



# TEMPORARY EVENT FOOD APPLICATION

Applications **MUST** be submitted to the Regulatory Authority, Asotin County Public Health, for review at least seven (7) calendar days before intending to provide food service. *LATE submissions will NOT be accepted or permitted.*

OFFICE USE ONLY

Permit # \_\_\_\_\_ Risk Category 1 2 3 \_\_\_\_\_ Fee \$ \_\_\_\_\_ Invoice # \_\_\_\_\_  
 PERMIT VALID DATE(S): START \_\_\_\_\_ EXPIRES \_\_\_\_\_

## Section 1: APPLICANT INFORMATION

Note: Mailing Address will be the "Address of Record" for all communication mailed from this district.

Permit Name		Date of Application	
Food Establishment Website	Telephone Number ( )	Fax Number ( )	
Food Establishment Physical Address	City	State	Zip Code
Applicant's Full Name	Daytime Phone ( )	E-mail	
Mailing Address	City	State	Zip Code
Name of On-Site Person in Charge (PIC) ( <input type="checkbox"/> check if same as applicant)		Cell / Phone: Email:	
<i>**At least one food handler with a valid Washington State Food Worker Card must be in the booth at all times.</i>		<b>** Does PIC Have Current Food Worker Card?</b> Yes No	

### Facility Type

Food Booth     Food truck/trailer     WA State L & I approval for trucks/trailers     Food Cart     Permanent Facility

### Facility Operation Type

Pre-packaged     Pre-Packaged with Sampling     Food demonstration with sampling     Food preparation & distribution

### EVENT Information

*Complete All Sections Legibly For ALL Events*    NOTE: multiple days have additional fees

1 <sup>st</sup> EVENT	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	
2 <sup>nd</sup> EVENT	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	
3 <sup>rd</sup> EVENT	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	
4 <sup>th</sup> EVENT	Event Name	Date Begins	Hours of Operation	Event Coordinator	Est. # of Customers Served/Day:
	Address (City, St, Zip)	Date Ends		Contact # on Day of Event	

**FOOD PREPARATION AND MENU**

**Menu Submittal Requirements:** Only food items listed below are approved for service.  
 Any changes/additions to this menu must be pre-approved prior to the event.  
 All food preparation shall be completed in TFE or in facility approved prior to the event.

<b>Food item</b>  <i>List all separate ingredients for food items</i>	<b>Source</b>  <i>Indicate where the food item is purchased</i>	<b>Check if commercially prepackaged</b>  <i>Only check if item will be sold in original packaging</i>	<b>Raw or commercially precooked</b>  <i>Indicate if the item is purchased raw or commercially pre-cooked</i>	<b>Identify types of preparation at other location</b>  <i>List methods of preparation for menu item (e.g. wash, cut, cook)</i>	<b>Identify types of preparation at event</b>  <i>List methods of preparation for menu item (e.g. cook, hot, hold, cold hold) <b>NO COOLING ALLOWED</b></i>
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

**If additional menu items will be served, attach additional pages including the above listed preparation information**

**FOOD PREPARATION AT APPROVED FACILITY**

Will advance food preparation take place in a location other than TFE:  Yes  No

Name of approved facility:

Phone:

Address of facility:

Is any food preparation regulated by another agency:  Yes  No If yes, indicate agency:  WSDA  USDA  Other (specify):

**If the owner of the facility is different than TFE applicant, a completed commissary agreement must be submitted.**

### EQUIPMENT LIST

<b>Cold Holding</b>	<input type="checkbox"/> Refrigerator <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Dry ice/cooler <input type="checkbox"/> Ice/cooler <input type="checkbox"/> Other (specify): <b>POTENTIALLY HAZARDOUS FOODS MUST BE COLD HELD AT 41° FOR BELOW</b>
<b>Cooking</b>	<input type="checkbox"/> Grill <input type="checkbox"/> Stovetop <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Oven <input type="checkbox"/> Wok <input type="checkbox"/> Barbeque grill/smoker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Rice cooker <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Other (specify): <b>NO UNATTENDED COOKING</b>
<b>Hot Holding</b>	<input type="checkbox"/> Steam table <input type="checkbox"/> Chaffing dishes <input type="checkbox"/> Rice cooker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Hot case <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Oven <input type="checkbox"/> Other (specify): <b>NO UNATTENDED HOT HOLDING</b>
<b>Method of hot/cold holding during transportation</b>	Insulated food-grade container   Original packaging   Hot case   Refrigeration   Non-insulated food-grade container   Delivered to event by commercial vendor, indicate vendor: Other (specify):

### FOOD PROTECTION

<b>Method of preventing bare hand contact</b>	<input type="checkbox"/> Gloves <input type="checkbox"/> Utensils <input type="checkbox"/> Deli Tissue <input type="checkbox"/> Other (specify): <b>BARE HAND CONTACT WITH READY -TO EAT FOOD IS NOT ALLOWED</b>
<b>Method of food protection during operation:</b>	<input type="checkbox"/> Sneeze Guards <input type="checkbox"/> Continuous active monitoring by food worker <input type="checkbox"/> Only pre-packaged food or bottled drink <input type="checkbox"/> Other (specify):
<b>Hot Holding</b>	<input type="checkbox"/> Steam table <input type="checkbox"/> Chaffing dishes <input type="checkbox"/> Rice cooker <input type="checkbox"/> Roaster oven/crockpot <input type="checkbox"/> Hot case <input type="checkbox"/> Hot dog roller <input type="checkbox"/> Oven <input type="checkbox"/> Other (specify): <b>NO UNATTENDED HOT HOLDING</b>
<b>Method of hot/cold holding during transportation</b>	Insulated food-grade container   Original packaging   Hot case   Refrigeration   Non-insulated food-grade container   Delivered to event by commercial vendor, indicate vendor: Other (specify):

### WATER SOURCE DISPOSAL

<b>Water source</b>	<input type="checkbox"/> Public <input type="checkbox"/> Commercially Bottled <input type="checkbox"/> Other (specify): <b>HOSES USED TO CONVEY POTABLE WATER MUST BE FOOD-GRADE AND STORED TO PREVENT CONTAMINATION</b>
<b>Water disposal information</b>	<input type="checkbox"/> Mop Sink <input type="checkbox"/> Direct connection to public sewer <input type="checkbox"/> On-site waste disposal provided by event <input type="checkbox"/> Holding Tank (specify method of disposal):

### SINK REQUIREMENTS

<b>Warewashing</b>	If the establishment operates for two or more consecutive days or if utensils are re-used on site, a plumbed three compartment sink is required within 200 feet. A commissary location may be used for warewashing. <b>DISH TUBS ARE NOT ACCEPTABLE.</b> Identify location of three compartment sink: <input type="checkbox"/> n/a
<b>Food preparation</b> (for wash, soak, rinse, drain, thaw of food items)  <b>Handwashing</b>	<input type="checkbox"/> Produce is purchased commercially pre-washed (invoices must be available for review by the regulatory authority) <input type="checkbox"/> Designated food preparation sink is provided by the event (must be indirectly drained) <input type="checkbox"/> Designated food preparation sink is provided by applicant (must be indirectly drained) <input type="checkbox"/> Food prepared at approved kitchen (Commissary agreement required if owner of facility is different than applicant) <input type="checkbox"/> Handwashing No less than 5-gallon insulated container with free-flowing spigot and no less than 5 gallon catch bucket for wastewater <input type="checkbox"/> Plumbed handwashing provided in establishment accessible to food workers  AN ADDITIONAL HANDWASHING SETUP MAY BE REQUIRED FOR ESTABLISHMENTS PREPARING RAW ANIMAL PRODUCTS OR LARGE/COMPLEX OPERATIONS  <div style="text-align: center;"> <b>WARM POTABLE WATER, SOAP, PAPER TOWELS, AND HANDWASHING REMINDER SIGN REQUIRED</b> </div>

**ALL SURFACES MUST BE SMOOTH, DUABLE, NON-ABSORBANT AND EASILY CLEANABLE**

### ESTABLISHMENT CONSTRUCTION

<b>Floor Material:</b>	
<b>Ceiling Material:</b>	
<b>Wall Material:</b>	
<b>Food preparation surfaces/storage material:</b>	

**TEMPORARY FOOD ESTABLISHMENT LAYOUT**

**PROVIDE A TOP VIEW SKETCH OF ESTABLISHMENT**

ALL EQUIPMENT, WORK AREAS, STORAGE AREAS, SINKS, FOOD PROTECTION EQUIPMENT AND SANITIZER LOCATION MUST BE INCLUDED

**ALL ACTIVITIES AND FOOD STORAGE AT THE EVENT MUST TAKE PLACE IN THE TEMPORARY FOOD ESTABLISHMENT AND UNDER OVERHEAD COVER**

**ADDITIONAL REQUIREMENTS**

The permit holder agrees to ensure the following:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. No bare hand contact with ready-to-eat foods
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Sanitizer and appropriate test strips must be provided. Indicate type of sanitizer used: Bleach Quaternary Ammonium Other (specify):
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Accurate digital thermometer with a suitable diameter probe designed to measure the temperature of thin foods or a dial stem thermometer must be provided; indicate type: Dial stem Digital
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Employee restrooms with handwashing must be provided within 200 feet.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Ill food workers must be excluded.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Garbage with lid must be provided
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. Lighting in food preparation and storage area must be shielded or shatter-resistant
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8. Adequate power supply must be provided for electrical equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Food and single-service items must be stored no less than 6" off the ground and AWAY FROM CHEMICALS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10. Adequate set-back for grills and other cooking equipment is required to prevent contamination and to protect the public
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. A designated PIC must be present at all times during operation and food service and person in charge must have current Washington State Food Worker Card available for review by regulatory authority.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Permit must be posted.
<b>MUST INCLUDE</b>	COVID-19 SAFETY PLAN

**SUBMITTAL INSTRUCTIONS**

**APPLICATIONS MUST BE RECEIVED IN OUR OFFICE 7 CALENDAR DAYS BEFORE THE EVENT OR THE APPLICATION WILL BE REJECTED. WE WILL NOT ACCEPT LATE SUBMISSIONS.**

Applications may be submitted to Asotin County Public Health District:

BY MAIL OR IN PERSON: PO BOX 306 | 102 1<sup>ST</sup> Street, Asotin, WA 99402. | BY FAX: 509-243-3345.

**\*\*DUE TO COVID-19, IF YOU WISH TO HAND DELIVER PLEASE CALL AND MAKE AN APPOINTMENT AT 509-552-4539 \*\* or bring to drive-up window M-Th 11:00-12:30**

**SIGNATURES**

By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with WAC 246-215, and will allow Asotin County Public Health District access to the establishment and its records as specified in WAC 246-215. You understand that failure to submit complete information, complete the scheduled phone interview and/or failure to pay permit fees when due may result in penalty fees, required changes to your operation and/or postponing your event. You agree to notify Asotin County Health Public Health in advance of changes in menu, equipment, operation, or ownership.

**Incomplete applications will not be processed**

Signature of applicant:	Date:
Printed Name:	Phone:



# COVID-19 SAFETY PLAN FOR TEMP EVENTS

This page has resources to help you create a *required* COVID-19 safety plan to be submitted with your temp event application.

✓	THE FOLLOWING MUST BE INCLUDED OR ADDRESS WITH THE SUBMISSION OF YOUR APPLICATION
	Demonstrate knowledge and how you will educate staff of signs, symptoms, and risk factors associated with COVID-19.
	DETAILED steps to be taken at the workplace (food establishment) to establish social distancing, wearing masks, frequent hand washing, and other safety factors
	Submit a washing policy to include instructions for 20 seconds hand washing, with warm water and soap. Education to anyone working in booth/food establishment the importance of not touching their eyes, nose, or mouth with unwashed hands or gloves
	Instructions on when and how to clean frequently touched shared items, such as equipment, handles, surfaces, and/or tools.
	Hang signs or posters in prominent spots in the work site to remind workers, visitors, and customers about safety practices (such as social distancing, frequent hand washing, wearing face coverings and required PPE, respiratory etiquette, and illness reporting).
	Post prominent signs at their entrances reminding customers of the face-covering requirement.
	Address how you will communicate to customers they must wear face coverings to visit the business, under the state order. This might require posting employees at entrances or actively monitoring shared spaces and talking to customers who aren't wearing face coverings.
	Name the person in charge in your COVID safety plan who will be responsible for monitoring facial masks, hand washing station, and social distancing
<p style="text-align: center;"><b>AVAILABLE RESOURCES</b> Also available on our website @ <a href="http://www.asotincountypublichealth.org">www.asotincountypublichealth.org</a></p>	
	Free online printable signs: <a href="https://www.signs.com/coronavirus-signage/">https://www.signs.com/coronavirus-signage/</a>
	COVID infographics: <a href="https://www.signs.com/coronavirus-signage/">https://www.signs.com/coronavirus-signage/</a>
	Minimize risk of COVID-19 posters: <a href="https://www.snohd.org/501/Posters-for-Download">https://www.snohd.org/501/Posters-for-Download</a>
	Safe Start Phase 3 Template: <a href="https://www.governor.wa.gov/sites/default/files/BusinessTemplate_Phase3_1.pdf?utm_medium=email&amp;utm_source=govdelivery">https://www.governor.wa.gov/sites/default/files/BusinessTemplate_Phase3_1.pdf?utm_medium=email&amp;utm_source=govdelivery</a>
	LNI requirements <a href="https://www.lni.wa.gov/forms-publications/F414-164-000.pdf">https://www.lni.wa.gov/forms-publications/F414-164-000.pdf</a> L&I Safety and Health Requirements and Guidance – Detailed