

COSHOCTON COUNTY

DEPARTMENT OF HEALTH

724 S. 7th St. -- Telephone 622-1426

COSHOCTON, OHIO 43812

TEMPORARY FOOD SERVICE OPERATION & FOOD ESTABLISHMENT

Event _____ Date of Event _____

Time of Operation _____ to _____

Location of Event _____

Organization Name _____

Contact Person _____ Phone Number _____

Mailing Address _____

Best Time to Contact _____

Name & Address Of Licensed Location Where Food Is To Be Prepared (If Other Than Event Site)

A. Menu - List All Foods & Beverages To Be Served _____

B. Food Source - Food Will Be Obtained From _____

C. Hot Foods - How Will The Internal Temperature Of 140F Or Above Be Maintained?

D. Cold Foods - How Will The Internal Temperature Of 45F Or Below Be Maintained?

E. Describe Method Of Transporting And Maintaining Proper Temperatures Of Potentially Hazardous Foods To And From Site.

F. List All Equipment And Utensils To Be Used At Event Site For Preparation, Display, Serving And Storage Of Food Items.

G. Describe Methods To Be Used For Protecting Foods On Display From Possible Contamination By The Public, Dust, Insects And Other Possible Contaminates.

H. Describe Method To Be Used For Proper Washing, Rinsing And Sanitizing The Food Preparation And Serving Utensils And Equipment.

I. Describe Method To Be Used For Handwashing For Food Service Workers.

J. Describe Methods Of Storing And Disposing Of Liquid Waste And Garbage.

Please Provide Drawing Of Booth And Placement Of Equipment.