

300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654 www.darkecountyhealth.org



Frequently Asked Questions

What is a temporary food service operation?

A temporary food service operation is defined as any place, location, or separate area where food intended to be served in individual portions is prepared or served for a charge or required donation for no more than 5 consecutive days.

When do I need a temporary food service operation license?

If you sell food or beverages in Darke County, you are required by Ohio law to apply for and obtain a license from the Darke County General Health District.

How much does a temporary license cost?

The **2018** fee for a temporary food service license is **\$22** per day, not to exceed 5 consecutive days. In the case of the Darke County Fair, temporary licenses may be obtained for the length of the fair according to Ohio law. A person or organization may apply for up to ten (10) temporary licenses per year.

When do I need to apply for a temporary permit through the Health Department?

The operator of a temporary food service operation shall apply for a license a **minimum of two weeks** prior to the operation date.

What happens after submittal of application?

The District may contact you with questions, comments, recommendations, or concerns. An inspection will be conducted on the day and location of the event. You are not required to wait for the Health District inspection prior to beginning to prepare and serve food. However, you may only serve food for the time period specified on your application.

How many temporary permits can I apply for within a year?

The same person may not be issued more than 10 temporary licenses per food licensing year (March 2018- February 2019).

Do I need to display my license?

Yes, according to OAC 3707-21-02 (H), a food service license shall be displayed at all times of operation for the public to view.

This packet is designed to be a guide highlighting many important issues when conducting a FSO/RFE. However, the information contained within this packet does not contain all of the rules. This packet is a short summary of the Ohio Uniform Food Safety Code, Chapter 3717-01 of the Ohio Administrative Code, which is available on our website. All rules in this Chapter will be enforced.



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654



www.darkecountyhealth.org

Temporary Facts & Guidelines

Food Sources

- a. All food products shall be from an approved source. An approved source is a processor that is inspected by a federal food safety regulatory agency, the Ohio Department of Agriculture, a local health department, or an Ohio cottage food production operation.
 - i. Please see attached information on cottage foods.

2. Food Preparation & Handling

- a. All foods shall be prepared on-site and not at home to be brought to the event. There is EXCLUSION for cottage foods that are properly labeled. Please see attachment on cottage food regulations.
- b. There shall be **no bare hand contact** with ready to eat (RTE) foods. Please use suitable utensils such as deli paper, tongs, spatulas, single-use gloves, or dispensing equipment.
- During preparation, unpackaged food shall be protected from environmental sources of contamination. Having a tent over operation and covering food.
- d. No jewelry shall be worn on hands or wrist with exception of a wedding band
- e. **Fingernails** shall be kept trimmed and maintained. **Fingernail polish or artificial nails** may NOT be worn unless wearing intact gloves when working with exposed food.
- f. Hair restraints such as a hairnet or hat shall be worn.
- g. Food shall be prepared on tables that are smoothing and easily cleanable.
- h. Cutting boards shall be in good repair without deep scores and discoloration.
- Single use articles shall be stored inverted or covered.
- i. Utensils shall be stored with handle upright
- K. No eating, smoking, chewing tabaco, or vaping in food prep areas.
- Use of pesticides is prohibited during preparation and serving
- Surfaces and utensils used for food preparation shall be washed, rinsed, and sanitized at least every 4 hours.
 - Cloths used for wiping shall be discarded if single use or stored back into the appropriate solutions.

Thawing

- a. The 4 acceptable ways to thaw food are:
 - Under refrigeration that maintains the food 41°F or less



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654

www.darkecountyhealth.org



- ii. Completely submerged under running water at a water temperature of 70°F or below with a sufficient water velocity to agitate and float off loose particles in overflow in approved prep sink.
- iii. As part of the cooking process
- iv. In a microwave if cooked directly afterwards

4. Cooking

- a. All the necessary cooking equipment shall be provided to cook all menu items listed.
- b. Cooking equipment shall be maintained in good repair. No duct tape.
- c. Workers shall know the **appropriate temperatures** they should cook there food to. Please refer to attached Temperature Guide Sheet for temperature requirements.
- d. A thermometer shall be provided and accurate (calibrated) to take temperatures.

5. Cooling

- a. Cooling of cooked time temperature controlled for safety food shall be cooled:
 - i. Within 2 hours from 135°F to 70°F, AND
 - ii. Within a total of 6 hours from 135°F to 41°F or less

6. Holding

a. Hot Holding

- i. After foods are properly cooked to correct cooking temperature, they shall be hot held at 135°F or hotter.
 - 1. Again, a thermometer shall be provided to take temperature periodically.

b. Cold Holding

- i. After foods are prepped they shall be cooled and maintained at 41°F or below prior to serving to the public.
 - 1. A food thermometer shall be provided to take a temperature of the cold product to make sure it is maintaining appropriate temperature.
 - 2. A thermometer shall be stored in each cold holding unit to monitor air temperature. Cold holding units shall be 41°F or below

7. Storage

- a. Food, equipment, utensil, linens, single-service articles, and single-use articles shall be stored:
 - i. 6 inches off the floor/ground to protect from contamination.
 - ii. In a clean, dry location.
 - iii. Where they are not exposed to splash, dust, or other contamination.



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654





8. Handwashing

- **a.** At least 1 handwashing sink (temporary handwashing set up) or a number of handwashing sinks necessary to the operation shall be provided.
- b. A handwashing sink (temporary handwashing set up) shall provide water of 100°F or hotter.
- **c.** A handwashing sign shall be located above handwashing sink (temporary handwashing set up). Please see attached sign.
- **d.** A handwashing sink (temporary handwashing set up) shall be accessible at all times, used for no other purpose, and in an area where it will not contaminate food areas by splashing.
- **e.** Hands shall be washed often. Refer to attached handwashing sign for handwashing requirements.
- f. The handwashing sink shall be supplied with paper towels and handwashing soap.
- g. Hand sanitizer may not be used in replacement of handwashing.
- h. Example of temporary handwashing set up (just missing handwashing sign)



Soap

Paper towels

Potable unit with spigot to store hot water

Catch basin for waste water

9. Warewashing

- **a.** 1 three compartment sink with 2 drain boards or a temporary three compartment sink shall be provided.
 - i. The $\mathbf{1}^{\mathrm{st}}$ sink is the Wash solution. This should contain dish soap & clean water.
 - 1. The wash solution shall be 110°F or higher.
 - ii. The 2nd sink is the Rinse solution. This should contain just water.
 - iii. The 3rd sink is the Sanitize solution. This should contain an approved sanitizer & water.
 - 1. Sanitizers shall be EPA registered chlorine or quaternary ammonium compound solutions. Examples include bleach, sani-tablets, etc.
 - 2. A **test kit** shall be provided to accurately measure the strength of the sanitizing solution in parts per million (ppm). The strength depends on solution being used and temporary of water. Follow manufacturer's label guidelines.
 - a. Example bleach shall be 50-99ppm at 100-119°F OR 100ppm at 55-99°F
- b. Utensils and equipment shall be air dried after cleaned. NO cloth drying.



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654





- c. If drain boards are not provided then an area to store dirty dishes shall be before wash solution & an area to allow dished to dry shall be after the sanitizer solution.
 - i. Areas shall be smooth and easily cleaned and kept clean.
- d. Example of a temporary warewashing set up

This set-up does not show the solutions in each container or the test strips



10. Waste

- a. A covered waste receptacle or durable container with a lid shall be provided to store trash.
- b. Waste water from handwashing and warewashing shall be disposed of properly.
- c. Grease, if used shall be disposed of properly

11. Water Source

- a. Water used for cooking, handwashing, cleaning, and warewashing shall be from an approved source.
 - i. Examples of approved sources include: municipal city water, commercially packaged potable water, an EPA approved pubic water source, and water from a private well IF a water sample was taken by the Darke County General Health District to be tested for total coliform within the last year on the condition it passed. A copy of the water sample shall be submitted for approval. To schedule a water sample please call 937-548-4196 extension 209. Our samples are typically taken Thursday afternoons and the results are typically received Monday morning.
 - ii. If water is taken from a municipal water source, it shall be stored and transported in an approved potable water container (ex. 5 gallon thermos, plastic potable water container).
 Please note you may not wash and re-use a single use article like a milk jug.
- **b.** If a **potable water hose** connects a temporary sink to an approved water source, the hose shall have either an **ASSE 1012 or ASSE 1024 backflow** prevention device connected to it.

12. Support Facilities

a. Supporting storage, food preparation areas, etc shall be provided for approval.



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654



www.darkecountyhealth.org

13. Employee Health

- a. A food employee shall report the information in a manner that allows the PIC to reduce the risk of foodborne disease through transmission if the food employee or conditional employee (by not allowing the employee to work):
 - i. Has any of the following symptoms:
 - 1. Vomiting
 - 2. Diarrhea
 - 3. Jaundice
 - 4. Sore throat with fever
 - 5. Lesions (containing pus or an infected wound that is open or draining)
 - ii. Has an illness diagnosed by a health care provider due to:
 - 1. Campylobacter
 - 2. Cryptosporidium
 - 3. Cyclospora
 - 4. Entamoeba histolytica
 - 5. Escherichia coli *
 - 6. Giardia
 - 7. Hepatitis A *

- 8. Norovirus *
- 9. Salmonella ssp.
- 10. Salmonella Typhi *
- 11. Shigella *
- 12. Vibrio cholerae
- 13. Yersinia

14. Clean-up guidance for vomit/ fecal accidents in food service operations

- a. Segregate the area within a 25 foot radius of accident so it can be properly cleaned & disinfected
- b. Wear disposable gloves while cleaning. A mask and apron is also recommended.
- c. Wipe up the matter with towels & dispose into a plastic garbage bag.
- d. Use an EPA registered disinfectant effective against Norovirus following label instructions OR CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water.
- e. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose any leftover solution once accident is cleaned up.
- f. Discard gloves, mask, and cover gown in plastic bag.
- g. Take measures to dispose of and/or clean disinfectant the tools and equipment used to clean.
- h. Properly wash hands.
- i. Discard any food that may have been exposed.
- **j.** Food contact surfaces that have been disinfected must be washed, rinsed, and sanitized prior to use to remove disinfectant residue and prevent contamination of food.
- **k.** Discard all garbage bags in the dumpster or waste receptacle area. If it contains blood, refer to Ohio EPA guidelines for disposal of infectious waste.
- **I.** Minimize the risk of disease transmission through prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654

www.darkecountyhealth.org







300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654 www.darkecountyhealth.org





300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654 www.darkecountyhealth.org



Temperature Guide KEEP FOOD OUT OF THE DANGER ZONE

41° F - 135° F

Holding and cooking temperatures, both hot and cold, must be monitored with a metalstem thermometer. Your thermometer should be capable of checking both hot and cold temperatures.

KEEP COLD FOODS 41° F OR BELOW

KEEP HOT FOODS 135° F OR HIGHER

COOK FOODS TO THE FOLLOWING:

POULTRY > 165° F

BEEF & PORK > 155° F

FISH AND EGGS >145° F

COMMERCIALLY PROCESSED READY TO EAT FOODS FRUITS AND VEGETABLES >135° F



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654 www.darkecountyhealth.org





300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654 www.darkecountyhealth.org



Operator Temporary Check List

Approved equipment
Handwashing set up
Handwashing sign
Paper towels
Hand soap
Approved cold/hot water
Warewashing set up
Dish soap
Sanitizer
Test Strips
Metal stem thermometer (can read cold & hot temperatures or have one of each)
Thermometer for cold holding units
All food and utensils 6 inches off the floor/ ground
Trash can with lid
Single-use gloves, deli tissue, tongs, and/ or spatulas
Temperature handout for employees
Clean up procedures available in case of a vomiting or diarrheal accident
Health policy information available for all staff and volunteers to review and sign
Tent over operation, if applicable
Labels on cottage foods, if applicable



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654 www.darkecountyhealth.org





300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654

www.darkecountyhealth.org



Letter of Intent

Submit this form with application

Please complete all questions and sections provided below.

1. Complete table below.

Menu Item	Source	Cooking Equipment Used to prepare item (if applicable)	Hot/ Cold Holding Equipment			
;						
2. How will bare han	id contact be prevented?					
☐ Deli Tissue		☐ Spatula:	•			
☐ Single- Use						
	; dioves	☐ Dispensing Equipment				
☐ Tongs		□ Otner_				
3. Explain type of ha	ndwashing sink to be use	ed.				
4. Explain type of wa	arewashing sink to be use	ad.				
4. Explain type of wa	newashing sink to be use	cu.				
,	\. \. \. \. \. \. \. \. \. \. \. \. \. \					
<u> </u>		shing, cooking, cleaning, and wa				
_						
☐ Well Water	. (a copy of last water sample	with passing results taken within the la	ast year shall be provided)			
☐ Jugs of com	mercially packaged, potable	e water				



300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654

www.darkecountyhealth.org

6. How will you obtain hot water for handwashing and warewashing?



Submit this form with application

How v	vill waste water be disposed of properly?
What	type of sanitizer will be used and at what ppm will you test for with your test kit?
How o	often will in use utensils and food contact surfaces be washed, rinsed, and sanitized?
List an	ly other type of equipment and utensils to be used.
List an	y support facilities (additional storage, dumpster area, grease collection site, dump station, etc.)
What t	ime will you begin setting up?
What t	ime will you begin cooking food?
If your a.	event is more than one day: Explain how you will keep your food protected and at appropriate holding temperature overnight. Food storage shall remain at the operation and not taken home.
b.	What will you do with leftover cooked product at the end of the day? (do not reuse at the operation)
	What the What the What the If your a.



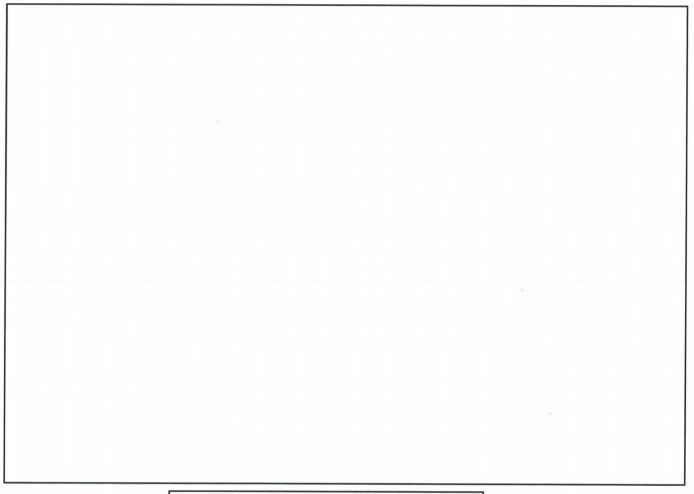
300 Garst Avenue, Greenville, Ohio 45331 (937)548-4196 Fax: (937)548-9654

www.darkecountyhealth.org



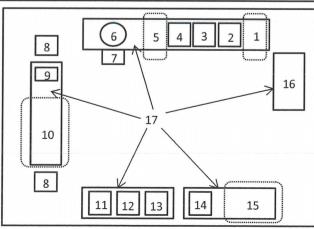
Facility Layout

In the space provide below, sketch a drawing of the proposed layout and placement of cooking equipment, hot holding equipment, cold holding equipment, handwashing set up, warewashing set up, trash can, and any other support facilities. (please label all items on the plan)



Example

- 1. Air drying area
- 2. Sanitize
- 3. Rinse
- 4. Wash
- 5. Dirty dish area
- 6. Handwashing
- 7. Catch basin
- 8. Trash can (covered)



- 9. Coffee pot to create hot water
- 10. Food preparation area
- 11. Roaster of shredded chicken
- 12. Roaster of shredded potatoes
- 13. Individually, pre-packaged applesauce cups and chips
- 14. Individually packaged condiments
- 15. Check out area
- 16. Extra storage space
- 17. Tables

Application for a Licens	se to Condu	ict a Temp	ora	ary: (check on		Food Service Operation
Instruction: 1. Complete the applicable sec 2. Sign and date the applicatio	ction. (Make a	ny correction	is if	necessary.)		Retail Food Establishment
Sign and date the application Make a check or money ord Return check and signed ap	er payable to:	DARKE CO	OUN T	ITY GENERA	L HEA	LTH DISTRICT
Before the license application Failure to complete this application by Chapter 3717 of the Ohio	cation and ren	nit the proper	olica fee	tion must be co will result in no	mpleted a t issuing a	and the indicated fee submitted. a license. This action is governed
Name of Temporary food facility:						
Location of event:						
Address of event						
City		State	Zip		Email	
Start date:	End date:		\perp	Operation time(s)	:	
/ /	/ /			Serving To		Time:
Name of license holder:		<u> </u>				Phone number:
Address of License holder						
City		State	Zip		Email	
List all foods being served/sold						
						:
I herby certify that I am the lice retail food establishment indica		e authorized i	repre	sentative, of the	temporary	food service operation or temporary
Signature						Date
Licensor to complete below						
Valid date(s):				License fee:		
Application approved for license a	as required by C	hapter 3717 o	f the		ode.	
Ву			Date			
Audit no.			License no.			