



Public Health

Idaho North Central District



Nez Perce County

215 10th Street
Lewiston, ID 83501
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Fax (208) 799-0349

Latah County

333 E Palouse River Drive
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(208) 882-7506
Fax (208) 882-3494

Clearwater County

105 115th Street
Orofino, ID 83544
(208) 476-7850
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Idaho County

903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County

132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
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Temporary Food Permit Supplement

The operator of each **Temporary Food Establishment (TFE)** must complete this application. The application should be completed and submitted to the Public Health at least 14 days PRIOR to an event.

1. Do you meet the demonstration of knowledge criteria? A Food Handler's Test may be taken on line at www.foodsafety.idaho.gov or pick up a test at the local Public Health office.
2. Identify the sources for ALL meat items. Include your source of ICE also.
3. Indicate the type of surface inside the food booth. (Asphalt, grass, dirt etc) If grass, gravel or dirt is the surface of your space, you will need to use a suitable flooring to prevent contamination. Also, what materials will be used for the walls and ceiling?
 - A. Floor: _____
 - B. Ceiling: (Overhead protection is required): _____
 - C. Walls: _____
4. Describe the number, location and set up of handwashing facilities to be used by the TFE workers. Temporary handwashing units will consist of a 5 gallon insulated cooler with spigot valve to provide free flowing water, soap, paper towels and a gray water disposal bucket. Water temperature shall be a minimum of 100°F. Minimum required is 5 gallons/ 4 hour event.
5. Describe how cold, frozen, and hot foods will be transported to the event.
6. Describe how food temperatures will be monitored during the event. Potentially hazardous food must be maintained at 41°F or lower or 135°F or above.

7. Will all foods be prepared at the TFE booth?

 Yes Complete Section A

 No **Attach a copy** of the signed **COMMISSARY AGREEMENT** for use of an approved kitchen, listing dates, times, preparation and storage of food items and fill out **Sections A & B**

Section A – At the Booth

Food	Thaw	Cut/assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion/Pkg

SECTION B- At the Approved Kitchen

Food	Thaw	Cut/assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion/Pkg

8. Will you be using time as a control factor? If yes, provide documentation of procedures you will be using to ensure food will not be in the danger zone (41° F- 135° F) for more than 4 hrs.

9. Describe your source of potable water. How will water be stored and distributed at the event. What method of back flow prevention will be used ?

10. Describe where utensils, pots and equipment washing will take place. If no facilities are available on site, describe the location of back-up utensil storage.

11. Describe how and where you will store utensils, equipment and food between events.
12. Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed of.
13. If grease is part of your operation, describe how, where and frequency of disposal.
14. Describe the number, location and types of garbage disposal containers at your unit as well as at the event site. Garbage cans must be lined. Lids must be available to cover garbage cans.
15. Describe how electricity will be provided to the Temporary Food Establishment. If your event extends into the evening hours and lighting is required, lights must be shielded or shatter proof.
16. Will you be sampling food? How will you protect it from contamination? Describe how you will protect the food from dust, wind, and weather. Walls must be used on-site for protection against contamination.
17. Please add any additional information about your Temporary Food Establishment that should be considered:
18. **Draw a sketch** of the booth layout. Contact your health department and arrange an appointment to review your application.

Date of Application: _____

Statement: I hereby certify that the above information is correct, and will be operated and maintained in accordance with the Idaho Food Code. I am familiar with the Idaho Food Code. I fully understand that any deviation from the above without prior permission from the Regulatory Authority may nullify final approval.

Signature of owner or designated person in charge: _____

Date: _____

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).

Before any preparation or selling of food can take place a **preopening inspection** of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

For Regulatory Authority Use Only:

APPROVAL SIGNATURE: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

DISAPPROVAL SIGNATURE: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title: _____

Date: _____