Sanitizer may be used in conjunction with handwashing, but not in place of. Describe the materials and equipment used to provide the required handwashing facilities:
6. Descr	ibe how food temperatures will be maintained during transport from an approved food facility to the event:
Indicate	where food will be purchased/obtained:
7. Descr	ibe the proposed procedures and methods of food preparation and handling for all menu items:
	A barbeque will be used as part or all of the cooking process. The barbeque will be sufficiently separated from public
	access to prevent contamination of the food and injury to the public. (5 feet of separation is recommended.)
	A sneeze guard, cover, compartment or other approved method will be provided to protect my food, utensils and equipment from public contamination for customer self-service items and for food cooked or held on equipment positioned near the front of a temporary food facility, within range of the customers.
	Food samples will be provided. (Describe method of sample distribution below. Indicate what utensils will be used:
	D2-4
	Page 2 of 4

8. The following $\underline{\text{cold temperature control}}$ will be provided for the	cold holding of potentially hazardous food to ensure					
storage below 45° F:						
☐ Ice chests (food fully submerged in ice)	Freezer					
Ice bath and tubs	Refrigerator					
Refrigerated truck	Other (specify):					
9. The following hot temperature control will be provided for the $\ensuremath{\text{h}}$	not holding of potentially hazardous foods to ensure					
storage above 135°F (unserved food must be thrown awa	y at the end of each operating day):					
☐Camp stove	☐ Electric stove top					
☐ Steamtable and lids	Double steamer					
Sterno and hotel trays	Other (specify):					
I am providing.	tures and minimum cooking temperatures for the menu items					
An accurate probe thermometer will be provided and I will ensure that the proper temperatures of potentially hazardous foods are met and maintained.						
All unserved hot held potentially hazardous foods will be	discarded at the end of each operating day.					
11. During periods of non-operation, food will be stored inside or adjacent to my temporary food facility. During periods of non-operation, food will be stored inside my fully enclosed temporary food facility or other approved location. Food may not be stored inside a private home.						
12. REQUIRED*: Utensil washing station (*Required only for facilitiprovided by one of the following method(s):	es serving <u>unpackaged</u> foods). Warewashing facilities will be					
☐ Three compartment sink with two integral metal	drain boards					
☐ A centrally located warewashing sink shared by r	no more than four facilities.					
Please provide name of nearby temporary food facility pro	oviding the warewashing sink:					
Facility Name:	Location/Space Number:					
13. The following sanitizing solution(s) (with corresponding test str cloths and utensil sanitization. Separate containers of sanitizer and	· · · · · · · · · · · · · · · · · · ·					
☐ 100 ppm chlorine solution (bleach-water)	25 ppm iodine solution					
200 ppm solution of quaternary ammonium	Other (specify):					
14. Describe the procedures, methods, and schedules for cleaning	utensils, equipment, and structures:					
15. Describe the procedures, methods, and schedules for removal ited) :	of trash and waste water (dumping into a storm drain is prohib-					
16. Electricity is provided for my booth's use: Yes	 No □					
17. A site plan is drawn on the next page that indicates the pr storage, ware washing, and handwashing equipment.	roposed layout of equipment, food preparation tables, food					
18. $\ \square$ I have read, understand and will comply with the "Tempo	rary Food Facility Guidelines" handout.					
IMPORTANT: All food vendor booths are subject to inspection. Violation of any of make a copy of this checklist for review in preparation for this event and for your fee has been paid must be present in the booth at all hours of preparation and ope PRIOR to the event to Environmental Health Services, P.O. Box 1489, San Luis Obist Health. The approved permit will be mailed to you or provided following the booth.	records. A valid health permit or copy of this application showing the permit ration. Return the application with fee payment for a permit TWO WEEKS to CA, 93406. Checks may be made payable to SLO County Environmental					
THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN APPROVA APPLICATIONS SUBMITTED WITHOU						

FOOD FACILITY DIAGRAM

Indicate the proposed layout of equipment, food preparation tables, food storage, warewashing and handwashing equipment.