## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

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

OMB No. 0702-0132 OMB approval expires: February 28, 2022

The public reporting burden for this collection of information, 0702-0132, 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 the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mli. 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.

## **INSTRUCTIONS:**

The application is completed by the operator of the temporary food establishment (TFE). Separate applications must be submitted for <u>each</u> 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 OI	F TEMPORARY FOOD EST	ABLISHMENT		
3. NAME OF OPERATOR OR OWNER		4. MAILING ADDRESS		
5. TELEPHONE NUMBER				
6. NAME OF EVENT		7. DATE(S) AND TIME(S) OF EVENT/FOOD OPERATION		
8. DATE AND TIME TFE WILL BE SET UP AND RE	ADY FOR			
INSPECTION:				
<ol> <li>LIST <u>ALL</u> FOOD AND BEVERAGE ITEMS TO BE NOTE: Any changes to the menu must be submitted</li> </ol>				
(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		Attachments A and B		
* If No, the operator must identify the permanent foor require additional assessment by the Regulatory Aut	hority for approval.			
11. Describe (be specific) how frozen, cold, and h	ot foods will be transport	ed to the TFE (e.g., convey	vance method & temperature controls):	

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT					
12. How will food temperatures be monitored of	during the event?				
13. Identify the sources for each meat, poultry	, seafood, and shellfish item,	and ice:			
a. Item / Source	<u>, , , , , , , , , , , , , , , , , , , </u>	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 <b>Attachment C</b> , provide and volunteers).	de the names and phone numbers of all TFE workers (paid workers			
15. How many handwashing facilities will be a					
Describe the location(s) and handwashing fac					
	, , , , , , , , , , , , , , , , , , ,				
<ol> <li>Identify the potable water supply source an water) is to be used, provide the results of the</li> </ol>		e stored and distributed at the TFE. If a non-public water supply (well			
17. Describe where utensil washing will take p	lace. If no facilities are availabl	e onsite, describe the location of back-up utensil storage.			
18. Describe how and where wastewater from	hand washing and utonsil wa	shing will be collected stored and disposed:			
To. Describe now and where wastewater from	nanu washing anu utensii wa	sning will be conected, stored, and disposed.			
19. Describe the number, location, and types of	of garbage disposal container	s at the TFE and the event site:			

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT						
20. Describe the floors, wal	Is, ceiling surfaces, and lighting within the TFE:	:				
21. Additional information a	about the TFE that should be considered.	Ν	umber of a	attached continuation pages:		
deviation from the a	<b>EMENT:</b> I hereby certify that the above in bove without prior permission from the N					
	nullify final approval.					
a. APPLICANT/OWNER SIG	NATURE:			b. DATE (YYYYMMDD)		
c. CO-APPLICANT/CO-OWN	ER SIGNATURE:			d. DATE (YYYYMMDD)		
compliance with any it does not constitut A pre-opening inspe	<b>THORITY:</b> Approval of these plans and so y other code, law or regulation that may be e endorsement or acceptance of the com- ection of the food establishment with equi- lies with the Tri-Service Food Code an d	be required (i.e., Federal, ipleted establishment (st ipment in place and oper	, state, o ructure c ational v	r local). Furthermore, or equipment). vill be necessary to		
Approved	Date (YYYYMMDD):	Disapproved	Date (Y	YYYMMDD):		
Establishment Restrictions:		Reason(s) for Disapproval:				
24. AUTHORIZED DATES TO	) OPERATE					
25.a. REVIEWER (Print full n	ame and rank)					
b. TITLE						
c. SIGNATURE				d. DATE (YYYYMMDD)		

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

ATTACHMENT C - TEMPORARY FOOD ESTABLISHMENT EMPLOYEE LOG							
1. Name (print first & last)	2. Date (YYYYMMDD)	3. Duty Assignment (Work Station)	4. Time In	5. Time Out			