



256 Williamstown Road
Ottawa, OH 45875
Phone: 419-523-5608
Fax: 567-538-5076

Email: pchd@putnamhealth.com
Website: www.putnamhealth.com

Working towards a healthy and safe Putnam County"

INSTRUCTIONS FOR APPLICANTS OF TEMPORARY FOOD FACILITIES

1. **Complete and return the following (included in this packet) at least 10 days prior to your event, or as soon as possible:**

- Application for a Temporary Food License
- Application Plan for Temporary Food Event
- Temporary Food Event Layout

Complete all of the information requested on the forms. **Be sure to sign and date the application as indicated.**

Retain the choking poster, vomiting and fecal accident clean up guidance, and employee health reporting requirements. Have each volunteer read and sign the health reporting requirements. Have it available during the inspection for verification.

Return application forms with the **appropriate fee for each day** you will operate.

Current Fees are: **\$50.00 per event**

Cash or checks are accepted. Credit cards are also accepted but an additional fee will apply.

2. **Review the Temporary Food Event Requirements Checklist** for information regarding Ohio regulations for food safety. Refer to this checklist often when preparing for your event.
3. **Please notify the Putnam County Health Department with any changes related to your application, including what food is being offered.**
4. **Your temporary food license will be delivered to you at the event by the sanitarian, who will also conduct a food inspection.**

Temporary Food Event Requirements

Keep and review this checklist for your event

Foods and Beverages

- ☐ Obtained from approved sources: only from and/or previously prepared in a licensed restaurant, food retail store or food distributor
- ☐ **NO HOME PREPARED FOODS**. Contact the health department for more information regarding baked goods
- ☐ All food must be prepared on site or from an approved source (see previous two items)
- ☐ Food must be stored a minimum of six inches above floor/ground
- ☐ All water used for drinking, cooking, ice and handwashing must be from a municipal source or if from a private water system must have a safe sample prior to the event

Handwashing

- ☐ Running water for handwashing must allow for both hands to be washed at once.
(Use a sink with faucet or coffee urn or cooler with a spigot filled with warm water)
- ☐ Liquid or bar handwashing soap
- ☐ Paper (single use) towels for drying hands
- ☐ A container to collect the wastewater from handwashing
- ☐ Handwash station must be close enough to food prep area to wash hands often
- ☐ Sign posted which instructs workers to wash their hands

Food Preparation/Storage

- ☐ Raw meats must be cooked to required temperatures: Chicken - 165° F, Ground meats - 155° F, Fish - 145° F
- ☐ Hot food must be held hot at 135° F or above
- ☐ Cold food must be held cold at 41° F or below
- ☐ A metal stem thermometer must be used to monitor the temperatures of food
- ☐ Tongs, scoops, deli tissue, or single use gloves to prevent bare hand contact must be used when dispensing ready-to-eat foods such as buns, cookies, chips, cooked food, etc.
- ☐ Food must be covered when stored and single use articles shall be pre-wrapped or adequately protected and stored

Cleaning and Sanitation

- ☐ Utensils properly cleansed and sanitized in a 3-compartment sink or series of 3 basins or buckets
1 – Wash in hot soapy water 2 – Rinse in clear water 3- Sanitize with ~1 teaspoon of **unscented** bleach per gallon of water (or use another approved sanitizer using the product label directions)
- ☐ Wet wiping cloths must be kept in sanitizer solution (same concentration as described above) when not in use
- ☐ Leak-proof trash cans of sufficient capacity must be provided. No liquid wastes are to be dumped onto the ground
- ☐ Test stripes must be available to test sanitizer level. Most food supply stores have these available.

Food Workers

- ☐ A Person-In-Charge must be present at all times to ensure workers practice required and correct food safety and sanitation measures
- ☐ **IMPORTANT!** All workers must be in good health and free from illness that is transmittable through food
- ☐ Hairnets must be used to effectively restrain hair for those preparing and serving food
- ☐ No smoking, drinking or eating in food preparation area

Work Area

- ☐ Locate on concrete or asphalt and provide canopy/shelter when possible
- ☐ Food preparation/service work surfaces must be smooth and easily cleanable

Application and Fee

- ☐ Complete and return ALL application and plan information required at least 10 days prior to the event
- ☐ Submit necessary application fee for each day of the event to the Putnam County Health Department

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:

Putnam County Health Department
256 Williamstown Road
Ottawa, Ohio 45875

- ☐ **Food Service Operation**
☐ **Retail Food Establishment**

For office use

☐ Cash ☐ Check No. _____

Receipt No. _____

Receipt Date: _____

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 organization/company to conduct the operation/establishment		
Name and Location of event		
Address of event		
City		State
		Zip Code
Start Date	End Date	Operation Time(s)
Name of license holder		Phone number
Address of license holder		State
		Zip Code
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
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Licensors to complete below:

Valid date(s)	License fee: \$50.00
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit No.	License No.

Application Plan for Temporary Food Event

Please provide complete information below

Name of organization/company	Date(s) of event	Time when set-up will begin
Name and location of event (describe or give directions to the event location)		Time when serving will begin
Name of person(s) who will be in charge – PLEASE PRINT LEGIBLY 1		Contact number(s) on day of event 1
2		2

Describe the menu: Food *MUST* be prepared *AT* the event site. *NO* home cooked foods will be permitted

FOOD ITEM	WHERE PURCHASED	WHO PREPARED	WHERE PREPARED	WHEN PREPARED

Continue list on separate sheet if needed

Please list/describe the equipment you will use at the event

Cooking Equipment	To keep food cold (41° F or less)	To keep food hot (135° or more)	Food Prep and Handling Items
Stove	Refrigerator	Warmer	Cooking Utensils
Grill	Freezer	Roaster	Gloves
Fryer	Ice Chest	Steam Table	Deli Tissue
Other:	Other:	Other:	Other:

Other required facilities: Check at least one applicable item in each column

To Wash Hands	To Clean and Sanitize Utensils (wash-rinse-sanitize)	To monitor food temperatures
<input type="checkbox"/> Handwash Sink <input type="checkbox"/> Coffee urn or cooler with spigot	<input type="checkbox"/> 3 compartment sink <input type="checkbox"/> 3 buckets or basins	<input type="checkbox"/> Metal stem thermometer <input type="checkbox"/> No potentially hazardous food

How will water be provided?

☐ Public water system

☐ Private water system (safe sample required prior to event)

☐ Bottled water

Temporary Food Event Layout

Please make a drawing below or attach a separate sheet which shows the layout of the area you will operate in and how the following equipment and facilities will be set up (see example below):

Handwashing

Utensil wash/rinse/sanitize

Hot food holding

Cold food holding

Food preparation area

Trash receptacles

Customer service area

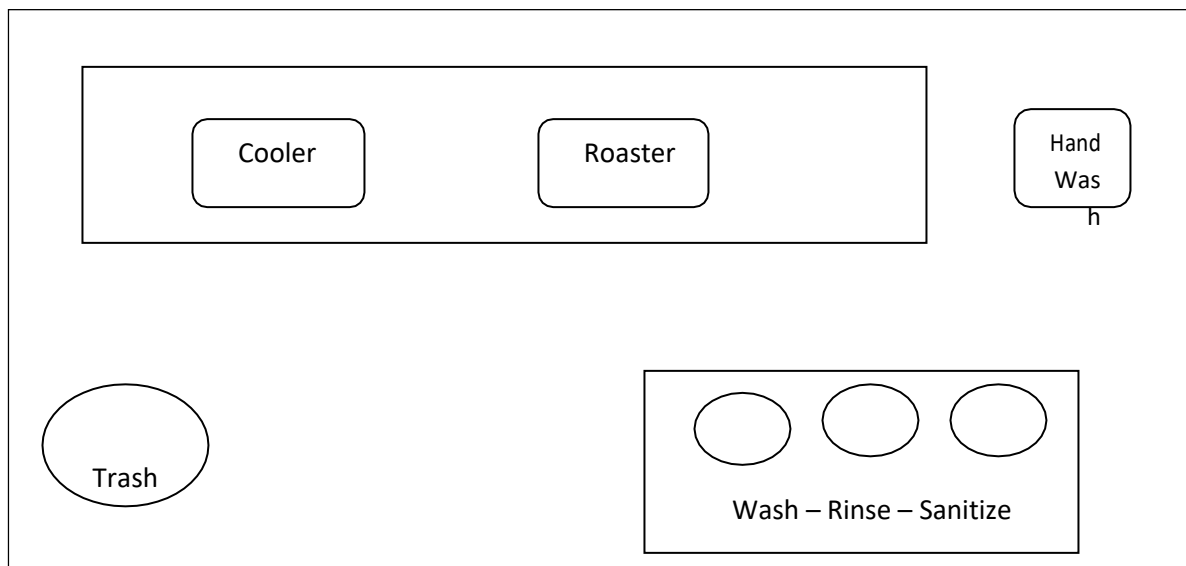
Type of floor surface



Overhead protection

Please sketch your layout here or include on a separate 8.5" by 11" sheet of paper:

Name of organization/company:

Example:



- **Poultry** (Chicken, Turkey, Duck, etc.) 
- **Stuffed Meats, Stuffed Pasta, Stuffing Containing Meat**
- **Bulk REHEATED Foods**
- **Microwave Cooked Foods** 

165°F



- **Roasts** (Beef, Pork & Corned Beef)

160°F



- **Ground Beef & Ground Meats**

155°F



- **Eggs** (for immediate service)
- **Whole Muscle Steak, Pork**
- **Seafood, Fish**

145°F

- **Cooked Fruits and Vegetables**
- **Hot Holding Temperature**
- **Ready-to-Eat Foods**



135°F

Taken from a commercially processed, hermetically sealed container.
(Ex: Cans of soup, hot dogs, pre-packaged shredded chicken, etc.)

Bacteria grows rapidly in the DANGER ZONE!



Remember to minimize time foods spend in the danger zone:

- ✓ Prepare cold held foods in small quantities.
- ✓ Keep Temperature Logs
- ✗ Do not cool foods at room temperature.
- ✗ Do not thaw foods at room temperature.

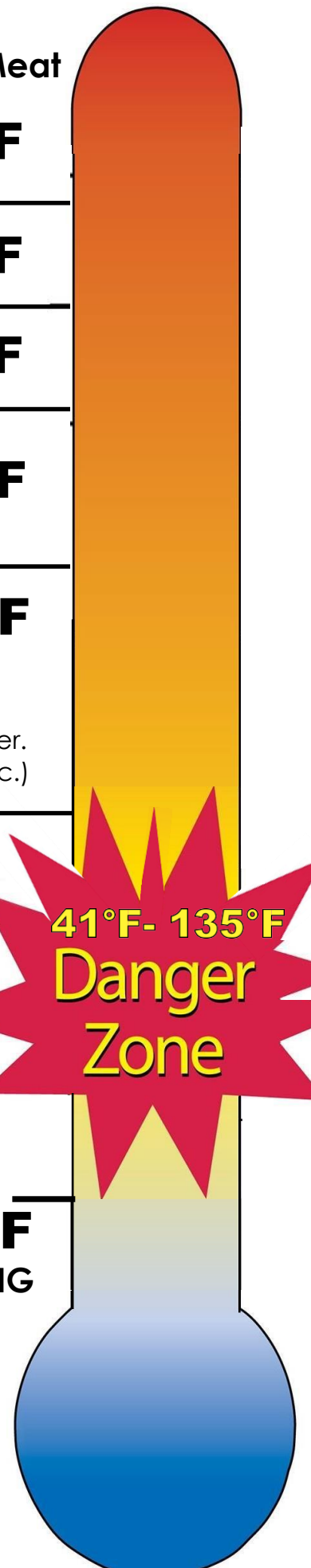
41°F- 135°F
Danger
Zone

41°F
COLD HOLDING

COOKING TEMPERATURES



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FOOD SAFETY

It's in
YOUR
hands!



1

**You must start at
a hand washing sink,
NOT a food prep sink.**

2

**Use soap and
WARM running
water.**

3

**Rub hands together
for 20 seconds, up to
elbows.**

4

**Wash back of hands,
wrists, between fingers,
and under fingernails.**

5

**Rinse hands well
under running water.**

6

**Turn off running
water with a paper towel,
NOT with bare hands.**

7

**Dry hands with a
clean paper towel
or air dryer.**



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When using **GLOVES** YOU MUST:

- ✓ Wash Hands before putting on gloves.
- ✓ Use gloves for only one type of task.
- ✓ Change gloves after;
 - ✗ Touching your body or hair
 - ✗ Using the toilet
 - ✗ Handling raw food
 - ✗ Touching dirty equipment, trash or boxes.
 - ✗ Any other activity that contaminates your gloves.



**DO NOT RE-USE GLOVES.
DO NOT WASH GLOVES.**



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FIRST AID FOR FOODCHOKING

Victim Cannot Cough, Speak, or Breathe

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

1

GIVE 5 BACK BLOWS

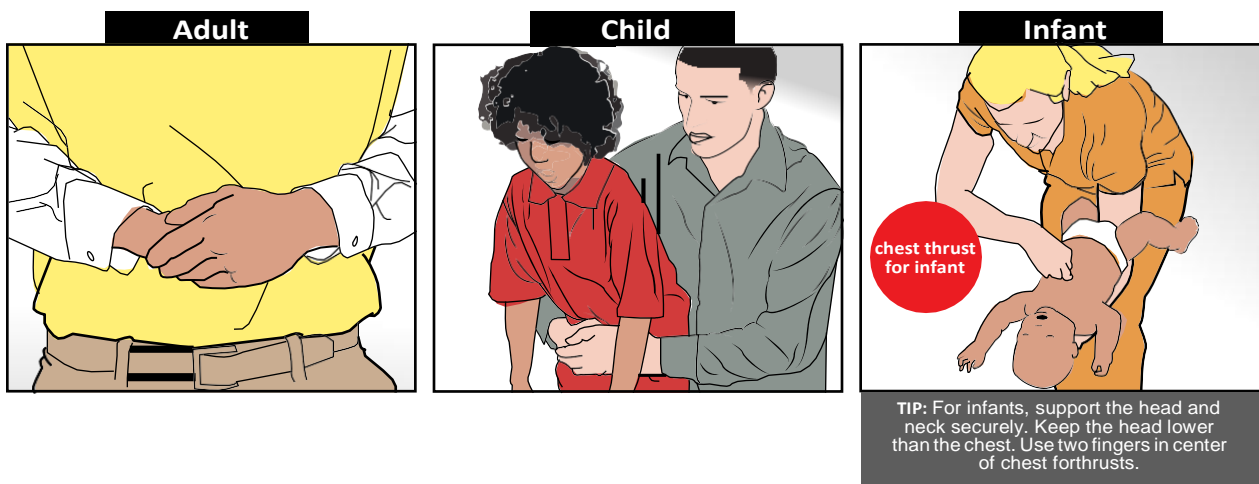
Back blows: stand behind the victim and place arm across their chest for support; bend the victim slightly at the waist; firmly strike the victim between shoulder blades with the heel of your hand.



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.



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.

Distributed by:

Ohio

Department
of Health

246 N. High St., Columbus, Ohio 43215
or your local health department

Rev 04/17



Food Safety Program

Bureau of Environmental Health and Radiation Protection

"To protect and improve the health of all Ohioans"

Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

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.
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste (<http://epa.ohio.gov/portals/34/document/guidance/SmG%20IW%20guidance.pdf>).
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>.

U.S. EPA *Registered Hospital Disinfectants Effective against Norovirus (Norwalk-like virus)*:
https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg_.pdf

Ohio Uniform Food Safety Code:
<http://www.odh.ohio.gov/rules/final/3717-1.aspx>

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/foodsafety.aspx>



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Employee Health Reporting Requirements

Ohio Administrative Code (OAC) Rule 3717-1-2.1 requires food employees and conditional employees (one who has been offered a job conditional on responses to subsequent medical questions designed to identify potential food employees who may be suffering from a disease which can be transmitted through food) to report to the person in charge information about their health as it relates to diseases that are transmissible through food. A food employee shall report the information in a manner that allows the person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms.

Current Illness

Employees are required by law to report any illness to the person in charge. If you are **diagnosed** with any of the following illnesses or experience any of the following **symptoms**, you must report it immediately to the person in charge if you:

1) Are diagnosed by a physician with any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Norovirus | <input type="checkbox"/> Cryptosporidium |
| <input type="checkbox"/> Salmonella spp. | <input type="checkbox"/> Cyclospora |
| <input type="checkbox"/> Salmonella Typhi | <input type="checkbox"/> Giardia |
| <input type="checkbox"/> Shigella | <input type="checkbox"/> Yersinia |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Entamoeba histolytica |
| <input type="checkbox"/> Campylobacter | <input type="checkbox"/> Enterhemorrhagic or shiga toxin-producing Escherichia coli |
| <input type="checkbox"/> Vibrio cholerae | |

2) Have a symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as:

- ☐ Diarrhea
- ☐ Vomiting
- ☐ Jaundice
- ☐ Sore throat with fever

3) Have a lesion containing pus, such as a boil or infected wound that is open or draining, and is:

- ☐ On the hands or wrist, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;
- ☐ On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or
- ☐ On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

Previous Illness/Exposure to Illness

Employees are required by law to report any:

- 1) Previous Illness, diagnosed by a health care provider, within the past 3 months due to Salmonell Typhi, without having received antibiotic therapy, as determined by a health care provider.
- 2) Exposure to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected, or has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household, and has a knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has a knowledge about, an individual diagnosed with an illness caused by:
 - a. Norovirus within the past 48 hours of last exposure;
 - b. Enterohemorrhagic or Shiga toxin-producing Escherichia coli, or Shigella spp. within the past 3 days of the last exposure;
 - c. Salmonella Typhi within the past 14 days of the last exposure; or
 - d. Hepatitis A virus within the past 30 days of the last exposure.

Printed Name: _____ Signature: _____

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