Temporary Food Service or Retail Food Establishment Requirements

Temporary licenses are good for a maximum of five (5) consecutive days and one license per location.

Residents of Wood County can purchase a temporary license for the Wood County Fair, and operate for the full ten days. (Non-Wood County residences must pay for two (2) licenses to cover the Wood County Fair.)

2020 Prices (cost subject to change)

**Temporary License - $75.25**

How to obtain The Temporary Food License?

Complete an application and pay the required fee to the Wood County Health Department at least ten days before the event. This may be done in person during regular business hours, 8:30 to 4:30 Monday through Friday. The application will require you to list the menu items and make a drawing of the “floor plan” of the food service areas. The sanitarian will come to inspect your temporary food operation the day of the event. The sanitarian may suggest changes at that time. When the sanitarian is assured the food service operation can provide safe food, the license will be issued at the time of the onsite inspection.

**Temporary Food License Checklist:**

- Stem Thermometer ranging from 0° to 220°F or digital thermometer.
- Source of Hot Water (example - coffee urn).
- Handwashing — container to hold 100° F water (example - igloo cooler with a free flowing spigot), soap, paper towels, container to catch waste water.
- 3 large plastic containers for dishwashing. Set up Wash-Rinse-Sanitize.
- Sanitizer to set up sanitizer bucket and for ware washing.
- Sanitizer bucket(s) to clean food contact surfaces.
- Test strips to monitor sanitizer concentration.
- Refrigerator or cold holding capabilities.
- Hot holding capabilities (electric roaster or crock pots).
- Garbage can.
- Disposable gloves to handle ready to eat food.
- Hair restraints.
- Flooring - if not on pavement.
- Tent or covering for any exposed food or cooking equipment.

The following **MUST** be available at the time of inspection:

- Employee Health Agreement (attached)
- Vomit/Diarrhea clean up policy (attached)
- Choking Poster (attached)

**All food must be prepared on site (not at home), or at a licensed food service location. Please feel free to contact us with any questions.**
FIRST AID FOR FOOD CHOKING
Victim Cannot Cough, Speak, or Breathe

Rescuer must act quickly. Choking is a life threatening condition. Call 911 immediately.

1 GIVE 5 BACK BLOWS
Back blows: stand behind the victim and place arm across their chest for support; bend the victim slightly at the waist; firmly strike the victim between shoulder blades with the heel of your hand.

2 GIVE 5 ABDOMINAL THRUSTS
Abdominal thrusts: stand behind the victim and wrap your arms around the victim's waist; place your fist thumb-side in against victim's abdomen below rib cage, slightly above the navel; grasp your fist with the other hand; press your fist forcefully with quick upward thrust into the victim's abdomen.

NEXT STEPS

- Repeat steps 1 and 2 until the object is forced out, the person can cough forcefully or breathe, or the person becomes unconscious.

- If the person becomes unconscious, begin CPR starting with chest compressions. Each time you open the airway, look in the airway and remove the object if you see it.
The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

**Note:** Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against *Norovirus* (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.

7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. Food contact surfaces that have been disinfected must be washed, rinsed, and sanitized prior to use to remove disinfectant residue and prevent contamination of food.
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

**Additional Resources:**

CDC Preventing Norovirus Infection: http://www.cdc.gov/norovirus/preventing-infection.html.


Ohio Department of Health Food Safety Program: http://www.odh.ohio.gov/odhprograms/eh/foods/food2.aspx

Ohio Department of Agriculture Division of Food Safety: http://www.agri.ohio.gov/divs/FoodSafety/foodsafty.aspx

2/2018 ODH Food Safety Program • (614) 644-7416 • foodsafety@odh.ohio.gov
Employee Health Agreement

Employees are now required by law to report any illness to the person in charge. If you are diagnosed with any of the following illness or experience any of the following symptoms, you MUST report it immediately. OAC 3717-1-2.1

I agree to alert management:

When I have symptoms of:

<table>
<thead>
<tr>
<th>✮ Diarrhea</th>
<th>✮ Jaundice</th>
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<tbody>
<tr>
<td>✮ Fever</td>
<td>✮ Sore throat with fever</td>
</tr>
<tr>
<td>✮ Vomiting</td>
<td>✮ Lesions containing pus</td>
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</table>

Whenever I am diagnosed by a physician as being ill with:

<table>
<thead>
<tr>
<th>✮ Salmonella spp.</th>
<th>✮ Campylobacter spp.</th>
<th>✮ Giardia</th>
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</thead>
<tbody>
<tr>
<td>✮ Salmonella Typhi</td>
<td>✮ Norovirus</td>
<td>✮ Yersinia</td>
</tr>
<tr>
<td>✮ Shigella spp.</td>
<td>✮ Vibrio cholera</td>
<td>✮ Hepatitis A</td>
</tr>
<tr>
<td>✮ Entamoeba histolytica</td>
<td>✮ Cryptosporidium</td>
<td></td>
</tr>
<tr>
<td>✮ Cyclospora</td>
<td>✮ Shiga toxin-producing Escherichia coli</td>
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If I have been:

1. Diagnosed with Salmonella Typhi within the past 3 months, without receiving antibiotics.
2. Exposed to or I am the source of a confirmed disease outbreak because I consumed food that was prepared by a person who is infected with an illness listed below.
3. Exposed by attending an event, working in a setting, or living in the same household as an individual diagnosed with an illness listed below.

<table>
<thead>
<tr>
<th>Norovirus</th>
<th>within the past forty-eight hours of the last exposure;</th>
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<tbody>
<tr>
<td>Shiga toxin-producing Escherichia coli</td>
<td>with past 10 days of the last exposure or Shigella spp. with past 4 days of the last exposure;</td>
</tr>
<tr>
<td>Salmonella Typhi</td>
<td>within the past 14 days of the last exposure</td>
</tr>
<tr>
<td>Hepatitis A virus</td>
<td>within the past 50 days of the last exposure</td>
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I have read (or had explained to me) and understand the requirements concerning my responsibilities to report illnesses to management.

Food employee (print) __________________________ Date ____________

Signature of Food Employee ______________________ Date ____________

Signature of Manager ___________________________ Date ____________
Application for a License to Conduct a Temporary: (check only one)

Instructions:
1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application to: Wood County Health Department
1840 East Gypsy Lane Road
Bowling Green, OH 43402

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility

Location of event

Address of event

City

State

ZIP

Start date

End date

Operation time(s)

Name of license holder

Phone number

Address of license holder

City

State

ZIP

List all foods being served/sold

I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:

Signature

Date

Licensor to complete below

Valid date(s)

License fee:

Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By

Date

Audit no.

License no.

AGR 1271 (Rev. 11/00)
HEA 5331 (Rev. 11/00)

Ohio Department of Agriculture
Ohio Department of Health
Festival-Temporary Food Service or Retail Food Establishment Application

Event Information:

Name of the Event: ___________________________________________________________

Exact location of the Event: ________________________________________________

Date(s) of the Event): ____________   Hours during which food will be served: ________________

Time that you will be ready for an inspection: ________________________

If the time changes or a cancellation is necessary contact the Wood County Health Department (419-354-2702) immediately.

Person in Charge:

It is the responsibility of the license holder or person-in-charge designee to demonstrate applicable knowledge of foodborne prevention, hazard analysis and requirements of OAC Chapter 3717-1.

Who is the person in charge is that will assume responsibility for this Food Service activity?

Name: ____________________________   Address: ____________________________

Phone: ____________________________   Alternate Phone: ______________________

Email: ____________________________

Menu

All food must be prepared on site (not at home), or at a licensed food service location.

Where will the foods be prepared?

☐ At the Temporary Location   ☐ At a Licensed FSO/RFE Facility (additional information required)

Name and address of the FSO/RFE: ____________________________

All perishable foods must be held in hot or cold holding units.
### Cold Holding Items

<table>
<thead>
<tr>
<th>Food Items</th>
<th>Name of Source (grocery store, restaurant)</th>
<th>Cold Food Storage (cooler with ice, refrigerators)</th>
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</table>

### Hot Holding Items

<table>
<thead>
<tr>
<th>Hot Food Item</th>
<th>Source of Hot Food (name of grocery store/restaurant or prepared on premise)</th>
<th>Hot Food Storage (steam tables, crock-pots)</th>
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<tbody>
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### Non-Perishable Food Items

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Name of Source (grocery store, restaurant)</th>
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### Cooking Equipment

<table>
<thead>
<tr>
<th>Type of cooking equipment (fryers, grills, microwave)</th>
<th>Fuel (gas or electric)</th>
<th>Quantity</th>
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**Do you plan to defrost foods?**  
[ ] No  [ ] Yes, under refrigeration  [ ] Yes, during the cooking process

**What kind of thermometers will you be providing for temperature checks?**

[ ] Metal stem thermometer 0° to 220°F  [ ] Digital 0° to 220°F  [ ] Other, please specify: ________________________________
Food Storage and Handling:

Food must be protected from potential contamination. Tables must be provided for food preparation.

What will be your barrier between ready to eat foods and bare hand contact?

☐ Gloves  ☐ Deli paper  ☐ Tongs or other utensils  ☐ Other, please specify:__________

Where will food preparation take place?

☐ Indoors  ☐ Outdoors  ☐ Both

What type of flooring will be under the food preparation area?

☐ Wood  ☐ Concrete  ☐ Asphalt  ☐ Other (must be non-absorbent):__________________

Sanitation:

What kind of three compartment wash-rinse-sanitize system will you use?

☐ Dishpans  ☐ Buckets  ☐ Three compartment sink  ☐ Other, please specify ________________

What sanitizer will you be using?

☐ Bleach (5.52%, unscented household)  ☐ Quaternary Ammonia  ☐ Iodine

What corresponding sanitizer test strips will you be using?

☐ Chlorine (50-100ppm)  ☐ pHydron QT-10 (200ppm) or QT- 40 (150-400ppm)  ☐ Iodine (25ppm)

Handwashing:

A handwashing station, with potable water (must be obtained from an approved source). This includes ice, water for preparing foods, ware washing, and hand washing.

Where is your water source for the event? ____________________________________________

How will you be heating your water to maintain 100°F? ________________________________

What type of hand washing station will you be providing?

☐ Portable hand sink  ☐ Insulated thermos type container with free flowing spout

☐ Other, please specify _______________________

Other

All food contact equipment must be cleaned prior to use.
If serving at night, additional lighting will be required.
A garbage can for trash disposal will be required.
Hair must be effectively restrained. Proper hair restraints are: hats, visors, hair nets.
Temporary Layout

Draw a diagram of your food storage, preparation and serving areas. Show the locations of washing, cooking, and serving equipment and counter. Indicate where you expect people to line up to receive their food, pay for it, and eat it. (Attach on separate page if needed)

Items to include:
- Three (3) containers for wash water to clean dishes and equipment.
- Hand washing station, with soap, paper towels, and waste water container.
- Source of hot water on the site.
- Prep Tables
- Service area
- All cooking, cold and hot holding equipment