

Massachusetts Department of Public Health
Food Protection Program
Temporary Food Establishment Operations

Use this guide as a checklist to verify compliance with MA food safety regulations.

- Application** Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.

- Dry Storage** Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.

- Cold Storage** Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration.

- Hot Storage** Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.

- Thermometers** Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.

- Wet Storage** Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.

- Food Display** Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.

Post consumer advisories for raw or undercooked animal foods.

- Food Preparation** Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food.

Protect all storage, preparation, cooking and serving areas from contamination.

Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.

- Person in Charge** There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.

- Handwashing** A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.

- Health** The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.

- Hygiene** Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

- Warewashing** A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.

The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.

- Sanitizing** Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.

- Wiping Cloths** Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

- Water Supply** An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.

- Wastewater Disposal** Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

- Floors** Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.

- Walls & Ceilings** Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.

- Lighting** Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.

- Counters/Shelving** All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.

- Trash** Provide an adequate number of cleanable containers inside and outside the booth.

- Restrooms** Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.

- Clothing** Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

**TEMPORARY FOOD EVENT
COORDINATOR'S CHECKLIST**

*** RETURN COMPLETED APPLICATION TO THE LOCAL BOARD OF HEALTH OFFICE THIRTY (30) DAYS BEFORE THE EVENT.**

**** Please type or print legibly.**

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **TWO (2) WEEKS PRIOR TO THE EVENT.**

1. NAME OF EVENT: _____ DATE(s) _____

2. EXPECTED NUMBER OF PATRONS: _____

3. EXPECTED PEAK DAYS & NUMBERS OF PATRONS _____

4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE(work, home, cell)</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

5. NUMBER OF ANTICIPATED FOOD BOOTHS: _____

6. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>LOCATION</u>
a.	_____	_____	_____
b.	_____	_____	_____

7. TIME OF EVENT SET-UP: _____

8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION):

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: YES NO

10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: _____

11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: _____

12. DESCRIBE GARBAGE DISPOSAL: _____

13. _____
SIGNATURE TITLE DATE

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment _____ Operator _____ Contact Telephone _____

Name of Event/Location _____ Date(s) of Event/Hours of Operation _____

Operator Mailing Address _____

1. Before completing this application, read Food Safety at Temporary Events and the temporary food service "Are You Ready?" Checklist. Have you read this material? _____ YES _____ NO

2. Menu: Attach or list all items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Will all foods be prepared at the temporary food service booth?
 _____ YES Fill out Section B below.

_____ NO 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times. 2. Fill out both Sections A and B below.

4. List each potentially hazardous food item, and for each item check which preparation procedure will occur.

SECTION A: At the approved kitchen:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

FOOD	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): _____

Source and storage of water/ice: _____

Storage and disposal of wastewater: _____

Storage and disposal of garbage: _____

6. On the back of this page, draw a sketch of the booth.

I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with the regulations

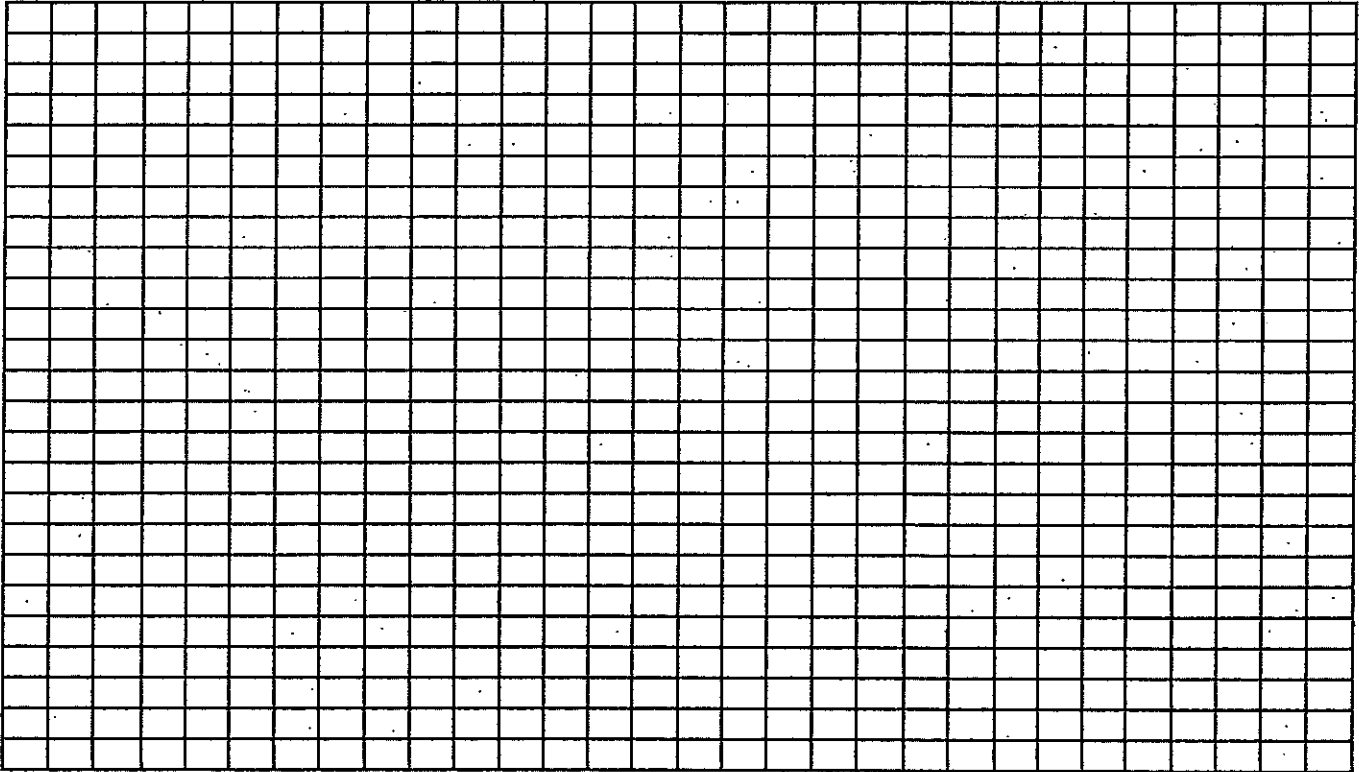
APPLICANT'S SIGNATURE _____ DATE _____

-OVER-

Plan Review:

A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces: _____



BOARD OF HEALTH COMMENTS:

PERMIT NUMBER _____ APPROVED BY: _____ DATE _____
Copy to Applicant: In Person Mailed Date _____