

*Division of Disease Control and Prevention*

1930 Ninth Avenue, Helena MT 59601

Phone: 406-457-8900

Fax: 406-457-8997

<http://www.lccountymt.gov/health.html>

**PLAN REVIEW APPLICATION**

**FOR**

**SHORT TERM FOOD SERVICE EVENTS**

Date of Submission:

Name of Temporary Food Establishment (TFE):

Name of Applicant: Phone Number(s): \_

Address of Applicant:

Email Address of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization or Business: \_\_\_\_\_

Name and location of Event: \_\_\_\_\_\_\_\_\_\_

Date(s) of Event:

Hours food will be served: Number of people served:

Facility where food is prepared: Will food be prepacked? Yes No

When food will be prepared:

How will food be transported?

Date and Time TFE will be set up and ready for inspection:

*I understand and will take responsibility for the proper methods of food preparation, handling, storage and service standards at this event.*

Date

Applicant’s Signature

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**For Nonprofit organizations:**

I certify that the above named organization is a nonprofit organization.

Signature Date

**PLAN REVIEW APPLICATION**

**For Food Service at Special Events**

Please answer the following in as much detail as possible:

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Lewis & Clark City-County Health Department at least **10 days** prior to the event.)

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe where foods, beverages, and ice will be **obtained/purchased**. (Costco, Van's, Walmart, George's, etc). Pre-cooked meats must be used for temporary events except in certain situations where the raw meat storage, handling, and cooking area can be completely separate from other areas.

1. Please describe what food safety training all workers have who will be working at the event. Provide certifications and dates for training.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you intend to use raw meats, please submit a plan to control cross contamination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Food must be maintained frozen, below 41° F or above 135° F during transport to the Temporary Food Establishment. Describe (be specific) how frozen, cold, and hot foods will be transported.

|  |
| --- |
|  |
|  |
|  |
|  |

1. How will food temperatures be monitored during the event? A probe thermometer that measures from 0° to 220°is required to take temperatures. List kind and number of thermometers to be used. Temperatures must be taken as often as possible to verify food safety. Please describe how often temperatures will be taken on and on which items.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
|  |

1. Submit a drawing of the temporary facility **setup**, including the location of equipment that will be available. Describe the floors, walls and ceiling surfaces, and lighting within the Temporary Food Establishment that will be provided to keep foods protected. Show where cooking and cold holding equipment will go, service windows, prep counters, etc.
2. Describe how foods will be kept hot or cold, including information on equipment. Thermometers must be provided in holding units so that temperatures may be monitored. Proper holding temperatures must be maintained at all times, including overnight at multiple day events.

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe how foods will be **cooked or heated,** including information on what equipment will be used. *Potentially hazardous foods must be prepared on site or in a commercial kitchen. If planning on using a commercial kitchen, please provide location and contact name.*

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe how, where, and what cold foods will be **prepared**. A minimum amount of food handling is required at temporary events.

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe how foods will be **protected** from contaminants during holding, display, and serving (ie. Squeeze bottles, individual packets, prepackaging, covered containers). Indicate the number of workers who will be present to serve and prepare food. Food handlers and workers who handle customer transactions must be separated so that there is no mixing of tasks.

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe what will be done with **leftovers** at the end of each day. Temporary facilities will not be allowed to cool and reuse potentially hazardous foods.

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe the **handwashing** facilites. **If offering open samples please set up a hand wash station.** A hand wash station with warm running water, soap, and paper towels is required. Wastewater must be disposed of into an approved system. A temporary handwash station can be developed as indicated.



|  |  |
| --- | --- |
|  | |
|  | |
| Water source: |  |
| Size of Container: |  |
| Gallons of back up water storage: |  |

1. Identify the source of the potable water supply and describe how water will be stored and distributed at the Temporary Food Event. If a non-public water supply is to be used, provide the results of the most recent water tests (within last 30 days).

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe how utensils are to be **cleaned and sanitized**. Utensils used with potentially hazardous foods that are not held in the food must be washed, rinsed, and sanitized at least every two hours or they must be changed out with clean utensils within the same time period. If no facilities are available on site, describe the location of back-up utensil storage.

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe the number and types of garbage disposal containers at the Temporary Food Establishment as well as at the event site (include location on map):

|  |
| --- |
|  |
|  |
|  |
|  |

1. Describe how electricity will be provided to the Temporary Food Establishment:

|  |
| --- |
|  |
|  |
|  |
|  |