APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

(Application requirements are outlined in Chapter 8, TB MED 530/NAVMED P-5010-1/AFMAN 48-147 IP)

OMB No. 0702-0132 OMB approval expires: February 28, 2022

The public reporting burden for this collection of information, 0702-0132, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

INSTRUCTIONS:

The application is completed by the operator of the temporary food establishment (TFE). Separate applications must be submitted for <u>each</u> independently operated establishment regardless if managed by a single operator. Submit completed applications to the regulatory authority at least 7 days before an event. In addition, each operator must provide:

- A drawing depicting the operational layout of the temporary food establishment. The drawing should provide
 orientation to the following activities/areas: food storage, food preparation/cooking, food service, warewashing (if
 applicable), and employee handwashing;
- A drawing of the <u>entire event area</u> depicting the TFE site in relation to the potable water supply, electrical sources, the wastewater disposal area, lavatories, etc.

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1. DATE SUBMITTED (YYYYMMDD) 2. NAM	E OF TEMPORARY FO	OOD ESTABLISHMENT	
3. NAME OF OPERATOR OR OWNER		4. MAILING ADDRESS	
5. TELEPHONE NUMBER			
6. NAME OF EVENT		7. DATE(S) AND TIME(S) OF EVENT/FOOD OPERATION
8. DATE AND TIME TFE WILL BE SET UP AND INSPECTION:	READY FOR		
9. LIST ALL FOOD AND BEVERAGE ITEMS TO	BE PREPARED AND	SERVED. Attach a separat	e sheet if necessary.
NOTE: Any changes to the menu must be sub-	mitted to and approved	by the Regulatory Authority	at least 24 HOURS prior to the event.
(1)	(2)		(3)
(4)	(5)		(6)
(7)	(8)		(9)
(10)	(11)		(12)
(13)	(14)		(15)
(16)	(17)		(18)
10. Will all foods be prepared at the TFE site?			
Yes – complete Attachment A	No* - co	omplete Attachments	A and B
* If No, the operator must identify the permanent for require additional assessment by the Regulatory A	uthority for approval.		
11. Describe (be specific) how frozen, cold, and	d hot foods will be tra	nsported to the TFE (e.g.,	conveyance method & temperature controls):

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12. How will food temperatures be monitored during the event?						
13. Identify the sources for each meat, poultry, s						
a. Item / Source	b. Item / Source					
c. Item / Source	d. Item / Source					
e. Item / Source	f. Item / Source					
14. How many (total) food employees will be working at the TFE?	Using Attachment C , provide the names and phone numbers of all TFE workers (paid workers and volunteers).					
15. How many handwashing facilities will be ava						
Describe the location(s) and handwashing facilit	ty set up (type of device) to be used by the TFE employees:					
16. Identify the potable water supply source and water) is to be used, provide the results of the n	d describe how water will be stored and distributed at the TFE. If a non-public water supply (well nost recent water tests.					
17. Describe where utensil washing will take pla	ace. If no facilities are available onsite, describe the location of back-up utensil storage.					
18 Describe how and where wastewater from h	and washing and utensil washing will be collected, stored, and disposed:					
10. Describe now and where wastewater nomina	and washing and diensi washing will be conected, stored, and disposed.					
19. Describe the number, location, and types of	garbage disposal containers at the TFE and the event site:					

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20.	Describe the floors, wa	alls, ceiling surfaces, and lighting within the	TFE:		
21.	Additional information	about the TFE that should be considered:		Number of a	ttached continuation pages:
	deviation from the a	EMENT: I hereby certify that the aborabove without prior permission from the nullify final approval.			
a	APPLICANT/OWNER S	IGNATURE:			b. Date:
C. (CO-APPLICANT/CO-OV	VNER SIGNATURE:			d. Date:
	compliance with an it does not constitut A pre-opening inspe	THORITY: Approval of these plans a y other code, law or regulation that me endorsement or acceptance of the ection of the food establishment with elies with the Tri-Service Food Code a	ay be required (i.e., F completed establishn equipment in place a	ederal, state nent (structund nd operation	e, or local). Furthermore, re or equipment). al will be necessary to
	Approved	Date (YYYYMMDD):	Disapproved	Date (YYYYMMDD):
Esta	blishment Restrictions:		Reason(s) for Disapprov	val:	
24.	AUTHORIZED DATES	TO OPERATE			
25.a	. REVIEWER (Print full r	name and rank)			
b.	TITLE				
C.	SIGNATURE			d. DATE	

ATTACHMENT A - FOOD PREPARATION AT THE TEMPORARY FOOD ESTABLISHMENT

INSTRUCTIONS: Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.

1. Food Item	2. Thaw (How and Where?)	3. Cut/Wash/ Assemble (Where?)	4. Cold Holding (How and Where?)	5. Cook (How and Where?)	6. Hot Holding (How and Where?)	7. Reheating (How?)	8. Commercial Pre-Portioned Package (Y/N)

ATTACHMENT B - FOOD PREPARATION AT PERMANENT FOOD ESTABLISHMENT SUPPORTING THE TFE

INSTRUCTIONS: Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.

1. Food Item	2. Thaw (How and Where?)	3. Cut/Wash/ Assemble (Where?)	4. Cold Holding (How and Where?)	5. Cook (How and Where?)	6. Hot Holding (How and Where?)	7. Reheating (How?)	8. Commercial Pre-Portioned Package (Y/N)

ATTACHMENT C - TEMPORARY FOOD ESTABLISHMENT EMPLOYEE LOG							
1. Name (print first & last)	2. Date	3. Duty Assignment (Work Station)	4. Time In	5. Time Out			