



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 Temporary Food Vendor:

Enclosed is the application you must submit in order to obtain a temporary food permit. All food must be prepared on site, be commercially prepared, or be prepared at an approved kitchen. Food must **not** be prepared in a home kitchen. For further information, the concessionaire's food guide can be found online by searching for 'wv temp food guidelines'. If you do not have access to a computer, a booklet can be mailed to you.

Please complete the application and return with the permit fee of \$50.00 to:

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

All applications must be submitted no later than **one week** prior to the event. If it is not, you will **not** be permitted to operate.

Please keep the Concessionaire's Checklist as a reference, as the sanitarian will be checking to see if you have these items. Of **extreme** importance is the hand washing station. It is required for every stand. Failure to have the items required by the checklist may result in the closing of your concession stand.

If you have any questions, please call us at (304) 348-8050. Thank you for your cooperation.

Sincerely,

David Winowich
Registered Sanitarian, KCHD

DW/lh
Enclosures

Administration
Phone: 304.348.6494
Fax: 304.348.6821

Clinic
Phone: 304.348.8080
Fax: 304.316.4756

Environmental
Phone: 304.348.8050
Fax: 304.348-8054

Epidemiology
Phone: 304.348.1088
Fax: 304.384.8149

Health Promotion
Phone: 304.348.6493
Fax: 304.348.6821



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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: _____

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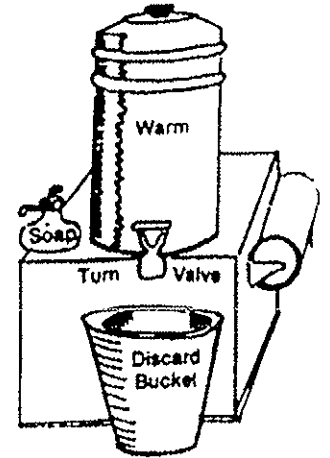
CHECKLIST TO BE RETAINED BY CONCESSIONAIRE

- _____ *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.



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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.

Page 1 of 3

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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 I

| 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: | | | | |