



Orange County Health Care Agency
Environmental Health Division
1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
Telephone: (714) 433-6000
Fax: (714) 433-6423
Web Site: www.ocfoodinfo.com

TEMPORARY FOOD FACILITY OPERATION SPECIFICATIONS

Event Name: _____

Business Name: _____

Address: _____

Name: _____

Phone Number: _____

Following shall be completed by the operator of the temporary food facility. Check the box which best explains your operation. More than one answer may apply to a question. If a question does not apply to you, leave it blank.

1. Which one of the following best describes your operation during this event?

- No cooking; assembly only (Example: Sandwiches, Drinks)
- Single cooking step and assembly (Example: Burgers)
- Cooking, cooling, reheating, etc
- Properly pre-packaged potentially hazardous food (Perishable food)
- Properly packaged non- potentially hazardous food (Non-perishable food)
- Uncut, whole produce
- Other _____

2. How will food be transported and steps taken to prevent contamination of foods?

- Food is properly covered during transportation
- Cold/frozen food is maintained at or below 41°F during transportation
- Hot food is maintained at or above 135°F during transportation
- All food preparation takes place in an approved facility or inside the booth
- Food is obtained from approved sources and not obtained, prepared, and/or stored in private home
- Outdoor cooking equipment are protected from public access
- Only approved equipment and containers are used

3. Which one of the following describes your handwashing practices?

- One handwash sink with 100°F running water under pressure is provided inside the booth (Events over 3 days)
- Warm water in an insulated container with catch bucket is provided (Events less than 3 days)
- Cold water with a germicidal soap is provided (Prepackaged only)
- Single-service soap and paper towel dispenser is provided

4. How will cold potentially hazardous food be maintained at or below 41°F?

- Inside an approved electrical refrigeration unit
- Stored on ice, inside ice chest
- Displayed on top of ice
- Inside refrigerated cart/truck/trailer
- Inside insulated bag

5. How will hot potentially hazardous food be maintained at or above 135°F?

- Inside steam table
- Inside hot holding cabinet/unit/bag
- On top of cooking equipment

6. Where will food be stored when the facility is not in operation?

- Stored inside the booth protected from any type of contamination
- Returned to an approved food facility
- Leftovers are discarded at the end of the day
- Stored inside refrigerated trailer
- Other _____

7. What are the procedures for cleaning utensils and equipment?

- A three-compartment sink is provided inside the booth or
- A centrally located three-compartment sink exists within 100 feet of the booth (shared by no more than 4 booths) AND
- Hot water of 120°F and cold running water is provided at the sink
- Approved sanitizer such as chlorine is available in the sink
- Sanitizer test strips are provided

8. What are the procedures for cleaning structure and disposal of waste?

- Inside the booth is cleaned as needed during the event or at the end of each day
- Rubbish is picked up by the event staff or booth operators
- Approved and adequate trash dumpster is provided
- Waste water is properly disposed of

9. What type of material and methods are being used to construct the temporary food facility?

- A durable and readily cleanable floor surface such as concrete, asphalt, wood or tarp is provided
- The booth is fully enclosed
- Pass-through openings are a minimum of 432 square inches
- Minimum screening size of 16 mesh is used
- A canopy is provided over the common three-compartment sink
- Other _____

In the area below draw a diagram of the site plan for the food operation at this event. You may use additional paper or a separate pre-printed diagram and submit it with this form. (Include the proposed layout of equipment, food preparation tables, food storage, warewashing, and handwashing.)



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APPLICATION FOR HEALTH PERMIT

TEMPORARY FOOD FACILITY

This Section To Be Completed By Applicant- Please Print – Do Not Detach Operator Copy - Health Permits Are NOT Transferable

Name of Event:		Name of Event Coordinator:	Phone:
Event Location & Address:		City:	Zip:
Business Name:	Owner's Name (Authorized Representative):		Phone:
Business Address:		City:	Zip:
Cell Phone:	E-Mail Address:	Fax:	
Owner's Mailing Address:		City:	Zip:
Emergency Contact:		Emergency Phone:	

Nature of Business/Type of Food:

Operation Date(S): Operation Days: S M T W T F S All Days Operation Hours: ____Am/Pm To ____Am/Pm

Any Food Prepared Before The Event: Yes No If Yes, Provide Name And Address Of The Approved Facility:
 Name: _____
 Address: _____

I Hereby Make Application For A Health Permit And/Or Environmental Health Services

Signature:		Date:
Print Name:		Title:
Date of Birth:	Driver's License No:	Federal Tax ID:

For Office Use Only

SPECIALIST	Permit Approved By:	Date:
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Permit Valid Only For A Specific Time Period And Location

Operational Limitation(S): _____

Permit Number:	Type of Establishment/PE:	HSO Receipt Number:
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This Application Is For:
 Category I (Prepackaged Food and/or Produce, No Sampling)
 Category II (All Other Foods, Including Poured Beverages, Unpackaged Samples)
 Event Coordinator (Administrator, Organizer, Manager of Community Event)

Event Frequency: <input type="checkbox"/> Single <input type="checkbox"/> Recurring	Fee Amount:	<input type="checkbox"/> Fee Amount Paid <input type="checkbox"/> Fee Amount Unpaid
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This Permit Is Valid For: _____

Sampling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking Limitation:
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Operation Specifications Submitted: Yes No If no, date to be submitted:

Remarks:
