

Application for a License to Conduct a Temporary: (check only one)

- ☐ Food Service Operation
☐ Retail Food Establishment

Instructions:

1. Complete the application section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **Gallia County Health Department**
4. Return check and signed application to:

**Gallia County General Health District
499 Jackson Pike, Suite D
Gallipolis, OH 45631**

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application And remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility		
Location of event		
Address of event		
City	State	ZIP
Start date	End date	Operation time(s)
Name of license holder		Phone number
Address of license holder		
City	State	ZIP
List all foods being served/sold		

Mailing address for annual renewal if different than above:

I hereby certify that I am the license holder, or the authorized representative, of the temporary food service operation or temporary retail food establishment indicated above:

Signature	Date
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Licenser to complete below

Valid date(s)	License fee:
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

Temporary Food Service/Food Establishment Data Sheet

The following data must be completed and submitted with the application for a Temporary Food Service/Food Establishment License and you must be able to demonstrate how you will be able to comply with the Temporary Food Service/Food Establishment requirements (Ohio Administrative Code 3717), prior to a license being issued.

Name of Operation: _____ Dates: _____

Location of Operation: _____

Person to Contact for Operation: _____ Phone # _____

Foods to be Served	Source of Foods
_____	_____
_____	_____
_____	_____

Describe type of hot and cold holding facilities and number of each.

List equipment to be used and the manufactures along with any support facilities. (Buildings, Food Services)

Water source (Circle ones that apply) Public Private Well Hauled On Site

Source of hot water and amount: _____

Waste Water Disposal: _____

Use the space below to draw a diagram of the layout of the operation. Show where 3-bowl sink and handwashing sink will be located along with location of toilet facilities.



Gallia County Health District Temporary Food Service Operation/ Retail Food Establishment Requirements

Failure to meet all of the following requirements for a Temporary Food Service Operation/Retail Food Establishment shall be cause for denial of a license, or further enforcement action by the Gallia County Health Commissioner or his representative.

- 1. Completion of application, Temporary Food Service/Retail Food Establishment data sheet, and fee (\$29.00 per day of operation, maximum of 5 days, or 7 days at the Gallia County Fair).**
- 2. Food must be from an approved source and prepared on location or at an approved Food Service Operation/Retail Food Establishment. (No home canned foods or foods prepared at home.)**
- 3. Must have access to an approved potable water supply. (If using water containers, they need to be properly sanitized with a minimum of 10 gallons on hand, or if using public water, must use food grade water hose, and backflow prevention device.)**
- 4. Must have a means of producing hot water if no hot water tank is available. (Coffee Pot, microwave, hot plate etc.)**
- 5. Must have 3-compartment sink or 3 dish pans/containers for washing, rinsing, and sanitizing of cooking and serving utensils. Household bleach can be used for sanitizing. Test strips are required to ensure proper sanitizing concentrations. (See next page for required sanitizer concentrations.)**
- 6. Must have a separate hand washing sink or 1 separately distinguished dish pan for hand washing with soap and paper towels.**
- 7. Must have probe type thermometer(s) to check food cooking and holding temperatures. Items stored in ice chests, with the exception of canned or bottled beverages, must be double bagged or in water tight container's submerged in ice to the top of the container/package.**
- 8. All utensils must be single use and prepackaged except for cooking or serving utensils.**
- 9. Tables and counters used for food preparation and serving must have a smooth, durable, and easily cleanable surface.**
- 10. Temporary license and first aid for food choking poster must be posted at licensed location, in a location visible to the customers.**
- 11. If lighting is needed, a minimum of 50 foot-candles is needed and lights must be shielded. If using a tent, all cooking equipment, tables, & storage shall be located no closer than 3 feet from the tent's perimeter.**
- 12. Hair must be securely restrained, by use of a hair net, cap, or visor with band. Hair shall not hang over the front of the shoulders.**

13. Food service gloves must be worn when handling any ready-to-eat foods, or foods that will not undergo a cooking process prior to immediate service to the customer.
14. Foods shall be protected from contamination, and the elements at all times by covering with lids, plastic sheeting for palletized items, or a tent canopy or other approved overhead cover.
15. All garbage from the operation must be maintained in water tight containers with lid to prevent insect attraction and blowing litter.
16. The flooring of the temporary operation shall not exhibit mud or standing water, and shall be over concrete, asphalt, an approved decking material, a clean gravel layer, or cleanable rubber matting.
17. All waste water, with the exception of condensation or ice melt water, shall be contained in a watertight container, or directly deposited into a sanitary sewer or approved sewage system.
18. Condiments placed for customer self service shall be single use individual packets, and not common jars or dispensers.
19. It is highly recommended that temporary food service operations lasting more than six hours have mechanical refrigeration for maintaining potentially hazardous foods at 41 degrees F.
20. Glass lids for crock pots or other cookware are not approved. Use plastic, metal lids or glass lids with metal safety band, or wrap edges of glass lid with aluminum foil.
21. Employees/volunteers who have had vomiting or diarrhea symptoms within three days preceding the food service event shall be excluded from working in the food service operation.

Food Cooking, Storage, and Holding Temperature Requirements

Refrigeration or cold storage.....41°F or lower

Minimum cooking temperatures.....165°F for at least 15 seconds

Minimum microwave cooking temperature.....165°F and covered for at least 2 minutes

Hot Holding temperature.....135°F or higher

Foods out of temperature longer than one hour (summer) must be thrown into trash, or reheated to 165°F.

Sanitizer Strength Requirements (Change out at least every four hours)

Chlorine bleach (5.25%) in 3 bowl sink set up.....Minimum 50 parts per million

Chlorine bleach in wiping cloth buckets.....Minimum 50 parts per million

Quaternary Ammonia or San-I-Tabs for 3 bowl sink.....Minimum 200 parts per million

Quaternary Ammonia or San-I-Tabs for wiping cloth bucket.....Minimum 200 parts per million

If any questions contact the Gallia County Health Department at (740) 441-2018.

First Aid For Food Choking

Emergency Procedures for Adult Victims



1 Victim can not speak or breathe



2 Victim turns blue



3 Victim collapses



Rescuer must act quickly . . . this condition is life threatening. Emergency help should be contacted immediately.

VICTIM-STANDING OR SITTING

- Stand behind victim and wrap your arms around victim's waist
- Place fist thumb-side in against victim's abdomen below rib cage, slightly above navel
- Grasp your fist with other hand
- Press your fist forcefully with quick upward thrust into victim's abdomen
- Continue the thrusts until the object is expelled or the victim becomes unresponsive. If the victim becomes unresponsive, phone 911. Then attempt CPR. Each time you open the airway to provide rescue breaths during the CPR attempt, look in the airway — if you see an object, remove it.



Distributed by:
Ohio Department of Health
P.O. Box 118
Columbus, Ohio 43216-0118
or Your Local Health Department

An Equal Opportunity Employer/Provider

ODH 2325.32 Rev 7/03

Eliminate Bare Hand Contact

With Ready-to-Eat Foods

Reducing bare hand contact with ready-to-eat foods is essential in reducing the risk of foodborne illnesses such as Hepatitis A, Salmonella, and E. coli.

In Ohio it is a requirement to eliminate bare hand contact with ready-to-eat foods.

Examples include, but are not limited to:

- Making sandwiches

- Slicing ready-to-eat or cooked meats & cheeses

- Handling, cutting/slicing produce

- Handling chips, snacks, etc.

Using tongs, spoons, scoops, spatulas, food grade tissues, or wearing gloves are ways to eliminate bare hand contact.

Tissues Tongs Spoons Scoops

Gloves

Spatulas

Foodborne Illnesses

Know how to prevent the spread of an illness caused by food!

What is it?

The term foodborne illness does not refer to a particular disease; it means that the cause of the illness came from food. Over 180 different organisms can cause foodborne illness. In 67% of cases of foodborne illness, the cause is unknown.

The source of a foodborne illness is rarely the last meal a person ate. The symptoms and times for these different illnesses may either be so similar that they are difficult to distinguish, or so unusual that a person might not recognize the illness as foodborne. Determining which organism or toxin that caused a person's illness requires professional evaluation. The Gallia County Health Department has staff to help make that determination.

What is an outbreak?

Foodborne illness outbreaks are defined as two or more people with similar cases of illness that had a common exposure.

What do I do when a customer calls and says they're sick?

Be proactive. The Gallia County Health Department is here to help you. Please take a name and a phone number of the customer and let them know that you will be forwarding the complaint to the Gallia County Health Department. Save any leftover food in the refrigerator and date it. We will contact you as soon as possible.

Do I have to call the Health Department?

Yes. In the State of Ohio, anyone who knows of a possible foodborne outbreak must report it to the local health department. That means if a customer calls and reports that 2 or more of their party ate food from your business and became ill afterwards, you are required to report that information to the local health department for investigation. The purpose of an investigation is not to blame the business. It is to determine the cause and prevent the spread of illness to anyone else.

To report Foodborne Illness to the Gallia County Health Department...

Call: (740) 441-2018

Fax: (740) 441-2963

Frequently and Thoroughly:

Wash Hands Here

When To:

- **Before Starting Work**
- **After Using the Toilet**
- **Before Putting On Gloves**
- **After Touching Raw Meat**
- **After Sneezing, Coughing, Touching Face, Clothes, Or Body Parts**
- **When Switching From One Task to Another Which May Cause Cross-Contamination (e. .g. From handling money to food preparation)**
- **Whenever You Suspect Contamination May Have Occurred.**
- **ANY TIME YOU THINK OF IT! BE SAFE NOT SORRY!**

Wash Hands Here

How To:

- **Use the DESIGNATED Hand wash Sink**
- **Wet Hands with Warm Water**
- **Apply Soap**

- **Scrub Vigorously for at least 20 Seconds, Paying Special Attention to the Areas Around the Fingernails and Cuticles**
- **Dry With Disposable Towels or Air Dry**

- **How to Sanitize by Hand with Chemical Sanitizers**

- There are three common types of chemical sanitizers that are approved for use with food contact surfaces:
- **1. Chlorine (5.25% sodium hypochlorite) 2. Quaternary ammonium compounds (quats) 3. Iodine**
- When you use these chemicals correctly they will reduce the number of germs to a safe level.

- **FOLLOW THESE 4 STEPS**

- **1. MAKE A SANITIZING SOLUTION.**

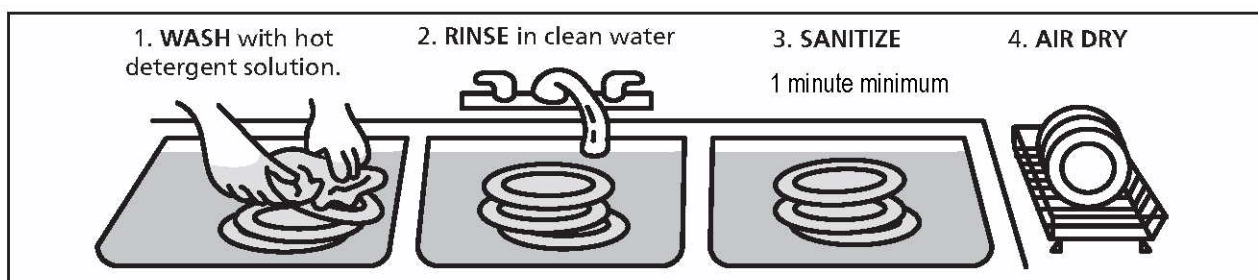
- Read the container label
- Be sure it has instructions for use on food equipment and utensils
- Mix according to the manufacturer's directions

- **2. CHECK THE CONCENTRATION LEVEL WITH A TEST KIT.**

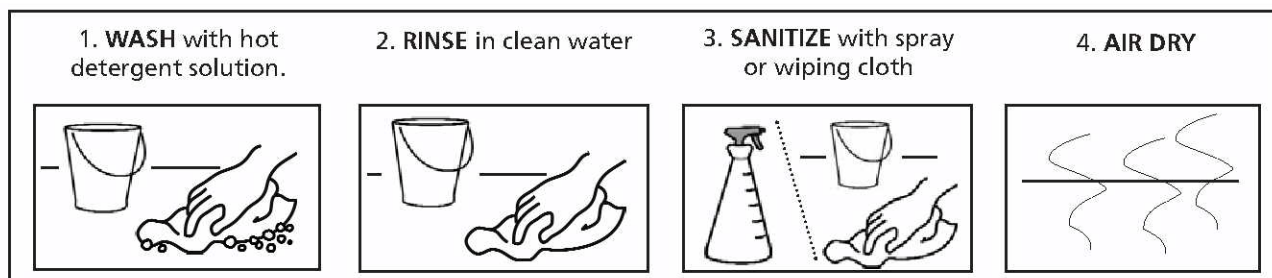
- This way you will know if it is too weak or too strong.

- **3. USE WITH FOOD CONTACT SURFACES SUCH AS:**

- A. pots, pans, dishes, cutting boards and utensils
- For 3-compartment sink: Chlorine – 50 ppm Quat – 200 ppm Iodine – 12.5 ppm



- B. countertops, tables or other stationary equipment
- For wiping cloth: Chlorine – 100 ppm Quat – 400 ppm Iodine – 25 ppm



- **4. MONITOR WITH A TEST KIT TO CHECK CONCENTRATION LEVEL.**

- Any sanitizing solution can lose strength over time. To be effective it must be clean and at proper strength.

- **For person in charge.** When ordering and receiving sanitizers, look for EPA approval for food contact surfaces. Make sure that the recommended water temperature, contact time and concentration level of the solution are followed to ensure that the sanitizing solution will be effective. Make sure that the correct test kit is available for the type of sanitizer used.

BASIC COMPONENTS FOR LABELING REQUIREMENTS

Ingredient List – Ingredients shall be listed by common or usual name in descending order of predominance by weight. Meaning, the ingredient that weighs the most is listed first, followed by the next heaviest ingredient, with the ingredient that weighs the least listed last. Any ingredient that is composed of two or more ingredients (sub-ingredients) shall be declared in the *Ingredient List*. Sub-ingredients shall be designated in the *Ingredient List* by declaring the established common or usual name of the ingredient, followed by a parenthetical listing of all the ingredients contained therein in descending order of predominance.

Ref: CFR 21, Part 101.4

Statement of Identity – The *Statement of Identity* is the name of the food. The name shall be the common or usual name of the food, and shall accurately identify or describe the basic nature of the food or its characterizing properties or ingredients.

Ref: CFR 21, Part 101.3

Statement of Responsibility – Shall include the:

Business Name
Street Address
City, State, Zip Code

All information in the *Statement of Responsibility* shall be continuous. If the business name is listed in the local telephone directory, the street address may be omitted. If the business name is listed in the local telephone directory, a Post Office Box may be used in place of the street address.

The *Statement of Responsibility* shall not be placed on the bottom of the package.

Telephone numbers, internet addresses, and e-mail addresses are permitted, but not required. This information may not be placed between the *Ingredient List* and the *Statement of Responsibility*.

Ref: CFR 21, Part 101.5

CHOCOLATE CHIP/MILK CHOCOLATE CHUNK COOKIES

INGREDIENTS: ENRICHED FLOUR (BLEACHED WHEAT FLOUR, MALTED BARLEY FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE, RIBOFLAVIN, FOLIC ACID), BROWN SUGAR (MOLASSES, SUGAR), SEMI-SWEET CHOCOLATE CHIPS (SEMI-SWEET CHOCOLATE [SUGAR, CHOCOLATE LIQUOR, COCOA BUTTER], SOYA LECITHIN, PURE VANILLA), VEGETABLE SHORTENING (PARTIALLY HYDROGENATED SOYBEAN AND COTTONSEED OIL, MONO- AND DIGLYCERIDES, ARTIFICIAL BUTTER FLAVOR, BETA CAROTENE (PRO VITAMIN A-ADDED FOR COLOR)), MILK CHOCOLATE CHUNKS (SUGAR, COCOA BUTTER, MILK, CHOCOLATE LIQUOR, SOY LECITHIN, VANILLIN), EGGS, MILK, BAKING POWDER, VANILLA EXTRACT, SALT AND BAKING SODA.

Agriculture Cookie Co.
8995 E. Main Street
Reynoldsburg, OH 43068

NET WT 8 OZ (227 g)



This product is home produced.

Artwork – To draw consumer attention to the product, artwork is frequently used on food labels. Artwork is permitted as long as it does not misrepresent the product or renders required information difficult to read. Artwork may not be placed between the *Ingredient List* and the *Statement of Responsibility*.

Ref: 21 CFR, Part 101.2

Net Quantity of Contents – The term "NET WEIGHT" – or an appropriate abbreviation – shall be used when stating the *Net Quantity of Contents* in terms of weight. The *Net Quantity of Contents* shall be declared in both the U.S. Customary System and the SI (metric system). The second declaration shall be stated parenthetically.

Ref: CFR 21, Part 101.105
Ref: FLPA, Title 15 – Chapter 39, 1453(a)(2)

Cottage Food Production Declaration – It is mandatory for the statement, "This product is home produced," to appear on the labels of products produced by manufacturers operating under Ohio's Cottage Food Rules.

Licensed Home Bakeries have the option to place this statement on their labels.

Ref: ORC 3715.023

Major Food Allergens

Milk

Wheat

Tree Nuts

Eggs

Peanuts

Soybeans

Fish*

* Includes Crustaceans

Gallia County Health District Out-of-State Additional Temporary Food Service Operation/Retail Food Establishment Requirements



Failure to meet all of the following requirements for a Temporary Food Service Operation/Retail Food Establishment shall be cause for denial of a license, or further enforcement action by the Gallia County Health Commissioner or his representative.

2. Highly recommend faxing or emailing a copy of your current State/Federal Licensure and a list of the proposed food items to be sold to the Gallia County Health District for verification as an approved source at least THIRTY (30) days in advance of the event. Copies may be faxed to (740) 441-2963 or emailed to gallcohd@odh.ohio.gov.
3. Based on the types of foods to be sold and size of the displays, a determination will be made by the Gallia County Health District on whether or not a Temporary Food Service Operation/Retail Food Establishment License is required for the event.
4. A copy of your current State/Federal Licensure **MUST** be available on-site at the event.
5. All foods **MUST** be properly packaged, labeled, and stored. Foods not meeting these requirements will not be permitted to be sold. No exceptions will be made.

If any questions contact the Gallia County Health Department at (740) 441-2018.