



[www.kchd.wv.org](http://www.kchd.wv.org)

# KANAWHA-CHARLESTON HEALTH DEPARTMENT

108 Lee Street, East /PO Box 927

Charleston, WV 25323-0927

(304) 344-KCHD (5243)

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

Dear Non-Profit Food Vendor:

Please find enclosed information on being granted an exemption from the procedures required to operate at an event with a temporary food stand.

- Verify your exemption status on the form provided by providing your exemption number and the category your organization falls into.
- You will not be receiving a permit. However, you may be subject to a random inspection by a sanitarian with the Kanawha-Charleston Health Department.
- Please post signage stating "This food is prepared in a kitchen that is not regulated or inspected by the Kanawha-Charleston Health Department." This signage must be posted where it can be easily seen and read by the public. The print should be no smaller than the enclosed sample. If this sign is posted, you may not be visited by a sanitarian.
- The Event Checklist is for your own use and recordkeeping and will be important to you should you or the Health Department receive notice of a possible food-borne outbreak occurrence related to your event. Please provide a copy of the checklist to KCHD after the event.
- Please remember that you are accepting all liability incurred from food which is offered for sale or given as free samples to the public. The consumption of food or drink prepared in unapproved facilities by persons who do not follow safe food practices could result in illness or injury.

Please return the Application for a Temporary Food Event and the Exemption forms to:

Kanawha-Charleston Health Department  
PO Box 927  
Charleston, WV 25323

We are available to you should you have questions or need instructions as to the safe handling of food at your event. Our website is <http://www.kchd.wv.org>.

Sincerely,

Nasandra Wright, MPH, REHS, RS  
Environmental Health Director

NW/lh  
Enclosures

<b>Administration</b>		<b>Clinic</b>		<b>Environmental</b>		<b>Epidemiology</b>		<b>Health Promotion</b>
Phone: 304.348.6494		Phone: 304.348.8080		Phone: 304.348.8050		Phone: 304.348.1088		Phone: 304.348.6493
Fax: 304.348.6821		Fax: 304.346.4756		Fax: 304.348.8054		Fax: 304.384.8149		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 \_\_\_\_\_

TAX EXEMPT ID# \_\_\_\_\_

\_\_\_\_\_  
AGENT/MEMBER

\_\_\_\_\_  
DATE

PLEASE SEE ATTACHED SHEET(S)

<b>Administration</b>	<b>Clinic</b>	<b>Environmental</b>	<b>Epidemiology</b>	<b>Health Promotion</b>
Phone: 304.348.6494	Phone: 304.348.8080	Phone: 304.348.8050	Phone: 304.348.1088	Phone: 304.348.6493
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**REGISTRATION FOR A TEMPORARY FOOD EVENT**

1. NAME OF THE TEMPORARY FOOD ESTABLISHMENT(S): \_\_\_\_\_  
(May provide a separate list of vendors)
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. HOW WILL TEMPERATURES BE MONITORED DURING THE EVENT? \_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST MENU ON THE BACK OF THIS FORM**

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

-----  
OFFICE USE ONLY

EXEMPT: ( ) YES ( ) NO

APPLICATION APPROVED: ( ) YES ( ) NO BY: \_\_\_\_\_

<b>Administration</b>	<b>Clinic</b>	<b>Environmental</b>	<b>Epidemiology</b>	<b>Health Promotion</b>
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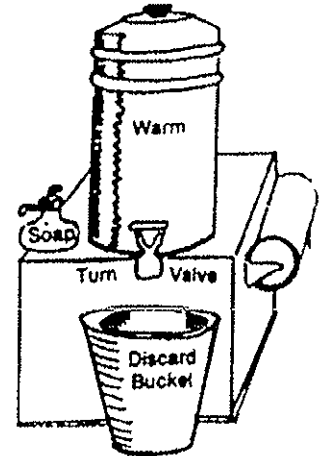
### CHECKLIST TO BE RETAINED BY CONCESSIONAIRE

- \_\_\_\_\_ \*Handwashing facilities including, at a minimum:
- \_\_\_\_\_ \*5-Gallon covered container with spigot for clean, warm water (i.e. cooler with drain spout)
- \_\_\_\_\_ \*Liquid soap
- \_\_\_\_\_ \*Paper towels
- \_\_\_\_\_ \*Catch basin for wastewater from handwashing
- \_\_\_\_\_ \*Disposable gloves are required to handle any ready-to-eat foods.
- \_\_\_\_\_ \*Antibacterial towelettes may be used in addition to handwashing. The towelettes must contain one of the following active ingredients:

BENZALKONIUM CHLORIDE  
BENZETHONIUM CHLORIDE  
METHYLBENZETHONIUM CHLORIDE

Baby wipes or any lanolin-based towelettes MAY NOT be used. **NO HAND SANITIZERS WILL BE APPROVED** due to current questions concerning their effectiveness.

- \_\_\_\_\_ \*Thermometer – long stem measuring from 0° - 220° F.
- \_\_\_\_\_ \*Bleach
- \_\_\_\_\_ \*Sneeze guard
- \_\_\_\_\_ \*Wiping cloths and bucket with bleach water
- \_\_\_\_\_ \*Hair restraints
- \_\_\_\_\_ Plastic garbage bags
- \_\_\_\_\_ Platforms for elevating food and paper goods 6" off ground
- \_\_\_\_\_ Ice chests, (no Styrofoam coolers) ice scoop
- \_\_\_\_\_ Serving spoons, spatulas, tongs etc
- \_\_\_\_\_ Cutting boards
- \_\_\_\_\_ Roll of plastic wrap for covering food
- \_\_\_\_\_ Washable containers for food storage
- \_\_\_\_\_ Adequate number of tables with washable surfaces
- \_\_\_\_\_ Aluminum foil to wrap around warming pans to keep sterno lit and keep heat under food



\*These items are required by each booth.

### POTENTIALLY HAZARDOUS FOOD

Potentially hazardous food means food that requires time/temperature control. These foods must be maintained at 41° F, or below or 135° F, or above.

### "Potentially hazardous food" includes:

MILK  
MEAT  
FISH  
COOKED RICE  
FUNNEL CAKE MIXTURES

EGGS  
POULTRY  
BREADINGS & BATTERS FOR FISH & MEAT  
VEGETABLES (Heat treated or consist of rawseed sprouts, cut melons and garlic-in-oil mixtures that are not modified)

**NOTE: ALL FOOD MUST BE PURCHASED FROM AN APPROVED SOURCE.**



## KANAWHA-CHARLESTON HEALTH DEPARTMENT

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(304) 344-KCHD (5243)

[www.kchdwy.org](http://www.kchdwy.org)

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

**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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Ph. 304.348.6494  
Fax 304.348.6821

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Fax 304.346.4756

Environmental  
Ph. 304.348.8050  
Fax 304.348.8054

Epidemiology  
Ph. 304.348.1088  
Fax 304.348.8149

Health Promotion  
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 Health Officer/Executive Director

**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**

<b>Set up Check</b>	<b>YES</b>	<b>NO</b>	<b>OBSERVATIONS</b>
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**