

## TEMPORARY FOOD SERVICE INFORMATION

Please refer to this sheet when completing your application and retain it for future reference.

For temporary food service, your primary concerns are to:

- Obtain all food from an approved source, such as a grocery store.
- Keep perishable food cold ( $\leq 4^{\circ}$ C), frozen ( $\leq -18^{\circ}$ C), or hot ( $\geq 60^{\circ}$ C) until use.
- Ensure all utensils, containers, and work surfaces are regularly cleaned and sanitized.
- Ensure that sanitizer solution and appropriate test strips are readily available and in use.
- Wash your hands often with warm water, liquid soap, and paper towels. Never handle food when ill.
- Keep raw foods, especially eggs, meat and fish, separate from cooked foods.
- Cook and reheat foods to  $\geq 74^{\circ}$ C.
- Where food samples are offered, use single service dispensing or limit sample distribution to food handlers.
- Ensure food handling duties are performed separately from cash handling duties.

### FOOD SAFETY AND SANITATION PLANS:

For single day events with simple preparation and lower risk foods, your Operational Plan on the attached application may also serve as your Food Safety and Sanitation Plan. For multiday events and those with more complicated menus and/or higher risk foods, separate Food Safety and Sanitation Plans are required in addition to the application. Plan templates and instructions are available-refer to <a href="https://www.viha.ca">www.viha.ca</a> and use the search tool.

#### HAND WASHING:

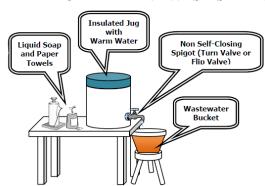
- Wash hands before starting work, after using the toilet and whenever contamination may have occurred.
- Provide liquid soap and paper towel, and ensure an adequate amount of potable water is available at all times.
- Dispose of wastewater into a sewer connection (via toilet or laundry sink) or appropriate sewerage system.

#### PORTABLE HAND SINK EXAMPLE



Large or multiday events and those with higher risk foods generally require portable hand wash sinks with supply and wastewater tanks or connections.

#### TEMPORARY HAND WASH STATION EXAMPLE:



Temporary hand wash stations are suitable for shorter, lower risk events only. Contact an EHO if you are unsure whether more is required for your event.

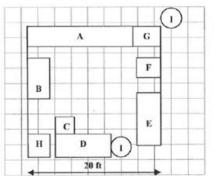
#### **SCALE DRAWING OF LAYOUT:**

The application requires a detailed scale drawing of how you will set up your temporary food service.

#### Be sure to include:

- All equipment for food storage & preparation (counters, fridges, freezers, hot holding, BBQs etc.)
- Storage of utensils and single service items.
- Location of hand washing stations(s)
- Location of dish washing station(s)
- Wastewater and garbage collection
- Flooring & overhead cover (e.g. tent)

#### **SCALE DRAWING EXAMPLE:**



- A Customer order/service table
- B Refrigerator
- C Handwashing station
- D Food preparation table
- E Barbecue grill
- F Chafing dishes
- G Condiment table
- H Dishwashing
- I Garbage containers

Set-up is on a concrete walkway Tent will cover entire set up

# APPLICATION TO OPERATE



# A TEMPORARY FOOD PREMISES (for SPECIAL EVENT FOOD SERVICE)

- Submit completed application to the local Health Protection Office AT LEAST 14 DAYS PRIOR TO EVENT.
- Refer to TEMPORARY FOOD SERVICE INFORMATION sheet, and retain for reference with a copy of your application.

<ul> <li>Incomplete or late applications may not be processed. Any questions- <u>contact your local EHO</u>.</li> <li>No food service is to occur without a permit or written approval from an Environmental Health Officer.</li> </ul>							
DATE(S) OF FOOD SERVICE:	TIME OF FOOD SERVICE:						
EVENT INFORMATION							
NAME OF EVENT:	LOCATION OF EVENT (6	LOCATION OF EVENT (e.g. NAME OF PARK):					
EVENT PHYSICAL ADDRESS (STREET / CITY):							
NAME OF EVENT COORDINAT	PHONE NUMBER/ E-MAIL:						
APPLICANT INFORMATION							
APPLICANT NAME (INDIVIDUAL and ORGANIZATION, where applicable		): PHONE NUMBER:	EMAIL:				
MAILING ADDRESS:							
STREET	CITY	POSTAL COD	DE				
FOOD PREMISES SET UP (che	eck/complete all that apply)						
☐ INDOORS or	OUTDOORS						
ONSITE KITCHEN		CONTACT FOR KITCHEN/KIOSK:					
ONSITE KIOSK		PHONE NUMBER:					
OFF SITE PREP KITCHEN- Specify:							
SELF-CONTAINED MOBILE UNIT No Permit/Approval							
Permit/Approval from a BC Health Authority ** Attach copy of current permit/approval**							
FOOD PREPARATION AND SE	RVICE						
List Foods & Beverages	List Supplier / Producer	Where is the item Prepare	ed?	Item is	s served:		
		At event 🗌 In permit	ted Kitchen	☐ Hot	Cold		
		At event 🗌 In permit	ted Kitchen	☐ Hot	☐ Cold		
		At event 🗌 In permit	ted Kitchen	☐ Hot	Cold		
		At event 🔲 In permit	ted Kitchen	Hot	☐ Cold		
		At event 🔲 In permit	ted Kitchen	☐ Hot	Cold		
		At event 🗌 In permit	ted Kitchen	☐ Hot	Cold		

VENDOR NAME:		DATE OF EVENT:		
OPERATIONAL F	PLAN (*Also serves as Food Safety Plar	or 1 day events with a limited menu and minimal	preparation*)	
	REQUIREMENT	SPECIFY <u>HOW</u> THIS WILL BE ACCOMPLISHED, LISUSED	ST EQUIPMENT	
General Food Protection	Protected from contamination (off ground, covered)			
Temperature Monitoring	Record temp before/after transport and every 2 hours (use accurate probe thermometer)			
Cooking and Reheating	To required internal temperature (e.g., Chicken and all reheated foods to 74°C)			
Hot-holding	Hold hot food at 60°C or hotter			
Cold-holding	4°C or colder-Mechanical refrigeration generally required			
Food Contact Surfaces	Smooth, non-porous and easily cleanable (e.g., stainless steel)			
Hand Washing	Warm water dispensed from non- self-closing valve. Soap in a dispenser and paper towels			
Sanitizer	Approved sanitizer (e.g. 1 teaspoon bleach/ litre water), use test strips			
Water Supply	From an approved water supply system via potable water hoses			
Ware Washing	3 sinks for onsite food prep			
Wastewater Disposal	Into sanitary sewer (not ground surface/storm drain)			
FOODSAFE CERT	TIFIED FOOD HANDLERS: **1 cer	fied person required at all times- attach copies of	certificates**	
NAME:		PHONE NUMBER:		
NAME:		PHONE NUMBER:		
NAME:		PHONE NUMBER:		
NAME:		PHONE NUMBER:		
IF APPROVED, H	IOW WOULD YOU LIKE TO RECEIVE YO	R PERMIT?		

VENDOR NAME:		DATE OF EVENT:					
<ul> <li>SCALE DRAWING OF LAYOUT:</li> <li>Refer to the example in the information sheet.</li> <li>A separate page can be used if necessary.</li> </ul>							
			# List of Facilities/Equipment				
The information enclosed is true and accurate to the best of my knowledge. I understand that providing safe food is my responsibility and I will follow all requirements. I will not provide food service without written EHO Approval.							
Applicant Signature: Date:							
INTERNAL USE ONLY  Application Approved and Permit Issued  Application Rejected							
<ul> <li>☐ Submissions did not demonstrate an adequate understanding of required safe food handling practices.</li> <li>☐ Submission date did not allow sufficient time for EHO review in advance of event (min 14 days required).</li> <li>☐ The applicant (individual or organization has already operated for 14 days this calendar year so is not eligible for further temporary permits.</li> <li>☐ Other:</li> </ul>							
EHO Signature:		Date:					