

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

(Application requirements are outlined in Chapter 8, TB MED 530/NAV MED P-5010-1/AFMAN 48-147_IP)

OMB No.
OMB approval expires

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (XXX-XXXX). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.**

INSTRUCTIONS:

The application is completed by the operator of the temporary food establishment (TFE). Separate applications must be submitted for each independently operated establishment regardless if managed by a single operator. Submit completed applications to the regulatory authority at least 7 days before an event. In addition, each operator must provide:

- A drawing depicting the operational layout of the temporary food establishment. The drawing should provide orientation to the following activities/areas: food storage, food preparation/cooking, food service, warewashing (if applicable), and employee handwashing;
- A drawing of the entire event area depicting the TFE site in relation to the potable water supply, electrical sources, the wastewater disposal area, lavatories, etc.

1. DATE SUBMITTED (YYYYMMDD)	2. NAME OF TEMPORARY FOOD ESTABLISHMENT		
3. NAME OF OPERATOR OR OWNER		4. MAILING ADDRESS	
5. TELEPHONE NUMBER		7. DATE(S) AND TIME(S) OF EVENT/FOOD OPERATION	
6. NAME OF EVENT			
8. DATE AND TIME TFE WILL BE SET UP AND READY FOR INSPECTION:			

9. LIST ALL FOOD AND BEVERAGE ITEMS TO BE PREPARED AND SERVED. Attach a separate sheet if necessary.
NOTE: Any changes to the menu must be submitted to and approved by the Regulatory Authority at least 24 HOURS prior to the event.

(1)	(2)	(3)
(4)	(5)	(6)
(7)	(8)	(9)
(10)	(11)	(12)
(13)	(14)	(15)
(16)	(17)	(18)

10. Will all foods be prepared at the TFE site?
 Yes – *complete Attachment A* No* – *complete Attachments A and B*

* If No, the operator must identify the permanent food establishment where the food will be prepared; food establishments operating off the installation require additional assessment by the Regulatory Authority for approval.

11. Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE (e.g., conveyance method & temperature controls):

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12. How will food temperatures be monitored during the event?

13. Identify the sources for each meat, poultry, seafood, and shellfish item, and ice:

a. Item / Source

b. Item / Source

c. Item / Source

d. Item / Source

e. Item / Source

f. Item / Source

14. How many (total) food employees will be working at the TFE?

Using **Attachment C**, provide the names and phone numbers of all TFE workers (paid workers and volunteers).

15. How many handwashing facilities will be available for food employees? _____

Describe the location(s) and handwashing facility set up (type of device) to be used by the TFE employees:

16. Identify the potable water supply source and describe how water will be stored and distributed at the TFE. If a non-public water supply (well water) is to be used, provide the results of the most recent water tests.

17. Describe where utensil washing will take place. If no facilities are available onsite, describe the location of back-up utensil storage.

18. Describe how and where wastewater from hand washing and utensil washing will be collected, stored, and disposed:

19. Describe the number, location, and types of garbage disposal containers at the TFE and the event site:

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20. Describe the floors, walls, ceiling surfaces, and lighting within the TFE:

21. Additional information about the TFE that should be considered:

Number of attached continuation pages: _____

22. APPLICANT STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Medical Authority or designated representative and the event sponsor may nullify final approval.

a. APPLICANT/OWNER SIGNATURE:

b. Date:

c. CO-APPLICANT/CO-OWNER SIGNATURE:

d. Date:

23. REGULATORY AUTHORITY: 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). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the food establishment with equipment in place and operational will be necessary to determine if it complies with the Tri-Service Food Code and local and state laws governing food service establishments.

Approved

Date (YYYYMMDD):

Disapproved

Date (YYYYMMDD):

Establishment Restrictions:

Reason(s) for Disapproval:

24. AUTHORIZED DATES TO OPERATE

25.a. REVIEWER (*Print full name and rank*)

b. TITLE

c. SIGNATURE

d. DATE

ATTACHMENT A - FOOD PREPARATION AT THE TEMPORARY FOOD ESTABLISHMENT

INSTRUCTIONS: Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.

1. Food Item	2. Thaw <i>(How and Where?)</i>	3. Cut/Wash/ Assemble <i>(Where?)</i>	4. Cold Holding <i>(How and Where?)</i>	5. Cook <i>(How and Where?)</i>	6. Hot Holding <i>(How and Where?)</i>	7. Reheating <i>(How?)</i>	8. Commercial Pre-Portioned Package (Y/N)

ATTACHMENT B - FOOD PREPARATION AT PERMANENT FOOD ESTABLISHMENT SUPPORTING THE TFE

INSTRUCTIONS: Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.

1. Food Item	2. Thaw <i>(How and Where?)</i>	3. Cut/Wash/ Assemble <i>(Where?)</i>	4. Cold Holding <i>(How and Where?)</i>	5. Cook <i>(How and Where?)</i>	6. Hot Holding <i>(How and Where?)</i>	7. Reheating <i>(How?)</i>	8. Commercial Pre-Portioned Package (Y/N)

ATTACHMENT C - TEMPORARY FOOD ESTABLISHMENT EMPLOYEE LOG

1. Name (<i>print first & last</i>)	2. Date	3. Duty Assignment (Work Station)	4. Time In	5. Time Out