

**CAYUGA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

TEMPORARY FOOD SERVICE CHECKLIST

A safe temporary food service event requires operators to fulfill certain important responsibilities. Below is a checklist to use as a guide. Review the list carefully to assure your customers the lowest risk of foodborne illness. **Remember: No home-prepared food is allowed.** Call the Health Department at 253-1405 with any questions.

- 1) ___ Store all potentially hazardous foods below 45 degrees F.
- 2) ___ Accurate thermometers (± 2 degrees F) in all coolers.
- 3) ___ Refrigerator or drained cooler with ice for cold storage on site.
All potable (drinking) water, including ice, is obtained from a municipal PWS, is purchased bottled (or bagged for ice), or is from another source that has specific Health Department approval.
- 4) ___ Food must be purchased from approved sources. Meats must have a USDA mark of inspection.
- 5) ___ Ice used to chill foods is not used in drinks.
- 6) ___ Cook all potentially hazardous foods to at least 140 degrees F. internal temperature; poultry to 165 degrees F.; pork to 150 degrees F.; ground beef to 158 degrees F.
- 7) ___ Hot hold all potentially hazardous foods at 140 degrees F. minimum.
- 8) ___ Probe thermometer on site used to check all cooking and hot holding temperature (accurate to ± 2 degrees F).
- 9) ___ Sterno or chafing dishes for hot holding only. Be careful when using sterno outdoors! Even the slightest breeze will extinguish the flame.
- 10) ___ Temperatures checked regularly. Foods out of temperature discarded. (See #'s 1, 6 and 7).
- 11) ___ Gloves or utensils used to eliminate bare hand contact with all foods that are ready to be served to the public.
- 12) ___ Hands washed routinely (after smoking, touching face or hair, touching dirty aprons, touching uncooked foods, and after using bathroom).
- 13) ___ Hand washing facilities on site (hot water, soap, disposable paper towels) and conveniently located.
- 14) ___ Toilet facilities on site (public sewer, private system, porta-john).
- 15) ___ All foods stored 6" off floor or ground. All food containers labeled and are food safe.
- 16) ___ Solution of bleach and water on site, used to sanitize food contact surfaces (1/2 capful bleach per gallon of water). **Bleach wipes cannot be used to sanitize food contact surfaces.**
- 17) ___ Covered trash containers on site.
- 18) ___ Food prepared on site or in Health Department approved kitchens.
- 19) ___ Food preparation limited to seasoning and cooking (unless transported from Health Department approved facilities).

Section D: Water Supply Public ___ Private ___

Sewage System Public ___ Private ___

Will all food preparation be at the concession? ___ Yes ___ No - If not, please describe:

Will any food be prepared in advance? ___ Yes ___ No – If yes, please list location, date & time of preparation.

Please list the refrigeration facilities available for maintaining cold foods below 45°F.

Please list the provisions for maintaining hot food above 140°F.

Please provide a description & indicate the location of the required hand wash facilities for food workers.

Approximate number of employees or volunteers that will be helping?

Of these people, how many have previous food handling experience working in a food service establishment or other similar facility?

Section E: Workers Compensation & Disability Insurance

(All applicants must complete this section).

Check the appropriate lines and **submit copies** of the following documentation with the application to document compliance with the Workers Compensation Law.

A. If Workers Compensation and Disability Insurance Coverage Provided

Workers Compensation

- _____ Form C-105.2 – Certificate of Workers’ Compensation Insurance **OR**
- _____ Form U-26.3 – Certificate of Workers’ Compensation Insurance **OR**
- _____ Form SI-12 – Certificate of Workers’ Compensation Insurance **OR**
- _____ GSI-105.2 – Certificate of Participation in Workers’ Compensation Group Self-Insurance

AND

Disability Insurance

- _____ DB 120.1 – Certificate of Disability Benefits **OR**
- _____ Form DB-155 – Certificate of Disability Benefits Self-Insurance

B. If Workers Compensation and Disability Insurance Coverage Not Provided

- _____ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers’ Compensation and/or Disability Benefits Coverage (Form CE-200 can be obtained from the Workers Compensation website @ www.wcb.ny.gov)

Section F: Exemption Request

1. Is this facility used for religious, educational or philanthropic purposes? Yes No

2. Is this facility operated by a municipality (city, town, village), non-profit adult home, school (K-12), fire department or a charitable organization identified by the US Internal Revenue Service as a 501(c)3? Yes No

3. If the answer to questions 1 or 2 is “yes” you may request an exemption from payment of the permit fee(s). Please provide documentation of the above 501(c)3 designation.
 Incorporation Papers Other (specify) _____

Section G: Signature & Certification

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW. Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature _____ Date _____

Print name of person signing _____

Section H: FOR OFFICE USE ONLY

Permit Issuance recommended? Yes No

Permit Effective Date ___/___/___

Permit Expiration Date ___/___/___

Conditions of Approval _____

Signature _____ Title _____ Date _____

Return completed & signed application, insurance forms & fee (if applicable) to:

Cayuga County Health Department
8 Dill Street
Auburn, NY 13021

Recommended Hand Washing Facilities

For A

Temporary Food Service Establishment

