



**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT**

**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 (YYYYMMDD)
c. CO-APPLICANT/CO-OWNER SIGNATURE:	d. DATE (YYYYMMDD)

**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.

<input type="checkbox"/> Approved	Date (YYYYMMDD):	<input type="checkbox"/> 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 (YYYYMMDD)
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## 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 <i>(Y/N)</i>

**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 <i>(Y/N)</i>

