



**PICKAWAY COUNTY**  
**PUBLIC HEALTH**  
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# Pickaway County Temporary Food License Application

Pickaway County Public Health

Phone: 740-477-9667

Fax: 740-474-5523

2024 Temporary Fee: \$85.00

2024 Non-Commercial Temporary Fee: \$42.50

**2024 Application to Conduct a Temporary:**

(check one only)

- Food Service Operation
- Retail Food Establishment

Instructions:

1. Complete the applicable sections. (Make any corrections if necessary)
2. Sign and date the application
3. Make a check or money order payable to: **Pickaway County Public Health**
4. Return check or money order and signed application to: **Pickaway County Public Health**  
**110 Island Rd., Suite C, Circleville, OH 43113**

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

ALL information is **Required**: Any information left blank will cause the application to be sent back to the applicant.

<b>Name of Temporary food Facility:</b>			
<b>Location of Event:</b>			
<b>Address of Event (include city, state, zip)</b>			
<b>Start Date</b>	<b>End Date</b>	<b>Operation Start Time</b>	<b>Operation End Time</b>
<b>Name of License Holder:</b>			<b>Contact Phone Number</b>
<b>Address of License Holder include city, state, and zip:</b>			
<b>List all foods being served or sold:</b>			

I HERE BY CERTIFY THAT I AM THE LICENSE HOLDER, OR AUTHORIZED REPRESENTATIVE, OF THE TEMPOARY FOOD SERVICE OPERATION OR TEMPOARY RETAIL FOOD ESTABLISHMENT INDICATED ABOVE.	
<b>Signature:</b>	<b>Date:</b>

LICENSOR TO COMPLETE BELOW

<b>Valid Date(s):</b>	<b>License Fee:</b>
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APPLICATION APPROVED FOR LICENSE AND CERTIFIED AS REQUIRED BY CHAPTER 3717 OF THE OHIO REVISED CODE:

<b>BY:</b>	<b>DATE:</b>
<b>AUDIT NO.:</b>	<b>LICENSE NO.:</b>

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## Temporary Food License Application

Prior to conducting a temporary food service operation (FSO) / retail food establishment (RFE) in Pickaway County, you **must submit the following at least 10 days before the first day of the event:**

1. A completed application for temporary food license with payment
  - a. Commercial Temporary Food License = (up to 5 days)
  - b. Non-Commercial Temporary Food License = (up to 5 days)
    - i. Must show proof of 501(C) 3 for Non-Commercial Temporary.
2. A complete drawing of the facility.
3. If any portion of this application is not complete, the application will not be approved until further information is provided per request.

### **REQUIREMENTS FOR A TEMPORARY:**

- (A) **A temporary food service operation**, as defined in paragraph (EE) of rule 3701-21-02 of the Administrative Code, shall comply with the applicable requirements of Chapter 3701-21 of the Administrative Code, except as otherwise specifically provided. This is not a mobile license.
- (B) **License.** Before opening a temporary FSO/RFE, the operator shall make application for a license to the Board of Health of the health district in which the operation will be conducted. A temporary license is only valid for a single event in one location. They are not renewable or transferable. A maximum of ten (10) temporary licenses will be issued per licensing year to the same operator. The license is valid for five consecutive days unless the facility will be operated at an event organized by a county agricultural society or independent agricultural society organized under Chapter 1711 of the Revised Code or the person who will receive this license is a resident of a county for which the

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(C) agricultural society is organized. The license must be displayed where the public can see it during the event.

(D) **Approval of plans, equipment, menu.** Before opening a temporary food service operation, the operator shall provide a drawing showing the layout of the facility and a completed application:

1. Food to be prepared and served;
2. Source of food;
3. Hot holding facilities;
4. Cold holding facilities;
5. Handwashing;
6. Equipment and Utensils;
7. Support facilities;
8. A person in charge must be on site during all hours of operation. Please list the person(s) in charge below:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
9. Any other information requested by the licensor.

(E) **Food Storage** shall be in such a manner that all foods are always protected and kept a minimum 6 inches off the floor.

(F) **Food – approved source.** Potentially hazardous foods not prepared at the temporary food service operation shall be prepared in a license food service operation and transported to the temporary food service operation by a method approved by the licensor.

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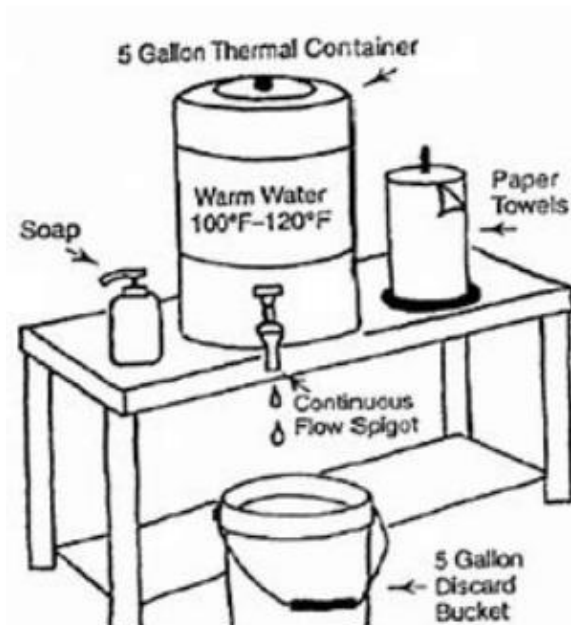
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- (G) **Food Protection.** All potentially hazardous foods shall be maintained at below forty-one degrees (41°) Fahrenheit or one hundred thirty-five degrees (135°) Fahrenheit and above by a method approved by the licensor. Mechanical refrigeration shall be used for overnight storage of potentially hazardous foods. Food must be stored at least six inches off the ground, and it must be protected from dirt, dust, precipitation, customers, insects, and other vermin.
- (H) **Equipment and Utensils.** A three-compartment sink system, or another method approved by the licensor (example 3 plastic tubs), shall be provided or made available and used only for manual washing, rinsing, sanitizing of equipment and multiple-use utensils.
- (I) **Hand washing Facilities.** A hand washing facility, or an alternate method approved by the licensor shall be available for employee hand washing (example 5-gallon Coleman beverage cooler with spout). Hot water is required.



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- (J) **Support Facilities.** The operator of a temporary food service operation shall demonstrate, to the satisfaction of the licensor, a safe water supply, sewage wastewater disposal system, toilet facilities, and garbage and refuse disposal system.
- (K) **Floors, Walls, Ceilings.** The requirements for floors, walls and ceilings shall be determined by the licensor. If it is determined that a floor and/or ceiling and/or walls are necessary, the materials used for the floors or ceilings or walls and the construction thereof shall be approved by the licensor.
- (L) **Materials** for counters and tables shall be smooth, durable, and easily cleanable.
- (M) **Lighting** shall be provided on all working surfaces such as sinks, counters, and cooking equipment.
- (N) **Raw Fruits & Vegetables** – must be washed before use in a separate area/sink from the hand washing and utensil washing area. Raw fruits and vegetables may be purchased pre-washed and pre-cut from an approved source.
- (O) **Hot and Cold** – storage and thawing of foods.
1. All potentially hazardous foods must always be stored at less than 41°F or above 135° F.
  2. Cold storage will be accomplished by means of mechanical refrigeration, unless otherwise approved by licensor.
  3. Hot storage may be accomplished by means of warming ovens or hot food warming equipment.
  4. Metal food thermometer (probe thermometer) must be available to determine that proper temperatures are being maintained.
  5. A household refrigerator thermometer may be used for cold storage facilities.
  6. Frozen foods must be thawed by any of the following methods:
    - a. Under refrigeration of below 41° F
    - b. As part of the cooking process
    - c. Microwave
    - d. Under cold running water

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7. Ice to be used for drinks must be stored in a container which is self-draining.
- (P) **Smoking, Eating and Drinking** – is not permitted within the food booth.
- (Q) **Clothing & Hair Control** – Food Service personnel must wear clean clothing and hair must be controlled to prevent contact with food.
- (R) **Water Supply** – shall be adequate, of safe quality, and from an approved source.
- (S) **Waste Storage and Disposal** – Disposal of liquids and wastes shall be in the following manner:
1. Liquid waste shall be held in water-tight containers until final disposal in a sanitary sewer or sewage treatment system such wastes shall not be discharged onto the surface of the ground.
  2. Garbage and refuse shall be stored in metal or plastic containers with plastic liners and tight-fitting lids. These containers shall be emptied and cleaned daily.
- (T) **Condiments** – must be stored in squeeze bottles, pump dispensers or individual packets to protect the product.
- (U) **Wiping Cloths** – must be stored in a sanitizing solution of 50 PPM to 100 PPM of chlorine or 200 PPM of quaternary ammonia.
- (V) **Food Protection** – Foods on display to the public must be protected by food shields or packaging.
- (W) **Cooking and Holding Temperatures-**
1. 135°F- **Hot holding** commercially processed, ready to eat food that will be held hot and all other foods that are held hot after reaching the initial cooking temperature (for example, chicken would be cooked to 165°F and then held at 135°F or above)
  2. 145°F- **Cooking** Whole seafood, beef, pork, lamb (steaks and chops), roasts (for a minimum of four minutes), and eggs served for immediate consumption.
  3. 155°F- **Cooking** Ground meat, seafood, or ostrich meat; injected, marinated, or tenderized meats, and eggs that will be held hot for service.

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4. **165°F- Cooking** All poultry including chicken, duck, turkey, and fowl; stuffing made with potentially hazardous foods like meat stock or broth, and dishes made with previously cooked foods.
- (X) All food handlers must wash their hands frequently including after smoking, eating, drinking, using the restroom, handling trash, cleaning, handling money, and handling raw foods.
- (Y) Only people who are in good health shall prepare or serve food.
- (Z) No animals or non-employees are allowed in the food prep area.
- (AA) Please provide a procedure for responding to a vomit/diarrheal incident.
- (BB) All individuals who are prepping food during the event must sign a copy of an employee health agreement that must be available upon request.

## **TEMPORARY FOOD SERVICE OPERATION QUESTIONNAIRE**

- A. All food items are required to be from an approved source. Approved food sources include grocery stores, ODA Registered Home Bakeries, ODA Approved Cottage Foods, and prepared foods from a facility that holds an ODA Processing License. All packaged foods must have a label with the following information:
1. The common name of the food
  2. A complete list of ingredients
  3. Flavor(s) or chemical preservatives
  4. Weight of contents
  5. Name and address of manufacturer, packer, or distributor

**Please indicate where you will obtain the food you will be preparing/selling.**

( ) Local Grocery Store (name)

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Other Supplier (name)

\_\_\_\_\_

**Please list all menu items that will be sold at the event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Where will these items be prepared? \*\*Food cannot be prepared in your home.

On location the day of the event

At a licensed food service operation – Specify (name of operation)

\_\_\_\_\_

3. What equipment will be used to keep cold food below 41° degrees Fahrenheit?

Mechanical Refrigeration

Cooler chest with ice

Other –

Specify \_\_\_\_\_

\*The following foods must be held under mechanical refrigeration below 41°F:

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-meat products, cooked vegetables, potato dishes, dairy products, protein rich plants, garlic in oil, raw sprouts, cream/custards, sliced melons, sliced tomatoes, eggs, cut leafy greens, batter, fish and shellfish, and other temperature-controlled foods.

**\*\*Should the event exceed one (1) day in length, mechanical refrigeration is required for overnight storage of potentially hazardous foods.**

4. What equipment will be used to cook and/or hold hot foods at or above 135° degrees Fahrenheit?

Stove

Electric roasters or skillets

Charcoal/Gas Grills

Gas camping stoves

Other –

Specify:

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5. What facilities will be provided for dishwashing?

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6. What kind of sanitizer will be used?

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7. How will wastewater be disposed of?

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8. Will a hand wash sink with running hot/cold water, soap, and paper towels be provided?

\_\_\_ Yes \_\_\_ No

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If not, then what type of hand wash facilities will be provided?

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9. Where will potable (drinkable) water be obtained for ice-making, food preparation, dishwashing and/or hand washing?

Municipal/County water supply –

Specify name of water authority \_\_\_\_\_

\*If you will be using a hose to connect to a water supply, you must use a food grade hose with a backflow prevention device

Purchased bottled water –

Specify name of supplier \_\_\_\_\_

Private well –

Provide Water Sample \_\_\_\_\_

\*\*Private water well supply must be tested “safe” (total coliform negative) at least 10 days prior to the event

10. Hot water is mandatory at the event. How will hot/warm water be provided for hand washing and/or dishwashing?

In line hot water heater

Stove top burner

Coffee urn

other –

Specify \_\_\_\_\_

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\*Water must be able to reach 110 degrees Fahrenheit. All reusable utensils must be washed with warm water and soap, rinsed with clean water, sanitized with an approved sanitizer, and air dried.

11. Provide a drawing of the proposed food service area in the space provided on the next page. Include the location of the following required items:

\*Water supply (bottled water or water spigots)

\*Hand wash sink / facility

\*Food Storage

\*Food Preparation Equipment

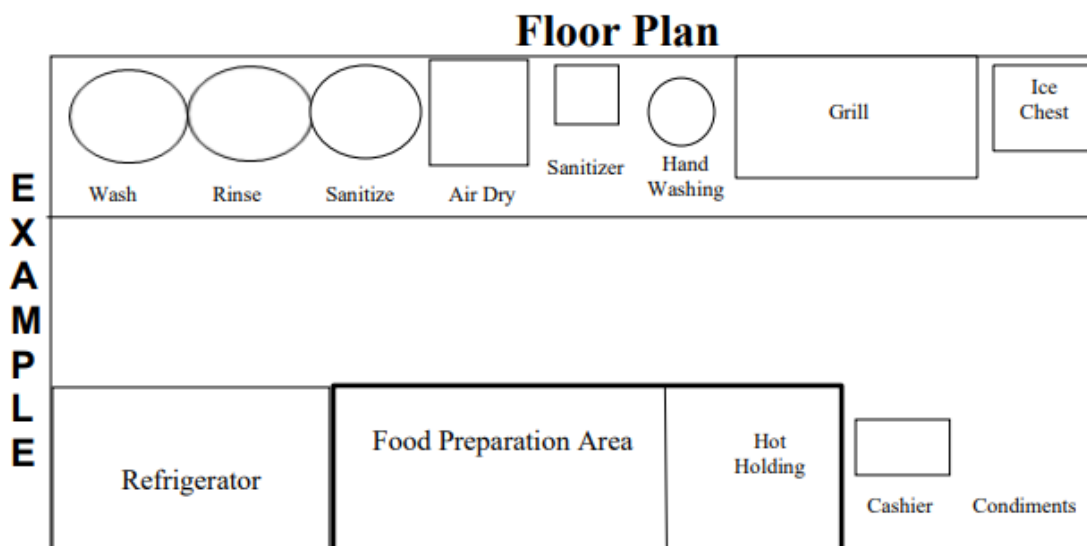
\*Hot and Cold food holding equipment

\*Dishwashing facilities

\*Prep areas

\*Trash Containers

Example Drawing:



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## Your Proposed Floor Plan

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the user to draw or upload their proposed floor plan.

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## Vomit or Diarrhea Clean-Up Procedure

**\*\*Please keep posted and available for staff.**

**Background Information:** When the food service operation (FSO) or retail food establishment (RFE) experiences a bodily fluid exposure incident, immediate precautions should be taken. The risk of exposure to food equipment, staff, and consumers can be reduced if a proper cleanup plan is followed. Use the following steps as a guideline to help reduce the impact of a bodily fluid exposure incident.

### 1. Designate Staff

You should designate staff members who will be responsible for the cleanup of a bodily fluid incident. The staff members should be aware of these procedures and knowledgeable in how to wear Personal Protective Equipment (PPE), and the proper cleanup procedure for a bodily fluid exposure incident.

### 2. Prepare a Cleanup Kit

The cleanup kit is the first major component when dealing with a bodily fluid exposure incident. The kit should contain at minimum the following items:

- i. Personal Protective Equipment
  - a. Disposable Medical Gloves
  - b. Shoe Coverings
  - c. Eye Protection
  - d. Apron/Gown
- ii. Cleaning Supplies
  - a. Sealable plastic bags or a biohazard bag
  - b. Paper Towels
  - c. Scoop
  - d. Disinfectant
  - e. Absorbent powder (cat litter, sand, or commercial absorbent powder)

### 3. Clean the incident site and the surrounding areas.

Use the following approved cleanup procedure to remove the bodily fluid and disinfect the surrounding areas.

## Cleanup Procedures

When followed properly, the cleanup procedures will help reduce the immediate risk of further contamination.

- a. Put on all necessary PPE. Ensure that all exposed areas of the face and hands are protected from possible contamination.
- b. Contain the fluid. Use disposable towels, cat litter or sand to cover the fluid.
- c. Sanitize the entire contaminated area. Use a sanitizer that can kill Norovirus.
- d. Remove the bodily fluid. Use a scoop and dustpan to ensure that all disposable towels, cat litter or sand are removed from the area. Dump all waste into a secured biohazard or plastic bag.
- e. Clean the area with warm soapy water. If a mop head is used, ensure that the mop head is properly cleaned and sanitized prior to reuse.
- f. Food Protection. Discard any exposed food within 25ft of the incident site.
- g. Re-glove. Dispose of the first pair of gloves by removing the gloves at the wrist and then pulling down to remove the gloves inside out. Wash hands with warm soapy water for at least 25 seconds before putting on a new pair of gloves.
- h. Disinfect. Saturate the area with the bleach solution (5000ppm) for at least 5 minutes. Be sure to properly ventilate the area to prevent the buildup of toxic fumes.
- i. Final Cleanup. Clean up the bleach solution by using disposable paper towels. Ensure that all surfaces are clean, and any excess bleach solution is removed from the surrounding surfaces.
- j. Remove all PPE in a method to reduce recontamination. Place all PPE items in the plastic bag. Seal the bag. Discard the bag in a safe manner.
- k. Thoroughly wash hands.

### Bleach Solution Concentrations:

Bleach Solution (5.25%)-Household Unscented Bleach	Concentration
1:10 (1-2/3 Cups Bleach to 1 gallon of water)	5000ppm
1:250 (1tablespoon Bleach to 1 gall of water)	200ppm

### Examples of Areas to Disinfect:

Faucets, cooler handles, doorknobs, toilets, handrails, table/counter surfaces, surrounding floor area, booths, tables, chairs, utensils, and food equipment.

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## Food Employee or Conditional Employee Reporting Agreement

The purpose of this agreement is to inform food employees and conditional employees (potential employee to whom a job offer is made) of their responsibilities to notify the Person in Charge (PIC) when they experience any of the listed conditions so that the PIC can take action to prevent the transmission of foodborne illness. A food employee or conditional employee must report information such as the date when illness symptoms or an illness first started, or of an illness diagnosis with no symptoms.

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

**Any of the following symptoms, either while at work or outside of work, including the date that the symptoms first started:**

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the eyes or skin)
4. Sore throat with fever
5. A lesion containing pus such as a boil or open infected wound on the hands, wrists, exposed portions of the arms or other parts of the body (unless the lesion is protected by disposable gloves or a dry, tight fitting bandage).

**If a health care provider has diagnosed me with any of the illnesses listed below, the PIC must notify Pickaway County General Health District when a food employee is diagnosed with any of these illnesses or conditions:**

#### **A.) Any of the following illnesses:**

1. Campylobacter
2. Cryptosporidium
3. Cyclospora
4. Entamoeba histolytica
5. Shiga toxin-producing Escherichia coli (STEC)
6. Giardia
7. Hepatitis A
8. Norovirus
9. Salmonella spp.
10. Salmonella Typhi
11. Shigella
12. Vibrio cholera
13. Yersinia

**B.) An illness that was diagnosed by a health care provider, within the past three months due to Salmonella typhi (without having received antibiotic therapy).**



**C.) 1.) If I am the suspected cause of, or exposed to a confirmed disease outbreak; 2) Attend or work in a setting where there is a confirmed disease outbreak; 3) Live in the same household with a person diagnosed or 4) Live in the same household with a person who attends or works in a setting of a confirmed outbreak of any of the following:**

1. Norovirus within the past forty-eight hours of the last exposure.
2. Shiga toxin-producing Escherichia coli. within the past ten days of the last exposure.
3. Shigella spp. Within the past four days of last exposure.
4. Salmonella Typhi within the past fourteen days of the last exposure.
5. Hepatitis A within the past fifty days of the last exposure.

**The PIC must ensure that a conditional employee:**

1. Is prohibited from becoming a food employee until exclusions or restrictions are removed if they exhibit the symptoms or are diagnosed with any of the illnesses that were listed previously.
2. Is prohibited from becoming a food employee in an operation that serves a highly susceptible population (define highly susceptible) until exclusions or restrictions are removed if they report a high risk condition or any of the illnesses listed in the previous paragraph.

**The PIC shall restrict the duties of a food employee that exhibits any of the previously listed symptoms.**

**The PIC shall restrict the duties of, or exclude a food employee from the operation if they have been diagnosed with any of the thirteen previously listed illnesses.**

**The PIC may remove an exclusion or restriction due to an illness diagnosis if the food employee is released by a healthcare provider or approved by Pickaway County General Health District. The PIC may remove a restriction if it was due to previously listed symptoms, if the symptoms have ceased and the symptoms were not from one of the thirteen previously listed illnesses.**

*Exclude means to prevent the employee from working in the operation or entering the operation as an employee.*

*Restrict means to prevent the employee from working with clean equipment, utensils, linens or unwrapped single-service articles.*

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Ohio Uniform Food Safety Code. I understand that failure to comply with the terms of this agreement could lead to action by my employer or Pickaway County General Health District that may impact my employment or involve legal action against me.

Conditional Employee Name (print) \_\_\_\_\_

Signature of conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or PIC \_\_\_\_\_ Date \_\_\_\_\_

**\*For more information, please visit [www.pchd.org](http://www.pchd.org) or call the Food Safety Program at (740) 477-9667 ext. 225\***