Temporary Food Permit Supplement

The operator of each **Temporary Food Establishment (TFE)** must complete this application. The application should be completed and submitted to the Public Health at least 14 days PRIOR to an event.

1. Do you meet the demonstration of knowledge criteria? A Food Handler’s Test may be taken on line at [www.foodsafety.idaho.gov](http://www.foodsafety.idaho.gov) or pick up a test at the local Public Health office.

2. Identify the sources for ALL meat items. Include your source of ICE also.

3. Indicate the type of surface inside the food booth. (Asphalt, grass, dirt etc) If grass, gravel or dirt is the surface of your space, you will need to use a suitable flooring to prevent contamination. Also, what materials will be used for the walls and ceiling?
   A. Floor: ___________________________________________________________
   B. Ceiling: (Overhead protection is required): ___________________________
   C. Walls: ___________________________________________________________________

4. Describe the number, location and set up of handwashing facilities to be used by the TFE workers. Temporary handwashing units will consist of a 5 gallon insulated cooler with spigot valve to provide free flowing water, soap, paper towels and a gray water disposal bucket. Water temperature shall be a minimum of 100°F. Minimum required is 5 gallons/ 4 hour event.

5. Describe how cold, frozen, and hot foods will be transported to the event.

6. Describe how food temperatures will be monitored during the event. Potentially hazardous food must be maintained at 41°F or lower or 135°F or above.
7. Will all foods be prepared at the TFE booth?
   ____ Yes Complete Section A
   ____ No Attach a copy of the signed COMMISSARY AGREEMENT for use of an approved kitchen, listing dates, times, preparation and storage of food items and fill out Sections A & B

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<th>Section A – At the Booth</th>
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8. Will you be using time as a control factor? If yes, provide documentation of procedures you will be using to ensure food will not be in the danger zone (41º F- 135º F) for more than 4 hrs.

9. Describe your source of potable water. How will water be stored and distributed at the event. What method of back flow prevention will be used?

10. Describe where utensils, pots and equipment washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.
11. Describe how and where you will store utensils, equipment and food between events.

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

13. If grease is part of your operation, describe how, where and frequency of disposal.

14. Describe the number, location and types of garbage disposal containers at your unit as well as at the event site. Garbage cans must be lined. Lids must be available to cover garbage cans.

15. Describe how electricity will be provided to the Temporary Food Establishment. If your event extends into the evening hours and lighting is required, lights must be shielded or shatter proof.

16. Will you be sampling food? How will you protect it from contamination? Describe how you will protect the food from dust, wind, and weather. Walls must be used on-site for protection against contamination.

17. Please add any additional information about your Temporary Food Establishment that should be considered:

18. **Draw a sketch** of the booth layout. Contact your health department and arrange an appointment to review your application.
Date of Application: __________________________________________

Statement: I hereby certify that the above information is correct, and will be operated and maintained in accordance with the Idaho Food Code. I am familiar with the Idaho Food Code. I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify final approval.

Signature of owner or designated person in charge: ______________________________________

Date: ______________________________________

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local).

Before any preparation or selling of food can take place a preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

For Regulatory Authority Use Only:

APPROVAL SIGNATURE: ____________________________ DATE: ____________________________

Permit Restrictions: ____________________________

Permit Effective Dates: ____________________________

DISAPPROVAL SIGNATURE: ____________________________ DATE: ____________________________

Reason(s) for Disapproval: __________________________________________________________

Reviewer Signature & Title: ____________________________

Date: ____________________________