

Commonwealth of Virginia

Serving the people of:
Floyd County
Giles County
Montgomery County
Pulaski County
Radford City



New River Health District
Environmental Health Division

TEMPORARY EVENT APPLICATION PACKET

A “TEMPORARY FOOD ESTABLISHMENT” IS ANY FOOD FACILITY THAT OPERATES AT A FIXED LOCATION FOR A PERIOD OF TIME OF NOT MORE THAN 14 CONSECUTIVE DAYS IN CONJUNCTION WITH A SINGLE EVENT OR CELEBRATION.

If you have questions concerning temporary events or need further assistance, please contact the local Health Department where the event will be held

Floyd County Health Department

123 Parkview Rd. SE
Floyd, VA 24091
Phone: (540) 745-2142
Fax: (540) 745-4929

Pulaski County Environmental Health Department

143 3rd Street NW - Suite 4
Pulaski, VA 24301
Phone: (540) 440-2166
Fax: (540) 994-5039

Giles County Health Department

120 North Main Street
Pearisburg, VA 24134
Phone: (540) 235-3135
Fax: (540) 921-1335

Radford City Health Department

212 Third Avenue
Radford, VA 24141
Phone: (540) 267-8255
Fax: (540) 831-6109

Montgomery County Environmental Health Department ~

Disrtict Headquarters

210 S. Pepper St. Suite A
Christiansburg, VA 24073
Phone: (540) 585-3300
Fax: (540) 381-7109

Enclosed:

- Event Coordinator Form/Checklist
- Application for a Temporary Food Establishment Permit (one application needed per vendor)
- Temporary restaurant checklist/self inspection (one checklist needed per vendor-to take to event)

These temporary restaurant forms and additional information can also be obtained from our district web site at www.vdh.state.va.us/lhd/newriver

EVENT COORDINATOR FORM

An event coordinator is required for all temporary food events involving multiple vendors (coordinator form is not required if only one vendor). The following information is to be completed by the COORDINATOR:

Name of Event _____

Location of Event _____

Date(s) of Event _____

Rain date _____

Set-up time _____

Actual operation time _____

COORDINATOR

Name _____

Address _____

City/State/Zip _____

Home phone _____ Work phone _____ Cell phone _____

Fax _____ Email _____

Number of anticipated food booths _____ Estimate number of patrons _____

Will electricity be provided to the food booths? Yes No If Yes, describe _____

Describe water source _____

Describe wastewater disposal (ex. dump station, public sewer, temporary holding tanks, etc.) _____

Describe garbage disposal method _____

*****Please attach a map showing the location of all food vendors, dumpsters, restroom facilities, petting zoos, pony rides or other live animal displays *****

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Checklist for coordinator

ENSURE EACH VENDOR RECEIVES AN APPLICATION AND A TEMPORARY RESTAURANT CHECKLIST / SELF INSPECTION.

SUBMIT - ALL IN ONE PACKET- TO THE **HEALTH DEPARTMENT** AT LEAST **10 CALENDAR DAYS** PRIOR TO THE EVENT, THE FOLLOWING: 1) MAP DESCRIBED ABOVE 2) ONE COMPLETED EVENT COORDINATOR FORM 3) ALL COMPLETED AND SIGNED VENDOR APPLICATIONS AND FEES (OR COPIES OF RECEIPTS, IF APPLICABLE). PLEASE INCLUDE APPLICATIONS FROM ANY CATERERS AND/OR MOBILE UNITS PARTICIPATING IN THE EVENT ALONG WITH A COPY OF THEIR ANNUAL HEALTH DEPARTMENT PERMIT.

NEW RIVER HEALTH DISTRICT
APPLICATION FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT

PERMIT FEE: \$40 PER YEAR [EFFECTIVE JULY 1, 2011]

Health Department Use Date Application received _____

Fee submitted with application? Yes No Cash _____ Check number _____

Receipt submitted with application? Yes No Receipt number _____

NAME OF EVENT _____

LOCATION OF EVENT _____

DATE(S) OF OPERATION: _____ TIMES: _____ TO _____

NAME OF VENDOR/ORGANIZATION _____

CONTACT PERSON _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

PHONE: HOME _____ WORK _____ CELL _____ FAX _____

EMAIL: _____

FACILITY TYPE: Building on site Mobile unit Push cart Stand
 Tent Trailer Other _____

Note: If set up is on dirt or gravel, it must be covered with mats, duckboards, platforms or other approved materials to control dust and mud. All food preparation, service, display and storage areas must have an approved overhead covering.

RUNNING WATER AVAILABLE? Hot Cold None

DESCRIBE HAND WASHING METHODS [EX. SOAP, WATER, TOWELS, BASIN]	
DESCRIBE METHOD OF CLEANING AND SANITIZING UTENSILS [DESCRIBE SANITIZER TO BE USED]	
LIST ALL COOKING EQUIPMENT [GRILL, DEEP FAT FRYER, HOTPLATE, ETC. INCLUDE GAS, ELECTRIC 110 OR 220 VOLTS]	
LIST HOT AND COLD HOLDING METHODS [EX. COOLERS, STEAM TABLE, ICE]	

***FOOD VENDORS* Please review and take this checklist to the event**

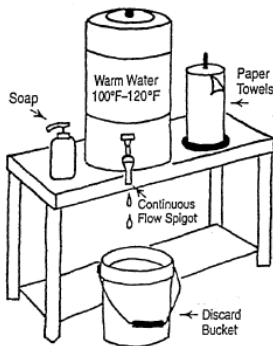
TEMPORARY RESTAURANT CHECKLIST / SELF INSPECTION

Permit 1. Checklist reviewed with all individuals working at the food booth. 2. Temporary Restaurant Permit POSTED where it is visible to the public.

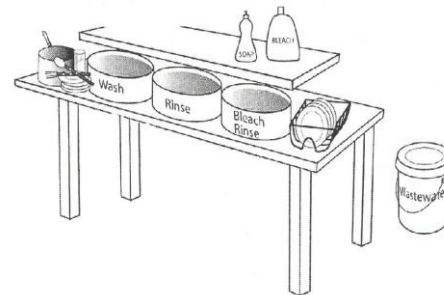
Site Location & Construction: 1. Convenient to toilets. 2. Covered trash containers. 3. Facility (booth) to be arranged or constructed to protect foods, utensils & equipment from flies, dust and other contamination (screens, roof or tarp covering and no exposed dirt or gravel floors.) 4. Approved water source. 5. Placement of grills and fryers in accordance with fire codes.

Food Workers: 1. No ill workers. 2. No handling of ready-to-eat foods with bare hands-disposable gloves, spatulas, tongs, etc. provided. 3. No eating, drinking or smoking inside food booth. 4. Clean outer clothing (i.e. aprons) and hair adequately held back. → **HANDS WASHED FREQUENTLY**

Hand washing: 1. Soap dispenser, paper towels and waste bucket provided. 2. Access to sink with running hot and cold water **OR** hand wash station detailed below. 3. Five gallon container filled with warm water provided. Has continuous flow spigot so that both hands can be washed at the same time.



SAMPLE HAND WASH STATION



SAMPLE DISHWASHING SET-UP

Dishwashing – 3 Step Procedure: Three compartment sink with **hot and cold** running water **OR** 3 large containers. Each container pre-set to: wash, rinse, then sanitize (for bleach sanitizing rinse, use one teaspoon of bleach for every gallon of water) - air dry. **WASTE WATER DUMPED INTO AN APPROVED SEWER SYSTEM OR WASTE RETENTION TANK- NOT ON THE GROUND.**

Wiping cloths: Clean and stored between use in a bucket of sanitizer such as bleach. Test kit provided for monitoring sanitizer strength for wiping cloths and sanitizing rinse described above. For bleach, 50-100 PPM.

Food Source : 1. No foods prepared at home. 2. Foods from an approved source and prepared fresh on site **OR** foods prepared at a health department approved food facility, then covered and transported to the site while maintaining temperature control.

Foods Subject to Spoilage: 1. **Cold** perishable foods held at or below **41°F**. **Hot** perishable foods held at or above **135°F**. 2. Thermometers available to monitor food and refrigerator/cooler temperatures. 3. Minimum cook temperatures: pork 145 °F, hamburgers 155 °F, chicken 165 °F. 4. Adequate coolers, refrigerators, etc. to maintain product temperatures during purchase, transportation, service. 5. Foods thawed in refrigerator or cold ice chest, not at room temperature.

Food Protection & Service: 1. Self-serve condiments in dispensers or individual packets. 2. Foods on display covered or protected behind sneeze shields or individually wrapped. 3. Ice dispensed using scoop with handle. 4. Foods covered and protected from flies, dust, animals, etc. 5. Foods, beverages, utensils and single service items stored up off the ground at least six (6) inches.