



KANAWHA-CHARLESTON HEALTH DEPARTMENT

108 Lee Street, East /PO Box 927
Charleston, WV 25323-0927
(304) 344-KCHD (5243)

www.kchdwy.org

Rahul Gupta, MD, MPH, FACP
Health Officer/Executive Director

TEMPORARY FOOD EVENT – COORDINATOR’S CHECK LIST

Return to Environmental Health Office 7 Days Prior to the Event

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful operation.

Please attach a list of all proposed food vendors and their contact information on completed forms, an event layout that shows the location and name of each booth, location of restrooms, sewer, water and electrical connections.

- Name of Event: _____ Event Date: _____
- Event Location: _____
- Name of Event Coordinators/Responsible Persons:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
- Number of anticipated Food Booths: _____ Event Set Up Time: _____
- Date/Time/Location of scheduled meetings with participants: _____
- Water Supply (must be potable): _____
- Waste Water Disposal (approved method): _____
- Describe Restroom facilities for food service workers of booths. Letter of availability may be required. No portable toilets unless equipped with hand washing facilities.
- Who will be supplying toilets for the public? (portable OK): _____
- Will electricity be supplied to food booths? _____ Yes _____ No
If yes, describe _____
- Will equipment/utensil washing facilities be provided: _____ Yes _____ No
- How will garbage be disposed of? _____

Signature: _____ Title: _____
Home Phone: _____ Work Phone: _____

Please notify booth managers that alternative sources of hot and cold holding equipment must be available in the event of power outages.

Administration
Ph. 304.348.6494
Fax 304.348.6821

Clinic
Ph. 304.348.8080
Fax 304.346.4756

Environmental
Ph. 304.348.8050
Fax 304.348.8054

Epidemiology
Ph. 304.348.1088
Fax 304.348.8149

Health Promotion
Ph. 304.348.6493
Fax 304.348.6821



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§16-6-3. Hotel and restaurant defined; hotels and restaurants not subject to provisions of article.

For the purpose of this article, every building where food and lodging are usually furnished to guests and payment required therefore shall be deemed a hotel, and every place where food without lodging is usually furnished to guests and payment required therefore shall be deemed a restaurant. But the provisions of this article, except those of sections twenty and twenty-two, shall not apply to any hotel wherein there are fewer than ten bed chambers, nor to any hotel known as a "summer hotel" which is not open for guests from November fifteenth to May fifteenth. The provisions of this article shall not apply to temporary food sales, not exceeding two weeks in length, by religious, educational, charitable or nonprofit organizations.

I hereby certify that I have read and understand the above noted section of the WV Code.

I, _____ do hereby claim exemption from the requirements of the WV Food Service Sanitation Regulations. My organization's identity and status is:

- RELIGIOUS ORGANIZATION
- EDUCATIONAL ORGANIZATION
- CHARITABLE ORGANIZATION
- NONPROFIT ORGANIZATION

ORGANIZATION'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

AGENT/REPRESENTATIVE _____

AGENT/MEMBER

DATE

PLEASE SEE ATTACHED SHEET(S)

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Event Coordinator Responsibilities The Event Coordinator or designated responsible person shall be available on site at all times during the Special Event. This individual is responsible for all health-related support services as specified on the Event Coordinator application. Support services include, but are not limited to: potable water supply, disposal of wastewater and solid waste, restroom facilities and associated handwashing sinks, power supply, and central refrigeration services.

- (A) Water Supply** The Event Coordinator will notify all food vendors in advance of the availability and location of potable water sources or if potable water will not be provided by the Event Coordinator.
- √ Non-potable water supplies such as, but not limited to, water trucks for dust control shall not be used at a Special Event where spray or flow may contaminate food. All non-potable water connections and service containers shall be clearly labeled as such.
 - √ Hoses connected to potable water sources shall be food grade quality and have proper backflow prevention devices.
- (B) Wastewater** All wastewater generated at an event must be discharged to a sanitary sewer. The dumping of waste water into a storm drain or directly onto the ground is strictly prohibited. Improper disposal may be subject to citations and/or penalties.
- (C) Solid Waste** The Event Coordinator must provide for the removal of any solid waste on the premises during event activities and at the conclusion of the event. This includes grease and waste cooking oil.
- √ An adequate number of leak-proof trash receptacles must be provided in common areas and emptied as often as necessary to prevent excessive accumulation of solid waste.
 - √ Improper disposal of solid waste may be subject to citations and/or penalties.
- (D) Restroom Facilities** An adequate number of toilet facilities shall be provided for patron and participant use. The restroom area shall not create a nuisance or public health hazard. The restrooms shall have toilet tissue at all times and be properly maintained for the duration of the Special Event.
- (E) Handwashing Sinks** There shall be handwashing sinks located at all restroom areas utilized by foodhandlers, including all non-sewered toilet areas, with at least one facility for handwashing for each group of toilet facilities.
- √ Portable handwashing sinks shall be provided with potable running water that drains to an enclosed wastewater tank.
 - √ Supplies for each handwashing area include liquid hand soap in a pump dispenser and single-use paper towels dispensed in a sanitary manner.
 - √ Hand sanitizer dispensers may be utilized at non-sewered toilet areas used by the public but ARE NOT A SUBSTITUTE for proper handwashing at restrooms used by foodhandlers.
 - √ If there is an animal attraction at the event, a handwashing station shall be set up at the access point to the venue, equipped with soap and paper towels as noted above.

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108 LEE STREET, EAST - PO BOX 927

CHARLESTON WV. 25323

PHONE: (304)348-8050 FAX: (304)348-8054

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

1. NAME OF TEMPORARY FOOD ESTABLISHMENT: _____
 2. DATE OF APPLICATION: _____
 3. NAME OF ORGANIZATION _____
 4. NAME OF PERSON IN CHARGE: _____
 5. MAILING ADDRESS (INCLUDE CITY AND ZIP CODE) _____

 6. TELEPHONE NUMBER: (HOME): _____ (WORK): _____
 7. NAME OF EVENT: _____
 8. DATE(S) AND TIME(S) OF EVENT: _____
 9. LOCATION OF EVENT: _____
 10. DESCRIBE (BE SPECIFIC) HOW FROZEN FOODS WILL BE THAWED AND WHERE

 11. DESCRIBE (BE SPECIFIC) HOW FROZEN, COLD AND HOT FOODS WILL BE TRANSPORTED TO TEMPORARY FOOD ESTABLISHMENT _____

 12. HOW WILL TEMPERATURES BE MONITORED DURING THE EVENT? _____

 - A. HOW WILL YOU KEEP THE COLD FOOD COLD (41° F. OR BELOW?) _____
 - B. HOW WILL YOU KEEP THE HOT FOOD HOT (135° F. OR ABOVE?) _____
- NOTE: FOOD MUST BE HEATED TO 165° F. BEFORE IT IS PUT INTO WARMING UNITS**
13. DESCRIBE THE SET-UP OF THE HANDWASHING FACILITIES _____
 14. DESCRIBE WHAT MEASURES YOU WOULD TAKE IF ONE OF THE COOKING UTENSILS FALLS ON THE GROUND. _____

PLEASE LIST MENU ON BACK

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THE KANAWHA-CHARLESTON HEALTH DEPARTMENT MAY NULLIFY FINAL APPROVAL.

DATE _____ AUTHORIZED SIGNATURE _____

PRINT NAME _____

OFFICE USE ONLY

PROFIT () YES () NO

FEE RECEIVED () YES () NO (\$25.00)

APPLICATION APPROVED () YES () NO BY: _____



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Action required:
 The Event Coordinator must use this checklist and keep it as a record. Answer all questions. List may be provided to vendors. Record at least two product temperatures where designated. Describe what needs to be done or fixed in the "observations" column. Action required. What action was taken to overcome the problem?

Event checklist (may be provided to each vendor)

Event: _____
Date: _____
Completed by: _____

Part 1

Set up Check	YES	NO	OBSERVATIONS
Are all equipment and utensils clean and ready for use?			
Are the premises free from pest activity?			
Are all suppliers used written down on your Food Providers List?			
Are temperatures of chilled & hot foods checked on arrival?			
Are products checked on arrival for contamination?			
Are all products labeled correctly?			
Are all products date marked?			
Is all food protected from contamination?			
Are products in appropriate packaging?			
Do volunteers know what to be aware of when inspecting food?			
Are insulated coolers used for transport and storage stocked with sufficient ice blocks or cool packs?			
Are cooked and raw foods separated in storage?			
Are all foods stored off the ground?			
Are there adequate hand washing and drying facilities?			
Are food handlers familiar with safe food handling practices?			
Have all volunteers received information on safe food handling?			
Do you have a calibrated probe type thermometer (a thermometer that penetrates the surface of food to take the temperature?			

Event Checklist

Event: _____

Date: _____

Completed by: _____

PART 2

OPERATIONS CHECK	YES	NO	N/A	OBSERVATIONS
What time did the Event start?				
Are all high risk foods which require refrigeration in chilled storage? If "NO", record the temperature of the food and the time the temperature was recorded.				Name of food °F
Write down the temperature of a sample of food in Chilled/Frozen Food Storage				°F
Are they in the correct temperature range? (Yes/No)				
Are all cooked foods free from the risk of cross-contamination from raw foods?				
Are all ready-to-eat foods free from the risk of cross-contamination from raw foods?				
Are separate utensils being used for different foods?				
Are volunteers checking cooked foods to make sure they are fully cooked?				
Are all foods on display protected from contamination?				
Are cooked hot foods displayed in hot holding equipment?				
Write down the temperature of a sample of hot foods.				°F
Is staff following good hygiene practices?				
Is food waste disposed of appropriately?				
What time did event finish?				
Has all equipment been cleaned and sanitized after use?				
Has food waste been removed from the site of the event?				
Action required:				

**THIS FOOD IS PREPARED
IN A KITCHEN THAT IS
NOT REGULATED OR
INSPECTED BY THE
KANAWHA-CHARLESTON
HEALTH DEPARTMENT**