

Temporary Food Service



Licensing &
Operational
Requirements

License

Ten days before the event, food vendors must apply for a license. A completed Application (see insert) and Temporary Food License Plan Review Form (pages 4-6 in this booklet) must be returned to the Medina County Health Department at 4800 Ledgewood Dr. Medina, Ohio 44256.

The license fee is \$70.00 per event (\$35.00 for a nonprofit organization or one with a 501(c)(3) status). Temporary food licenses are issued for a maximum of 5 consecutive days, except as provided for in Ohio Revised Code (ORC) Sections 3717.23(E)(2) and 3717.43(E)(2). Your license will be presented immediately following the inspection.

If your event is canceled due to inclement weather, please e-mail envtec@medinahealth.org and leave a message PRIOR to start time. Refunds will only be granted if the inspector receives notification before traveling to the event.

Food

Food must be from an approved source. Foods not prepared at the temporary food operation must be prepared in a licensed facility and transported to the temporary site by a method approved by the Medina County Health Department. Foods and/or ice must not be prepared at home. Exceptions are cottage foods listed in Ohio Administrative Code (OAC) Rule 901:3-20-04(A) and licensed home bakeries.



Water

Water provided or used on-site for washing produce, cooking, drinking, cleaning, and hand-washing must be from an approved source.

All non-municipal water (well, cistern, hauled water) must be tested for bacteria by the Medina County Health Department at least **10 DAYS PRIOR TO THE EVENT**. The sampling fee is \$50.00.

If a hose is needed to obtain water, it must be made of a food grade material and a backflow prevention device must be provided on the spigot.

Food Protection

All potentially hazardous foods shall be maintained at 41° F or below during storage, transport, and service. After cooking, foods must be held at 135° F or above for serving.

Foods must be protected. Covers or an approved food shield for open or exposed food display(s) must be provided.

Food, food containers and cooking equipment must be stored at least six (6) inches above the floor or ground.

Provide and use a long stem thermometer that ranges 0° F - 220° F to verify cooling, cooking, and holding temperatures.

To prevent cross-contamination, different types of raw meats must be stored separately from each other and from ready-to-eat foods.

Soap, warm uncontaminated water (85°F) and paper towels must be made available for hand-washing. Note: Hand sanitizer and moist wipes cannot be used in place of soap, warm water, and paper towels.

While preparing food, employees may not wear jewelry on their arms or hands, with the exception of a plain ring, such as a wedding band. Hair must be effectively restrained (Hair net or hat).

Ready-to-eat foods must be handled with suitable utensils such as deli tissues, spatulas, tongs, single-use gloves. Bare hands are not permitted when handling ready-to-eat foods. Note: Latex gloves are prohibited.

Potentially hazardous foods shall be cooled rapidly as follows:

- Within 2 hours from 135° F to 70° F
- Within a total of 6 hours, from 135° F to 41° F or less

Foods shall be cooked to the following minimum internal temperatures:

- Fish, beef, pork: 145° F for 15 seconds
- Ground meats, eggs: 155° F for 15 seconds
- Poultry, stuffed foods: 165° F for 15 seconds
- Reheated foods: 165° F for 15 seconds within 2 hours

Food Allergens

Customers must be notified in writing of the presence of major food allergens as an ingredient in foods served or sold.

Major food allergens include milk, egg, fish, shellfish, tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, soybeans, and sesame.

Questions?

call 330-723-9523 • 888-723-9688 option 3
or visit our website at www.medinahhealth.org

Equipment, Utensils, and Supplies

Required Supplies:

- Detergent or soap
- Sanitizer with test strips (unscented chlorine, quaternary ammonium chloride, or iodine)
- Utensils
- Disposable gloves (Non Latex)
- Long stem thermometer with a range of 0-220° F
- Hand soap, paper towels, and warm water (85°F)

Mechanical refrigeration must be used for overnight storage of potentially hazardous foods.

Portable coolers may be used for food storage if the food is stored on drained ice and a thermometer is in the cooler to assure 41° F or below is maintained.

Gas or electric cooking and hot-holding equipment (stove, grill, burner, roasters, crock pots, chaffing pans) must be provided according to menu.

Surfaces that come into contact with food must be cleaned and sanitized every 4 hours using any one of the following sanitizing solutions. Corresponding test kits must be used to assure that the solution contains the correct parts per million (ppm) concentration:

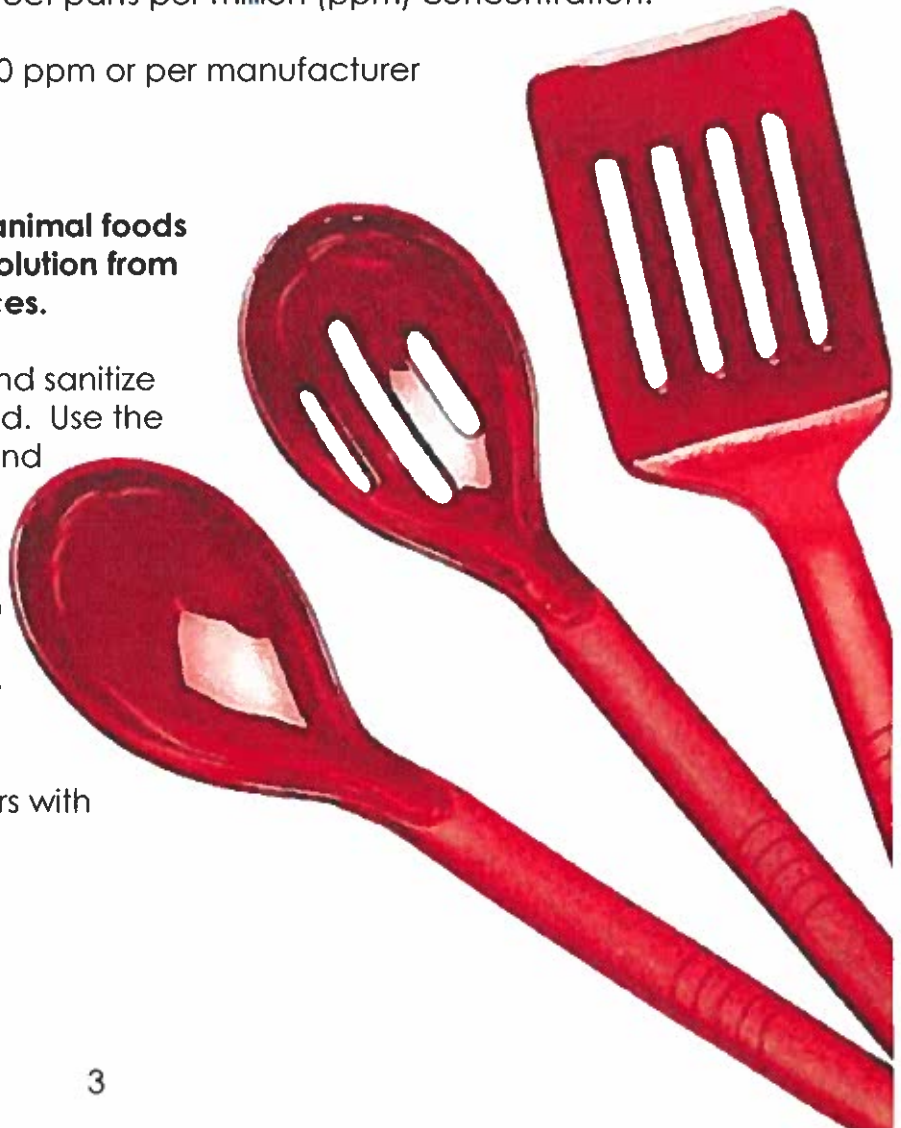
- Chlorine: 50 ppm - 200 ppm
- Quaternary Ammonium Chloride: 200 ppm or per manufacturer specification
- Iodine: 12.5 ppm - 25 ppm

Wash cloths used to clean up after raw animal foods must be stored in a separate sanitizing solution from cloths used on other food contact surfaces.

Three containers big enough to clean and sanitize equipment and utensils must be provided. Use the following method to clean equipment and utensils:

- Container #1 - soapy water for washing
- Container #2 - clean water for rinsing
- Container #3 - sanitizing solution. Soak items in this solution for 1 minute
- Air dry

Leak-proof, animal-proof trash containers with tight-fitting lids must also be provided.





TEMPORARY FOOD LICENSE PLAN REVIEW FORM

Complete this FORM in as much detail as possible. Approval depends on the information meeting requirements of Ohio Administrative Code (OAC) Chapter 3717-1.

OPERATOR/APPLICANT INFORMATION:

Applicant Name: _____

Telephone Number: (____) _____ Alternate Number: (____) _____

E-MAIL: _____

EVENT:

Name of Event: _____

Location/Directions: _____

Date(s) of Event: _____

Serving Time(s): _____

Sponsoring Organization: _____

Name of Coordinator: _____

Coordinator Telephone Number: (____) _____

Where Will Foods Be Purchased? (Source of Food)

List All Food Items That Will Be Served:

LIST FOOD ITEMS THAT WILL BE PREPARED IN AN OFFSITE KITCHEN:

Provide the name, location address, telephone number, and license number of the off-site kitchen(s):

List the equipment that will be used to transport potentially hazardous foods at required holding temperatures: _____

How will potentially hazardous COLD foods be stored at 41°F or below?

- Cooler(s) with ice
- Mechanical refrigeration
- Other: _____

How will potentially hazardous HOT foods be stored at 135°F or above?

- Crockpot or roaster
- Grill
- Chaffing Dish with Sterno
- Other: _____

What method(s) of protection will be used for food storage and service?

- Sneeze guards(s)
- Lids or coverings
- Other: _____
- N/A

DESCRIBE FACILITIES AVAILABLE/PROVIDED FOR PROPER HAND-WASHING:

Note: **HAND SANITIZER AND MOIST WIPES ARE NOT A SUBSTITUTE FOR HAND-WASHING.**

- Hand-washing sink with running hot water, soap, and paper towels in food preparation area
- Portable hand-washing sink equipped with hot water, soap, and paper towels
- Clean Igloo style cooler with spout containing hot water, soap, and papertowels

WATER SUPPLY:

Note: *Non-municipal water MUST be tested at least ten (10) days prior to operating a temporary food operation.*

Where will clean, uncontaminated water be obtained for ice making, food preparation, dish-washing, and/or hand-washing?

- Municipal Water
- Bottled Water
- Private Water (well, cistern, hauled water storage tank, pond)
- Other: _____

If a private water supply was selected, provide sample date and results: _____

WASTEWATER:

What holding facilities will be available for handling wastewater?

- Buckets
- Other: _____
- N/A

How/where will the wastewater be disposed?

- Sanitary Sewer
- Mop Sink
- Other: _____
- N/A

WARE WASHING:

How will food contact surfaces be washed, rinsed, and sanitized?

- Three (3) sinks on-site
- Three (3) buckets or containers of adequate size on-site
- Licensed FSO/RFE Operation. Please provide name and address of business:

Name of Business: _____

Address of Business: _____

- Other: _____

What sanitizer will be used?

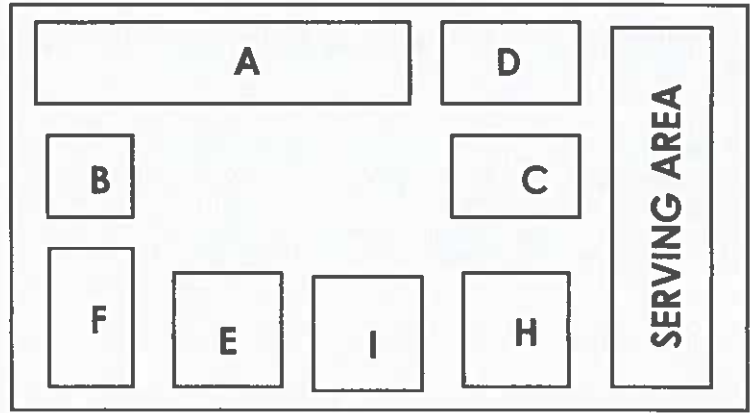
- Chlorine (Bleach – Unscented)
- Quaternary Ammonium Chloride (tablets)

Restrooms: Are restrooms available? yes no port-a-jon

Refuse: covered waste container dumpster on-site

TEMPORARY OPERATION FLOOR PLAN DIAGRAM - Please use corresponding letters to indicate appropriate areas in the space below:

- A. Food Preparation
- B. Food Storage
- C. Hot and Cold Food Holding Facilities
- D. Hand-washing sink
- E. Garbage/Trash Disposal
- F. Utensil/Equipment Washing
- G. Toilet Facilities
- H. Water Supply
- I. Waste Water Disposal



Example of Temporary Operation Floor Plan Diagram



FLOOR PLAN DIAGRAM:

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: **Medina County Health Department**
4. Return check and signed application to: **Medina County Health Department**

4800 Ledgewood Drive Medina, Ohio 44256

- Food Service Operation
 Retail Food Establishment

Telephone Number: (330) 723-9523 Toll Free Number: (888) 723-9688 Fax: (330) 723-9650 Email: env@medinahealth.org

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 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:

Signature	Date
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Licensors to complete below

Valid date(s)	License fee:
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.



**4800 Ledgewood Drive
Medina, Ohio 44256
www.medinahealth.org**

330-723-9688, option 3

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