



Regulatory/Medical Health Services
 Environmental Health Division
 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
 Telephone: (714) 433-6080
 Fax: (714) 754-1768
 Email: ehSpecialEvents@ochca.com
 Website: www.ocfoodinfo.com/tff

OPERATION SPECIFICATIONS TEMPORARY FOOD FACILITY

COMPLETE AND SUBMIT WITH TEMPORARY FOOD FACILITY HEALTH PERMIT APPLICATION
TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFF OPERATOR INFORMATION		EVENT INFORMATION	
Name of Food Booth:		Event Name:	
Name of Owner and DBA:		Date(s) of Event:	
Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart		Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event	
On-site (Person-in-Charge) Contact:			
On-site Contact Cell Phone:		# of Food Employees:	
FOOD OPERATION			
<input type="checkbox"/> Packaged food only <input type="checkbox"/> Packaged with sampling <input type="checkbox"/> Food Preparation (All food preparation is to be conducted within the food booth or at a permitted food facility)			
FOOD BOOTH CONSTRUCTION			
All food booths require overhead protection and a cleanable floor. Food preparation booths must be enclosed. Overhead Covering: <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Floor: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Walls: <input type="checkbox"/> Screens <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ Booth supplied by: <input type="checkbox"/> TFF Operator <input type="checkbox"/> Event Organizer <input type="checkbox"/> Rent from: _____ Booth Size: _____			
LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY			
Attach additional pages as necessary			
Food Item	Prepackaged (Y or N)	Identify type of preparation at other location**	Identify type of preparation at food booth (i.e. assembly, portioning, cooking, etc.)
**For food items that will be prepared at another location complete the below information and attach a copy of the food facility's current health permit. Note: A specialized processing permit from the State of California (PFR or a Milk and Dairy License) is required for processes such as: bottling, canning, juicing, manufacturing jerky or milk products; and for food products packaged and sold offsite from where it is prepared. In addition, FDA registration is required for operations proposing to sell imported foods at a community event. Be aware that if all required documents are not provided, the application process cannot be completed.			
Food Facility Name:		Name of Permit Holder:	
Address and City:		Facility Contact Number:	
Method of food temperature control during transportation:			

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot (135°F) or cold (41°F/45°F)

Cold Holding	<input type="checkbox"/> Mechanical Refrigerator	<input type="checkbox"/> Ice Chest	<input type="checkbox"/> Cold Table	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Other (Specify): _____			
Hot Holding	<input type="checkbox"/> Steam Table	<input type="checkbox"/> Chaffing Dishes	<input type="checkbox"/> Electric Warmer	<input type="checkbox"/> Not Applicable
	<input type="checkbox"/> Other (Specify): _____			

I agree to voluntarily destroy any and all potentially hazardous food(s) held at 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency. _____ Initial

EQUIPMENT/UTENSILS

Will multi-use kitchen utensils be used inside the booth for preparation?
 Yes (complete Utensil Washing section and Liquid Waste Removal section) No Not Applicable

Utensil Washing
 Three-compartment sink within food booth Shared 3-compartment sink provided, provided by: _____
 Event is less than 4 hours – extra utensils will be available. Before and after the event, utensils will be washed, rinsed, and sanitized at an approved food facility at: _____

Sanitizer to be used (test strips must be available to test sanitizer concentration)
 Chlorine Quaternary Ammonia Iodine

Identify all equipment that will be used for food preparation at the food booth:
 Barbecue Grill Range Burner Deep Fryer Griddle Mixer/Blender
 Other (Specify): _____

FOOD PROTECTION

Identify methods of protecting foods from customer contamination:
 Sneeze Guards Hinged Chafing Dishes Individual Portion Samples
 Other (Specify): _____

HANDWASH FACILITIES

Handwashing facilities provided by: Event Organizer Food Booth Operator
Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks

Type of handwashing facility that will be used:
 Gravity-fed warm water (100°F) with spigot and catch basin (*approved for events that operate for three days or less*)
Waste water must be properly disposed
 Self-contained portable unit (with potable water and waste water holding tanks)
 Permanently plumbed with hot and cold water under pressure

FACILITY REQUIREMENTS

<p>Electrical Supply Provided by : <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator</p> <p><input type="checkbox"/> Refrigerator or Freezer available for overnight storage <input type="checkbox"/> Lighting available</p> <p>Refuse Removal Provided by : <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator Identify responsible party for waste removal: _____</p>	<p>Toilet Facilities for Food Employees Provided by : <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator</p> <p>Liquid Waste Removal Provided by : <input type="checkbox"/> Event Organizer <input type="checkbox"/> Booth Operator Identify responsible party for liquid waste removal: _____</p> <p>Frequency of liquid waste removal: _____ per day</p>
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NON-PROFIT CHARITABLE TEMPORARY FOOD FACILITIES ONLY

I declare under penalty of perjury that the non-profit charitable organization information is true and accurate, and I have provided current supporting documentation showing our up-to-date non-profit status. I further certify the following to be true:

- The booth will be operated by members of our organization or other noncommercial supporters.
- All proceeds will be turned over to the above named non-profit organization or to another approved non-profit entity.
- I understand that any exemption issued to us would be for the operation of our non-profit association's food booth only and would not imply a blanket approval covering the operation of commercial food facilities at the occasional event.
- We understand that our organization may operate up to four (4) times annually (July – June) and each time operated may not exceed three (3) days in duration.

Non-Profit Authorized Representative Name (print): _____ Title: _____

Signature: _____ Date: _____