# emporary Food Service







Licensing **C**x
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 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, paper towels, or individually dispensed alcohol-based moist towelettes must be made available for hand-washing.

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.

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

# Questions?

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

# Equipment, Utensils, and Supplies

### Required Supplies:

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

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
 lodine: 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**

Prevent. Promote. Protect.

Plan REVIEW FORM

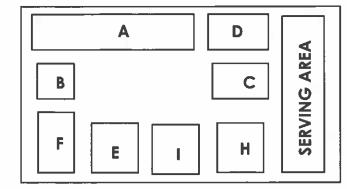
Complete this FORM in as much detail as possible. Approval depends on the information meeting requirements of Ohio Administrative Code (OAC) Chapter 3717-1.

	Alfa-randa Niverbarr /
	Alternate Number: ()
E-MAIL:	
'ENT:	
Name of Event:	
Location/Directions:	
Date(s) of Event:	
Serving Time(s):	
Sponsoring Organization	n:
Name of Coordinator:	
Coordinator Telephone	Number: ()
Where Will Foods Be	Purchased? (Source of Food)
	address, telephone number, and license number of the off-site kitchen(s):
rovide the name, location  List the equipment that	
List the equipment that	and address, telephone number, and license number of the off-site kitchen(s):  will be used to transport potentially hazardous foods at required holding  ardous COLD foods be stored at 41°F or below?

What method(s) of protection will be used for food storage and service?   ☐ Sneeze guards(s)
☐ Lids or coverings
☐ Other: ☐ N/A
FACILITIES AVAILABLE/PROVIDED FOR PROPER HAND-WASHING?
Note: Alcohol-based moist wipes are permitted. HAND SANITIZERS ARE NOT A SUBSTITUTE FOR HAND-WASHING.  Running hot water with soap and paper towels  Alcohol-based moist wipes
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
<ul><li>□ Private Water (well, cistern, hauled water storage tank, pond)</li><li>□ Other:</li></ul>
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:
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)
<b>Restrooms:</b> 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
- 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

G

### FLOOR PLAN DIAGRAM:

Application for a	a License to Cond	uct a Temporary	': (check	only one)	
			Food S	ervice Operation	
		Retail Food Establishment			
2. Sign and date the appli	y order payable to: MEDINA		RTMENT ARTMENT		
TELEPHONE NUMBERS	(330) 723-9523 TOLL FF	REE NUMBER (888) 723-9	688 FAX	(330) 723-9650	
	an be processed the application oper fee will result in not issuing				
Name of temporary food facility					
Location of event			W.		Valleton Alberton
Address of event	7 1 1 1 1 7 6		V		
City			State	ZIP	
Start date	End date	Operation time	me(s)		
Name of license holder	lame of license holder		Phone number		
Address of license holder					
City			State	ZIP	
List all foods being served/sold					
I hereby certify that I a	m the license holder, or th	ne authorized representa	ative of th	ne temporany for	nd service
	retail food establishment		ative, or tri	ie temporary roc	Ju 3011/100
Signature			Date		N 2000 - 100 - 100 4
Licensor to complete below					
id date(s)  THROUGH  License fee:				Pres.	
Application approved for license as required	d by Chapter 3717 of the Ohio Revised Code.				
Эу		Date	Date		
Audit no		License no.	2560		



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

330-723-9688, option 3

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