

**377TH Medical Group
Public Health Flight
Temporary Food Facility (TFF) Application**

Deadline: Signed and completed applications are due at least two weeks prior to the start of the event. Approval is at the discretion of the 377th Force Support Squadron (FSS) and the 377th Medical Group (MDG) Public Health Flight based on timely TFF application submissions and demonstration of ability to safely conduct the TFF operation.

Event Name: _____

Location of Event/Venue Address: _____

TFF Type:

<input type="checkbox"/> Booth	<input type="checkbox"/> Mobile Food Truck
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Booth/Truck Name: _____

Booth/Truck Manager/Owner/Operator/Organization: _____

Booth/Truck Contact Name: _____

Mailing Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Booth Operation Date and Time

Indicate the date(s) and hour(s) of booth operation. If you need more space, include a separate sheet.

Date(s)	Operating Hour(s)	Time that Booth Will Be Ready for Inspection

Type of Food/Beverage to be Served at Booth:

Check all that apply.

- Individually prepackaged, non-perishable food (commercially prepackaged, individual portions of shelf-stable foods like chips, cookies, candy bars, whole uncut produce, and canned soda) – no open food
- Individually prepackaged perishable food (e.g., ice cream bars or pre-made, fully-wrapped sandwiches)
- Individually prepackaged food with sampling
- Open food preparation, portioning or service (including pouring coffee, tea or water)

Menu and Food Preparation

List all the foods/beverages being served by this booth at this event. ***Please include all condiments, seasoning and garnishes. Only menu items approved by the 377th MDG Public Health Flight, in advance, may be served at the event. Attach additional menu/sheets as necessary.***

Food/Beverage Source and Preparation

- Where are you getting the food/beverages/ice that is being prepared and served at this event? List specific stores or wholesalers:
- Where will each food/beverage item be prepared?
*Note: If you plan to use a location other than the event to prepare food/beverages in advance, please provide a current, valid health permit for that facility and describe what will happen at that location. **If the off-site facility is owned by a third party, please attach the permit AND the off-site food preparation authorization form to this application.***

COMMISSARY (for mobile food trucks only)

Commissary Name _____

Address _____ Bus. Phone _____

City _____ Zip _____ Owner/Operator _____

Check all appropriate services provided:

- Wastewater disposal
- Potable water
- Disposal of rubbish & garbage
- Food preparation area
- Electrical hookups
- Toilet & handwashing facilities
- Refrigeration
- Food storage facilities
- Janitorial sink
- Overnight vehicle
- Other services not listed:

List all foods provided by the commissary and company (ies) from which foods are purchased:

FOOD	COMPANY

Food Temperatures and Thermometers

1. How will you keep frozen, cold or hot foods at a safe temperature during transportation to your food booth?

 How long will transport time be?
Perishable foods must be kept cold (45°F or below) or hot (135°F or above) at all times, including during transportation.
2. How will you keep perishable hot and cold foods at a safe temperature at your booth during the event? Be specific:
3. Indicate the person responsible for checking food temperatures at the booth:
4. How often will food temperatures be checked? (minimum: at least every 2 hours)
5. How will you sanitize your probe thermometer?

Food booth operators must use a probe thermometer to check food temperatures during the event. Thermometers must be sanitized before and after food contact.

- I agree to discard or destroy any perishable food that is not below 41°F or above 140°F.
At the end of each operating day, destroy or discard all hot perishable foods held at or above 140°F as well as all cold perishable foods held between 41°F and 45°F.

Hand Washing:

Proper and regular hand washing is one of the single most important actions you can take to prevent foodborne illness. Each booth with open food/beverage must have an individual hand washing station inside the booth. This station must have at least 5 gallons of warm water (100°F minimum), 7.5 gallons of wastewater capacity, with dispensed soap and single use paper towels in dispensers.

Indicate the type of hand washing station at your booth:

- | | |
|--|--|
| <input type="checkbox"/> Plumbed sink with hot & cold water | <input type="checkbox"/> Gravity hand-washing setup with hands-free spigot |
| <input type="checkbox"/> No hand washing sink required due to prepackaged foods only. HAND SANITIZER IS REQUIRED. | <input type="checkbox"/> Other; please describe: |

Utensils:

All multi-use utensils (knives, cutting boards, scoops, etc.) used in a booth must be washed, rinsed and sanitized between tasks, between types of food, and at least every 4 hours. Will multi-use utensils be used at your booth?

- Yes No

Utensil Washing Sink Requirements:	
<p>3-compartment sink w/integrated drain-boards and hot (120°F) & cold running water under pressure provided by:</p> <p><input type="checkbox"/> Prepackaged food/no utensils/no sink required</p> <p><input type="checkbox"/> Booth operator (<i>attach rental agreement or picture of unit, if owned by Booth operator</i>)</p>	<p>3-compartment sink OR alternative 3-basin system with hot water (120°F or higher) provided by:</p> <p><input type="checkbox"/> Prepackaged food/no utensils/no sink required</p> <p><input type="checkbox"/> Booth operator</p>

Sanitizing Solution:

What type of sanitizer will be used for utensil washing and/or to sanitize surfaces? (Check all that apply):

- Chlorine (100 ppm) Quaternary Ammonium (200 ppm) Other:

All booths must have appropriate test strips to check sanitizer levels.

Water and Wastewater:

1. What water source will you use for this event?
Water used in Temporary Food Facilities (for handwashing, utensil washing, and food preparation) must be potable (drinking water) and stored/dispensed from labeled food-grade containers and/or hoses.
2. How will you store and dispense water? (minimum 20 gallons per booth, per day)
3. How will you dispose of wastewater at this event?
4. *All wastewater (water from hand washing, utensil washing, and melted ice water) must be disposed of in a sanitary sewer.*

Certification and Signature of Responsible Party:

I hereby certify that the above information is complete and correct. Failure to complete any portion of this application may result in disapproval of your application. I fully understand that any changes from the application submitted above without prior permission from the 377th FSS and 377th MDG Public Health Flight may result in disapproval to operate a booth at this event.

I also understand a pre-opening inspection of the facility may be conducted and the inspection will include equipment being in place and operational.

I understand that I may not operate this booth at this event until I have received written permission to do so from the 377th MDG Public Health Flight.

Signature(s) must be Booth Operator who agrees to remain on-site during the event as the person responsible to ensure proper booth set up and safe food handling among all volunteers and/or employees.

Print Name **Signature** **Date**

Print Name **Signature** **Date**

PUBLIC HEALTH USE ONLY

Approved Disapproval By: _____ Date: _____

Temporary Food Facility Effective Dates: From: _____ To: _____

Booth Restrictions

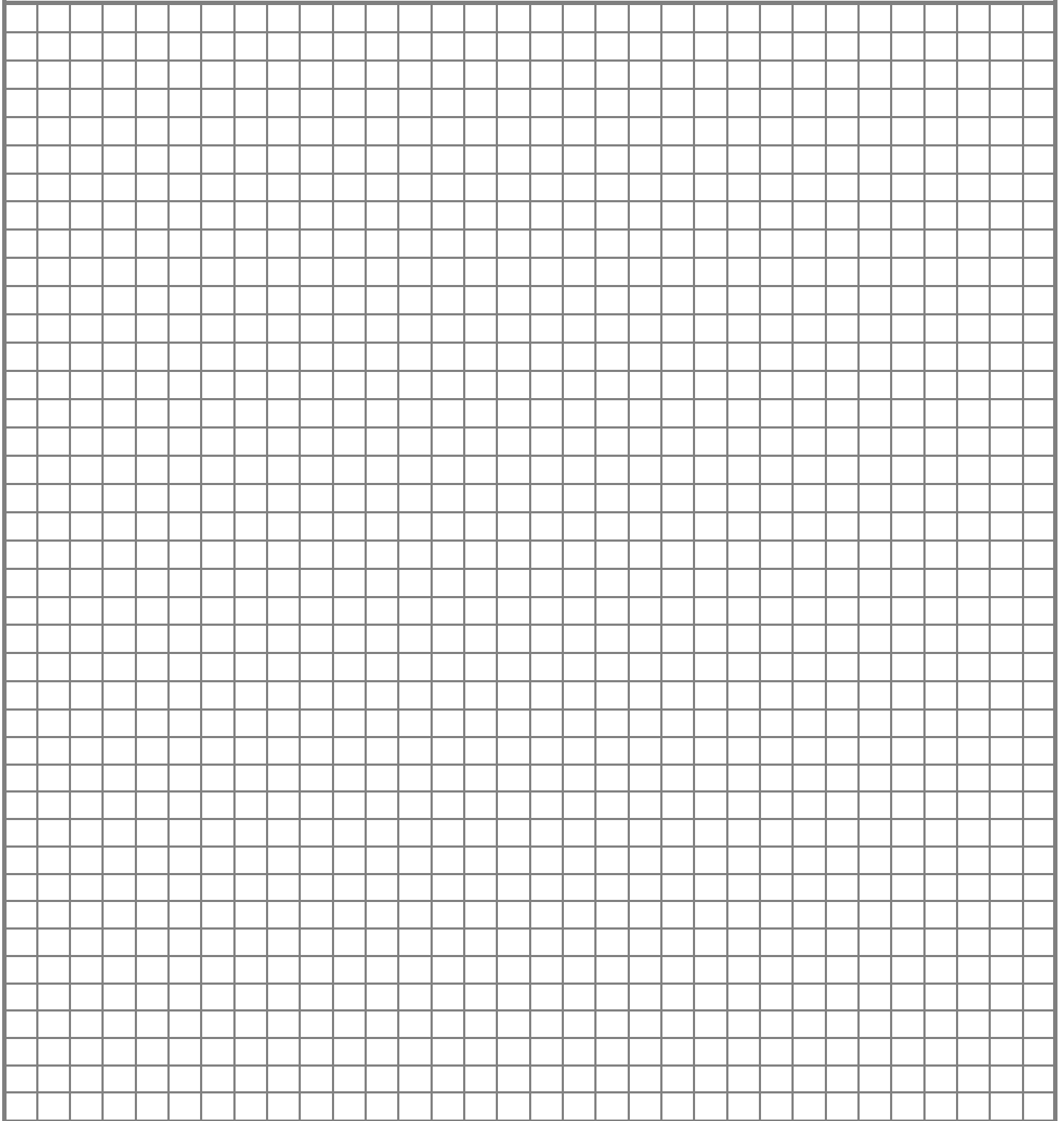
Reason(s) for Disapproval:

Booth Diagram (Sketch Sheet)

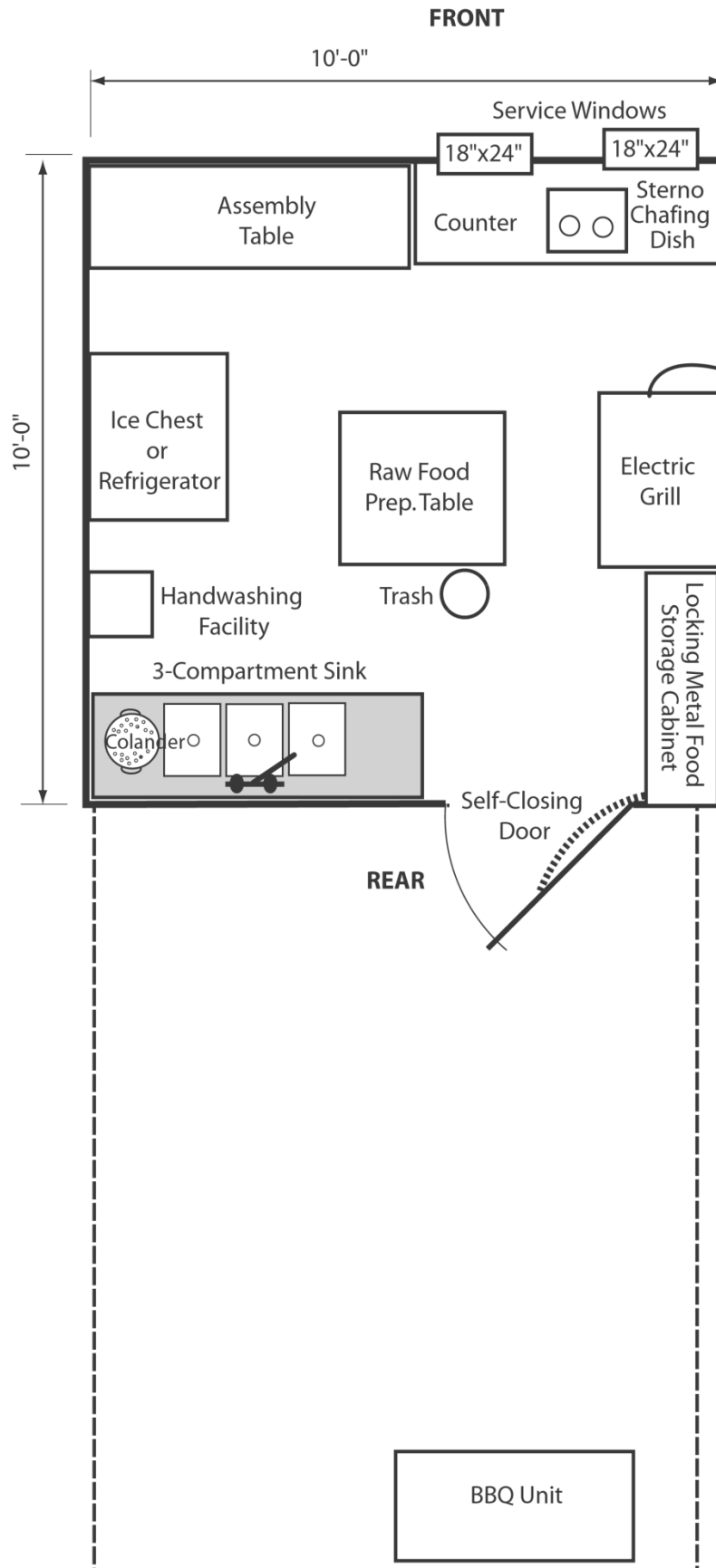
Drawing of Temporary Food Booth

Name of Booth: _____

In the following space, provide a drawing of the Temporary Food Booth. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.



Sample Temporary Food Booth Drawing



On-Site Food Preparation at Temporary Booth

Any changes to the menu must be submitted to, and approved by, the Regulatory Authority

<i>FOOD</i>	<i>THAW</i> How? Where?	<i>Cut / Wash</i> <i>Assemble</i> Where?	Cold Holding How? Where?	<i>Cook</i> How? Where?	<i>Hot Holding</i> How? Where?	<i>Reheating</i> How?	Commercial Pre-Portioned Package
<i>Marinated chicken</i>	<i>Fresh</i>	<i>Restaurant</i>	<i>In coolers on ice</i>	<i>BBQ at event to</i>	<i>Sterno chafing</i>	<i>If below 140 °F it will</i>	<i>N/A</i>
<i>pieces</i>	<i>see form B</i>		<i>transported from</i>	<i>165 °F.</i>	<i>dishes with lids at</i>	<i>be thrown away.</i>	
			<i>restaurant at</i> <i>10am and 2pm.</i>		<i>least 140 °F</i>		

PUBLIC HEALTH WILL VERIFY THAT ALL FOOD AND BEVERAGE ITEMS ARE PURCHASED FROM AN APPROVED SOURCE.

APPROVED SOURCES VERIFIED BY:

Off-Site Food Preparation (at a Licensed Permanent Food Facility)

Any changes to the menu must be submitted to, and approved by, the Regulatory Authority

<i>FOOD</i>	<i>THAW How? Where?</i>	<i>Cut / Wash Assemble Where?</i>	Cold Holding How? Where?	<i>Cook How? Where?</i>	<i>Hot Holding How? Where?</i>	<i>Reheating How?</i>	Commercial Pre-Portioned Package
<i>BBQ marinated</i>	<i>bought</i>	<i>Rinsed &</i>	<i>Arranged on</i>	<i>Transported in</i>	<i>none</i>	<i>none</i>	<i>none</i>
<i>chicken pieces</i>	<i>Fresh from</i>	<i>Placed in 5</i>	<i>Baking sheets in</i>	<i>bags on ice in</i>			
	<i>Albertsons</i>	<i>Qt. plastic</i>	<i>restaurant</i>	<i>cooler.</i>			

PUBLIC HEALTH WILL VERIFY THAT ALL FOOD AND BEVERAGE ITEMS ARE PURCHASED FROM AN APPROVED SOURCE.
 APPROVED SOURCES VERIFIED BY:

TEMPORARY FOOD SERVICE OPERATION GUIDELINES

Temporary food facilities (TFFs) must comply with AFMAN 48-147, Tri-Service Food Code and AFI 48-116, Food Safety Program. The application of food safety, personal hygiene, and proper sanitation are essential to prevent foodborne illness from occurring throughout the event. If you have any questions, please contact the 377 MDG Public Health Flight at (505) 846-3461.

PERSON IN CHARGE:

- Must be present
- Be able to demonstrate knowledge of food safety by:
 - **Certified by ANSI (American National Standards Institute) accredited program, such as; Servsafe, or**
 - **Be able to answer inspectors food safety questions correctly, or**
 - **Have no critical violations on the inspection report**
- Person in charge must have systems and controls in place to implement food safety practices

TEMPERATURES:

A consumer advisory and disclosure must be posted if serving under cooked food.

- Cold Holding **41°F**, all cold holding equipment must have a thermometer
- Hot Holding **140°F**
- All reheated food for hot holding **165°F**, do not reheat foods more than one time
- **All other cooking temperatures refer to temperature guide handout**
- Thermometer calibration should be done everyday
- Cooling procedures:
 - **Cooling food should be left uncovered and in small portions until it is properly cooled**
 - **Temperature danger zone 41°F - 135°F**
 - **Once the cooked food cools down to 135°F the clock starts ticking**
 - **You have 2 hours to get the food down to 70°F**
 - **You have 4 more hours to get the food down to 41°F**
 - **A total of 6 hours to cool**
 - **Time and temperature logs must be maintained in order to cool properly**
- **Never thaw potentially hazardous food at room temperature**
- **You may thaw:**
 - In refrigeration
 - Under cold **running water**
 - In a microwave **only if it is cooked right away**

- **Storage of utensils in use**
 - Dipper wells with **running water**
 - In water that is **135°F or hotter**
 - in refrigeration, **41°F or colder**
 - Wash, rinse, and sanitize every **4 hours; must mark the time**
 - **Buffets and salad bars utensils may be stored in the food with the handles facing out**
 - **Ice scoops must be stored in a clean container outside of the ice machine, or in the ice with the handle up**
Never store utensils in a sanitation bucket, in between equipment, or in ice water

PERSONAL HYGIENE:

- No smoking, eating, or drinking in food prep areas. **This is the most common violation found during inspections**
Bottled water and cans are not allowed
A straw and a lid must be used or a covered coffee cup with a handle
Employee drinks must be stored away from food prep areas
- Wash hands and change gloves in between tasks. Gloves do not make you invincible.
- Do not wear excessive jewelry when preparing food; to a solid band without a stone
- Keep finger nails trimmed, cleaned and hair restrained, (nail polish and fake nails should be avoided). Wear clean clothing and aprons
- Do not touch ready to eat food with bare hands
- Vehicles of cross contamination; hands, equipment, toxic items, etc.
- Never block the hand washing sinks; hand washing sinks must be accessible, stocked with paper towels and soap, and used for **hand washing only**. All hand washing stations must have “wash hands” signs posted.
- If you are **vomiting, have diarrhea, a sore throat with a fever, are jaundice, or have an infected cut on your hands or wrists, you should not be working with food**
- **Personnel should be aware of the 5-Reportable Food Borne Illnesses (refer to handout) and staff should read and sign DD FORM 2971 (refer to handout)**
- **Store personal belongings, (purses, phones, and coats, etc.), away from food items**

FOOD SOURCES/STORAGE:

- **Approved source**
 - **No home prepared food**
 - Check the condition and temperatures of food coming into the facility
 - Dented or swollen cans should be separated and returned
 - Label and date food; first in, first out
 - Approved food grade containers only

- Store all food and food items at least **6 inches** off the floor; **this includes the walk in cooler and freezer**
- Keep food covered, (unless it is cooling), and protected when in storage
- **Never store raw food over or with ready to eat food. Keep it separate (This includes unwashed vegetables)**

SANITIZER:

- Chlorine- **50-100 ppm**
- Quat (quaternary ammonium compound)- manufacturers recommended concentration, usually **200-400 ppm**
- **Use your test strips, don't guess**
- When wiping cloths are not in use, they must be stored in the sanitation bucket
- Remember to test the sanitizing cycle on your dishwasher **before** you use it
- Do **not** store sanitation buckets on the floor, or on food contact surfaces
- Be sure to label the sanitation bucket or spray bottle as sanitizer
- Check sanitizer buckets a minimum of every four hours and change if necessary. Your bucket should not look like skim milk or gray water
 - When preparing sanitizer buckets, use tepid water to ensure the 4-hour minimum is maintained. If you use hot water, you must check the bucket every hour as the sanitizer dissipates at higher temperatures

TOXIC ITEMS:

- Always store toxic items away from food items
- Keep all toxic items properly labeled
- Proper usage, approved pest control only

OVER-ALL FACILITY:

- Keep your areas clean
 - Non-food contact surfaces and food contact surfaces
 - Floors, walls, and ceilings, **look under and behind equipment**
 - Unused equipment should be removed from the facility

REASONS FOR IMMEDIATE CLOSURE:

- NO HOT WATER OR NO WATER AT ALL
- LACK OF REFRIGERATION
- SEWAGE IN THE FACILITY
- INFESTATION
- OVERALL NON COMPLIANCE OF TRI- SERVICE FOOD CODE

CERTIFICATE OF UNDERSTANDING

I, _____, have read the **TEMPORARY FOOD SERVICE OPERATION GUIDELINES** set forth by the 377th MDG Public Health Flight. I understand that these requirements are designed to help prevent a foodborne illness outbreak, which could have a damaging effect of the base mission and my organizations reputation. All requirements will be strictly followed. I understand that Public Health (PH) may inspect my facility/event prior to initial opening. After the initial inspection, PH may make periodic unannounced evaluations. If ANY non-compliance is noted, the facility/event can be closed. If granted approval for operation, the Temporary Food Service Operation Guidelines must be read and the certificate of understanding signed by all persons that will work in the temporary food facility (TFF). The operation guidelines and employee log must be in the TFF at all times of operation.

EVENT NAME:

LOCATION OF EVENT:

BOOTH NAME:

BOOTH MANAGER/OWNER/OPERATOR NAME:

SIGNATURE/DATE: _____

PUBLIC HEALTH:

- APPROVED**
- DISAPPROVAL**

PUBLIC HEALTH TECHNICIAN: _____

Public Health Signature & Stamp

PLEASE HAVE THIS FORM WITH YOU DURING OPERATIONS.