



Intermittent and Seasonal Temporary Restaurant Operational Plan Review Application

An Operational Plan Review is required before an Intermittent or Seasonal Temporary Restaurant License is issued. The purpose of the Operational Plan Review is to ensure that the food managers and employees are trained and have the correct equipment available to prevent a foodborne illness outbreak. Refer to the Temporary Restaurant Operation Guide to help you develop your Operational Plan.

<http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/temprest08.pdf>

1. Identify the type of temporary restaurant that you are requesting to operate.

Intermittent Temporary Restaurant is a food operation at a specific location in connection with multiple public events having different oversight organizations, at least two events arranged by different organizations. Examples: Rose Festival and Blues Festival. The location must remain the same and the menu is not altered. This license expires after 30 days.

Seasonal Temporary Restaurant is a food operation at a specific location in connection to an event arranged by one oversight organization. The location remains the same and the menu is not altered. Examples: Farmers market or Little League. This license expires after 90 days.

2. Food Booth Name

Person in Charge of Booth:

Day Phone

Mailing Address

Email Address

For Office Use Only:

Application Approved?

Yes

Fee Received \$ _____

No

Inspector Comments:

5. Food Temperature Control (include equipment/devices used for temperature control and monitoring)

a. How will the food be cooked, cooled and held cold?

b. How will food temperatures be maintained during transport?

c. How will food be protected from contamination during transport and at the booth?

d. Will reheating occur off-site in addition to the event site? Yes No

e. How will food be reheated?

f. How will food be kept hot?

g. How will you monitor food temperatures? What type of thermometers?

6. Leftovers - What will happen to prepared food that is leftover?

7. Ice Source – Where is it from?

8. Food Supplier - Meat, Poultry, Fish, Shellfish, Produce, Dairy

9. Describe your plan for dealing with ill workers?

10. Describe how you will train your employees to prevent bare hand contact with ready-to-eat food?

11. Booth Construction

Describe the type of overhead protection provided.

Describe the type of floor provided to effectively control mud and dust.

If pests are present, describe how you will protect the booth from pests.

12. Diagram/Pictures

Attach a diagram and pictures of the booth's layout. Include handwashing facilities, food storage, cooking equipment, utensils, food preparation surfaces, utensil/equipment washing facilities, cold/hot holding storage, single service products, and sanitizer. Please use graph paper for diagram.

13. Food Handler Cards

Provide a copy of your food handler or food manager training certificate/card.

14. Location of Event(s)

Address _____

City _____

15. Infrastructure: Does this site provide the following?

Public water yes no

Restrooms yes no

Sewage disposal yes no

Handwashing yes no

16. If no to any of the above, how will you address each of these items?

17. Oversight Organization of the Event(s)

Oversight Organization's Name _____

Name of Event(s) _____

Coordinator _____ **Phone** _____

Coordinator's Email _____ **Cell** _____

Services Provided by the Oversight Organization
(e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

Dates of Food Service (start date/end date) _____

Days & Times of Food Service (Booth) Operation

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Start Time | | | | | | | |
| End Time | | | | | | | |

Anything else? _____

Intermittent temporary restaurant applicants

Make copies of this page for additional events that will occur at this location under your intermittent temporary restaurant license.

Oversight Organization of the Event(s)

Organization's Name

Name of Event

Coordinator

Phone

Coordinator's Email

Cell

Services Provided by the Oversight Organization

(e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

Dates of Food Service (start date/end date)

Days & Times of Food Service (Booth) Operation

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------|--------|---------|-----------|----------|--------|----------|--------|
| Start Time | | | | | | | |
| End Time | | | | | | | |

Are there any additional comments regarding your operation?
