



Onslow County Health Department Temporary Food Establishment Application

This application must be completed and submitted to the Environmental Health division of Onslow County Health Department to provide information about all food preparation and sales to the public at any public event or exhibition within Onslow County.

Application and fee must be submitted NO LATER THAN 15 DAYS PRIOR TO THE EVENT. Please note: \$75.00 fee will be required for each food service permit and must be paid with the submission of each food vendor application.

Name of Event: _____ Event Date(s) and time: _____

Event location: _____
(Street) (City) (State) (Zip)

Vendor's Name: _____ Vendor's Number: (____) _____ - _____

Vendor's Address: _____
(Street) (City) (State) (Zip)

Email Address: _____ @ _____

Please note: Food booth must be completely set up prior to permitting and NO food preparation is allowed in the booth until permit is issued.

Date for permitting: _____ Time for permitting: _____

Menu Items intended to be sold day of the event:

Will you be using The Employee Health Policy provided in this application? YES: NO:
If you answered NO, please attach a copy of your Employee Health Policy to this application.

Are you a Mobile Food Unit or Push Cart permitted in another county? YES: NO:
If you answered YES, please provide a copy of permit and most recent inspection.

If this is a multi-day event, will your permitted Mobile Food Unit or Push Cart be allowed to return to your commissary at the end of each day for servicing and re-stocking? YES: NO:
If you answered NO, you will be acting as a Temporary Food Establishment and will have to pay the \$75 application fee on or before the 15-day cut off.

Indicate how food temperatures will be maintained during transport to the event (check all that apply):

Cooler with ice Refrigerated Truck Cambro Insulated heat bags Other _____

Indicate the distance to travel with food product and time of transit: _____

Source of Ice: _____ Source of water: _____

Check boxes that best describe the disposal methods for the following:

Wastewater:

- Event providing grey water disposal bin
- Event has onsite sewer available to use
- Taking back to approved Food Service establishment

Garbage:

- Event providing dumpster/ pickup
- Other: _____

Check the box that best describes the food booth set up: ** 10x10 tent setup is only allowed with a very limited menu

- 3-sided (tent walls) tent (___) x (___) with front sneeze guard fans. Tent must restrict access from the public and protect food from contamination on all sides.
- Trailer/self-contained unit (___) x (___)
- Building/indoor event

Flooring in food service/storage area:

- Grease mats under fryers
- Asphalt or concrete
- Matting, tarps or similar non-absorbent material

Lighting in food service/storage areas:

- Shielded bulbs
- Shatterproof bulbs

PLEASE NOTE THAT APPROVAL FOR BOOTH SET UP AND COOKING EQUIPMENT SHALL COMPLY WITH LOCAL FIRE CODE AND SHALL BE PRE-APPROVED BY THE FIRE DEPARTMENT PRIOR TO OPERATION.

**Onslow County
Checklist for Temporary Food Establishment Vendors**

The following is a checklist to aid a vendor in setting up a Temporary Food Establishment (TFE). All items on the checklist are necessary to obtain a permit for a TFE: however, additional requirements may be applicable.

<p>Employee Requirements:</p> <ul style="list-style-type: none"> • No bare hand contact with ready to eat foods. • Employee health policy • Hair restraints (hats or hairnets) • No jewelry on arms and hands except plain ring 	<p>Utensil Washing:</p> <ul style="list-style-type: none"> • 3 comp sink, 3 utensil sinks, or 3 basins Must be large enough to submerge largest utensil • Drain board or counter space for air drying • Soapy water, rinse water, and sanitizer • Sanitizer test strips • Must reach a temperature of 110 degrees Fahrenheit
<p>Tent/Overhead Protection:</p> <ul style="list-style-type: none"> • All items of food operation must be under tent or cover • Smokers used to cook large whole cuts or meats are not required under cover – the lid to unit acts as a cover 	<p>Hand Wash Station:</p> <ul style="list-style-type: none"> • At least 2-gallon container under pressure • Must be at least 100 degrees Fahrenheit • Free-flowing faucet/turn spout • Soap and disposable towels • Waste water catch bucket must be labeled
<p>Food Protected and Secured:</p> <ul style="list-style-type: none"> • Food secured at all times to prevent tampering and contamination • All food stored and transported in food grade containers • No food exposed to customers (side guards or sneeze guards if needed) • Approved self-service condiments 	<p>Food From Approved Source, Protected and Secured:</p> <ul style="list-style-type: none"> • Approved food sources with invoices • Food stored off ground • No food or drink preparation is allowed prior to issuance of permit • All raw meat, poultry, and seafood must be purchased ready to cook
<p>Water Supply:</p> <ul style="list-style-type: none"> • Approved water source • Hoses must be food grade and labeled with booth name. Backflow preventer required if directly connected to water supply • Must have a means to heat water for utensil and hand washing 	<p>Fresh Fruit/ Vegetable:</p> <ul style="list-style-type: none"> • Produce must come in prewashed or a separate produce sink is required • Produce sink is for produce washing only
<p>Waste water disposal</p> <ul style="list-style-type: none"> • Disposal in an approved sewage system • Lines, buckets and tanks must be labeled 	<p>Lighting</p> <ul style="list-style-type: none"> • All light shatterproof or shielded above food prep or storage
<p>Food Temperatures</p> <ul style="list-style-type: none"> • Provide calibrated metal stem thermometer • Cold holding at 41F and below • Hot holding at 135F or above 	<p>Permitting Times:</p> <ul style="list-style-type: none"> • Vendor is expected to be ready at permitting time given • Vendor has 30 minutes to be ready for inspection or permit will be denied
<p>Insect and Environmental Protection:</p> <ul style="list-style-type: none"> • 3-sided tent or mesh sides • Fly fans • Ground cover in absence of asphalt, concrete, or grass 	

FORM
1-B

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of the ir responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms. Either While at Work or Outside of Work. Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small*)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

I certify that I will comply with the requirements listed above ad any other requirements as described by Onslow County Environmental Health while operating my Temporary Food Establishment and I will exclude sick persons from working with food.

Signature: _____

Date: _____

Printed Name: _____