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 degrees 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 degrees 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.

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 degrees to 120 degrees 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 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.

**TEMPORARY FOOD EVENT**

**COORDINATOR’S CHECKLIST Fee $65.00**

**\***RETURN COMPLETED APPLICATION TO THE LOCAL BOARD OF HEALTH THIRTY (30) DAYS PRIOR TO 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 HEATLH NO LATER THAN **TWO (2) WEEKS PRIOR TO THE EVENT**.

1. Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Expected number of Patrons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Names of Event Coordinators/Responsible Individuals:

**NAME ADDRESS PHONE(work,home,cell)**

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Number of Anticipated Food Booths:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date, Time, Location of Scheduled Meeting(s) with Food booth participants:

**NAME ADDRESS LOCATION**

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Time of Event set up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe proposed Restroom Facilities (Type, Number, Location):

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

1. Will Electricity be provided to the food booths: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No
2. Describe the Potable water supply and Delivery:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Describe the wastewater disposal system:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Describe Garbage Disposal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNATURE TITLE DAT**

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

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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 services “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 2. Fill out both **Sections**

For use of another approved kitchen giving dates **A & B** below.

and times.

1. 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.**

1. Food Source(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source and storage of water/ice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage and disposal of wastewater:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage and disposal of garbage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On the last 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.

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

APPLICANTS SIGNATURE DATE

Plan Review:

1. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refridgerators, worktables, food/single service storage, etc.. (A Certificate from the Fire Department is required for all open flames.)
2. Describe floor, wall and ceiling surfaces:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BOARD OF HEALTH COMMENTS:

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PERMIT NUMBER APPROVED BY: DATE

Copy to Applicant \_\_\_\_\_\_\_In Person \_\_\_\_\_\_\_\_\_\_Mailed Date:\_\_\_\_\_\_\_\_\_\_