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Seasonal & Intermittent Temporary Restaurant Operational Plan Review Application

An Operational Plan Review is required before a 'Seasonal' and 'Intermittent' Temporary Restaurant License is issued. This 'operational review', will only need to be completed once, so long as the operation remains unchanged. Alterations to your operation (adding menu items, changing sites, etc.) will require additional operational review (which may come with an additional fee). Refer to the Temporary Restaurant Operation Guide to help you develop your Operational Plan:
http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/temprest08.pdf

Submitting incomplete plans will delay the operational review process. Please answer every question that applies to your food service operation and submit all required items. You are required to comply with all applicable local, state, and federal regulations. This may include acquiring a variety of additional permits such as: fire, city, etc. It is the responsibility of the project proponent to ensure compliance with all laws. Failure to comply may result in additional expenses and/or a denial or revocation of your license to operate.

Identify the type of temporary restaurant that you are requesting to operate:

☐ "**Seasonal temporary restaurant**" means an establishment that operates at a specific location in connection with multiple public gatherings, entertainment events, food product promotions or other events that are arranged for by the same oversight organization; and where food is prepared or served for consumption by the public. A seasonal temporary restaurant license shall expire 90 days after issuance.

☐ "**Intermittent temporary restaurant**" means an establishment that operates temporarily at a specific location in connection with multiple public gatherings, entertainment events, food product promotions or other events, at least two of which are arranged for by different oversight organizations; and where food is prepared or served for consumption by the public. An intermittent temporary restaurant license shall expire 30 days after issuance.

Operator Information:

Food Booth / Establishment Name: _____

Name of establishment operator: _____ Primary Phone: _____

Mailing Address: _____

E-Mail Address: _____ Secondary Phone: _____

Event Information: *(For the 'intermittent event' license, use additional pages to list additional events)*

Event Name: _____ Please Describe the Event: _____

_____

Is it a public gathering? ☐ Yes, ☐ No

Will there be entertainment? ☐ Yes, ☐ No Is the event a product promotion? ☐ Yes, ☐ No

Event Street Address: _____ Event Phone: _____

For Office Use Only: Fee Received: Check #:

Application Approval: ☐ Yes ☐ No Date: Signature:

Environmental Health Specialist Comments:

Oversight Organization: *(For the 'intermittent event' license, use additional pages to list additional oversight organizations) –* ***We will not issue you a license unless this section is complete!***

*"**Oversight organization**" means an entity responsible for organizing, managing or otherwise arranging for a public gathering, entertainment event, food product promotion or other event, including but not limited to ensuring the availability of water, sewer and sanitation services. The 'oversight organization' shall have the authority to remove any food vender from the premises, without notice, for whatever reason they deem adequate.*

Oversight Organization's Name:

Event(s) this organization is/are responsible for:

Organization/Event Coordinator: Coordinator Primary Phone:

Coordinator Mailing Address:

*Coordinator E-Mail Address: *Coordinator Event/Cell Phone:

Coordinator's Signature: Date:

* *Denotes an optional field, however, acquiring this information may speed-up your approval process.*

Seasonal/Intermittent Site Operation Schedule:

List all food service dates. Be specific. Use an additional page if you need more space.
You may apply for several operational locations on this one form.
Multiple operational locations require multiple licenses (and additional fees).

Service Dates:	Event Site	Set-up Begins:	Time when food Service Starts:	Event End Time:
X/XX/XX	Farmer's Market	6 am / pm	8 am / pm	3 am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
		am / pm	am / pm	am / pm
How many people do you anticipate serving in one normal day (average customers per day)?				

Provide your menu and food safety procedures (and any other pertinent information):

Menu:	**General Food Safety Plan:**
When will you need to wash your hands? When you will need to use a thermometer? How you will prevent the spread of infectious diseases? Use additional pages if you need additional space. Feel free to submit typewritten plans. *See pages: 11 & 20 of the* 'Temporary Restaurant Operation Guide'	
For Example: Mash potatoes, roast beef, gravy & green beans.	Mash potatoes: they will be bought at the grocery store. We will peel, boil, and mash them. During food service they will be stored on the steam-table (>140ºF). The same procedure will be used for all hot foods. The leftovers will be rapidly cooled by stirring with an ice-wand and ice-bath (from 135ºF to 41ºF). We will store them in the club refrigerator (<41ºF) on-site until the next morning. At the end of our four days of operation, the leftover food will be discarded. We will monitor the food's temperature by using a probe thermometer throughout the event (holding, cooling, storage, & re-heating).

Specific Food Safety Questions:

The Oregon Food Code (OAR: 333-150) is an excellent source for information to answer the questions below. You may acquire a copy at: http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/foodsanitationrulesweb.pdf. All rule references below (such as § 3-302.11) may be found in that document.

1. **Are you planning to prepare, store, or cook any foods at home?** *(§ 3-201.11)*
   ☐ Yes ☐ No

   If **yes**, please describe what you plan to do:

   _____

   _____

   _____

   a. **Where are you going to acquire the rest of your food?** *(§ 3-201.11)*

   _____

   _____

   _____

b. **Will you prepare (cut, mix, blend, marinate, cook, etc.) and store all food at the temporary food booth location?**
☐ Yes ☐ No

If **no**, please list all additional food preparation & storage sites:

Facility Name	Address	Contact & Phone

Use Additional pages if necessary

2. **Where are you getting water (Potable Water Source) for all food preparation, etc.?** *(§ 5-101.11)*
☐ City/Public Water? Which System: _____? ☐ Other? explain:

3. **Do you plan to use ice in your booth?** *(§ 3-201.11, § 3-202.16, § 3-303.12)*
☐ Yes ☐ No

If **yes**, where do you plan to acquire the ice?

a. **Do you plan to use ice in food/beverages?**
☐ Yes ☐ No

If **yes**, what food(s)?

4. **Where do you plan to dispose of wastewater?** *(§ 5-402.13)*

5. **Where is the nearest toilet lavatory to your food event booth? Will it be available the entire time you are operating?** *(§ 6-402.11)*

6. **Does the person(s) in charge of food preparation have an Oregon Food Handler's Card? Do the other employees and/or volunteers have one too?** *(OAR: 333-175)*
   ☐ Yes ☐ No

   Consider acquiring your cards at: http://www.orfoodhandlers.com/eMain.aspx or by attending Hood River County Health Department's Food Handler's Certification Classes located at our office on the 2nd Wednesday of each month at 4:30pm. Spanish language classes are held on the 1st Thursday of each month (same place at 3:00pm).

   If **no**, when and where and for whom do you plan to acquire them?

   _____

   _____

   a. **Does the person(s) in charge understand Oregon's Food Safety Laws and how they apply to your event?** *(§ 2-103.11)*
      ☐ Yes ☐ No

   b. **Is the person(s) in charge able to identify and screen sick food workers and prevent them from handling food?** *(§ 2-201.12)*
      ☐ Yes ☐ No

      Please list the common symptoms associated with gastrointestinal illness that food workers may not work with food if they have:

      _____

      _____

      _____

7. **Describe the handwashing lavatory in/adjacent to your food booth? Where is it?** *(§ 5-203.11)*

   _____

   _____

   _____

8. **Do you plan to hold 'Potentially Hazardous Foods' (PHF) COLD in your booth?** *(§ 1-201.10(B)(61), § 3-501.16)*
   ☐ Yes ☐ No

   If **yes**, which items? How will you keep them cold?

Items	Cold-Holding Method

Use Additional pages if necessary

a. **Do you plan to hold 'Potentially Hazardous Foods' (PHF) HOT in your booth?**
(§ 1-201.10(B)(61), § 3-501.16)
☐ Yes ☐ No

If **yes**, which items? How will you keep them hot?

Items	Hot-Holding Method

Use Additional pages if necessary

b. **Do you plan to use 'Time Control' to keep 'Potentially Hazardous Foods' (PHF) safe?**
(§ 1-201.10(B)(61), § 3-501.19)
☐ Yes ☐ No

If **yes**, which items? How will you keep track of them?

Items	'Time Control' Plan

Use Additional pages if necessary

c. **How will you monitor the temperature of 'Potentially Hazardous Foods'?**
(§ 1-201.10(B)(61), § 4-203.11)

_____

_____

_____

9. **Do you plan to save left-over food for the next day?** ☐ Yes ☐ No
The next event? ☐ Yes ☐ No

If **yes**, which items? How will you keep track of them?

Items	Left-Over Food Plan

Use Additional pages if necessary

a. **Do you intend to cool left-over 'hot' Potentially Hazardous Foods?** *(§ 1-201.10(B)(61), § 3-501.14)*
☐ Yes ☐ No

If **yes**, what cooling method(s) do you plan to use?

_____
_____
_____

b. **Do you intend to re-heat cooled food, and then place it in hot-holding, as part of your food service operation?** *(§ 1-201.10(B)(61), § 3-403.11)*
☐ Yes ☐ No

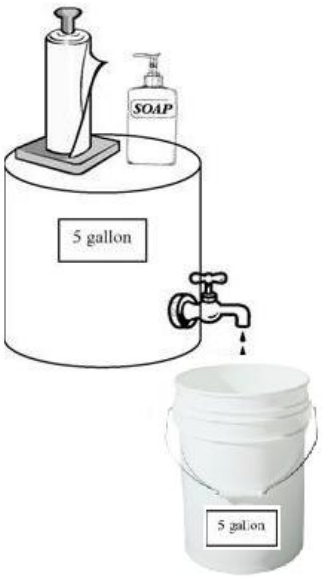
If **yes**, what re-heating method(s) do you plan to use?

_____
_____
_____

10. **Where and how do you intend to clean and sanitize dishes and utensils? Explain:** *(Part 4-603)*

_____
_____
_____

Example of a Primitive Handwashing Station



Example of a Primitive Ware-Washing System

Booth Construction:

If your plan limits all food service activities (preparation and service) to a permanent indoor kitchen (such as a church kitchen), you may skip this section. Please write 'N/A' under each question.

11. **Describe the type of overhead protection used at your booth (outdoor food service area):** *(§ 6-202.18)*

_____

_____

a. **Describe the type of flooring provided in your booth:** *(§ 6-201.11)*

_____

_____

b. **Provide a scale floor plan diagram of your food booth and all other associated temporary food service facilities:**

For more space, use an additional page

Agreement to Comply:

I _____, have read, and understood this application and herby agree to meet the necessary requirements to obtain and maintain a Temporary Restaurant license. I agree to comply with all Food Safety regulations described in ORS: 624.010 to 624.120 and OAR 333-150. These laws and codes are available to view at: http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/index.aspx.

I understand that if I do not meet the minimum requirements for compliance, my Temporary Restaurant License may be revoked and actions may be taken to ensure public safety such as: facility closure, disposition of food, and/or food embargo.

Violations of any applicable provisions of ORS 624.010 through 624.120 or OAR 333-150 are a Class C misdemeanor punishable with a maximum sentence of 30 days in prison and / or a $1,250 fine.

Signature of Licensee or 'Person in Charge': Date: