



# Temporary Food Packet

Distributed By:  
Marietta/Belpre Health Department  
304 Putnam Street  
Marietta, OH 45750  
Phone: 740-373-0611, Ext. 2303  
Email: [kellymiller@mariettaoh.net](mailto:kellymiller@mariettaoh.net)

**Leave Blank**

# 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: **Marietta/Belpre Health Department**
4. Return check and signed application to:

**Marietta/Belpre Health Department  
304 Putnam Street  
Marietta, OH 45750**

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>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:</i>	
Signature	Date

**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 # \_\_\_\_\_

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**ALL INFORMATION BELOW MUST BE COMPLETED TO OBTAIN A LICENSE!**

**Foods to be Served**

**Source of Foods**


**Describe type of hot and/or cold holding facilities and number of each.**

\_\_\_\_\_

\_\_\_\_\_

**List equipment to be used 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 available:** \_\_\_\_\_

**Where will Waste Water Be Disposed:** \_\_\_\_\_

**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.**



## Marietta/Belpre Health Department Temporary Food Operation 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 Marietta/Belpre Health Commissioner or his representative.

1. Completion of application, Temporary Food Service/Retail Food Establishment data sheet, and fee (SEE FEE SCHEDULE) per event, maximum of 5 days).
2. Food must be from an approved source and prepared on location or at a licensed Food Service Operation/Retail Food Establishment. (No home canned foods or No 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 hot water tank.
5. Must have 3-compartment sink for washing, rinsing, and sanitizing of cooking and serving utensils. EPA approved, unscented 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 with soap and paper towels, for hands ONLY.
7. Must have probe type thermometer(s) to check food cooking and holding temperatures. No items are to be stored in ice chests, with the exception of canned or bottled beverages.
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 no closer than 3 feet from the tent's perimeter.
12. Hair must be securely restrained, by use of a hair net, ball 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. **NO LATEX GLOVES.**
14. Foods shall be protected from contamination, and the elements at all times by covering with lids, plastic sheeting for palletized items, a tent canopy, other approved overhead cover and at least 6 inches off of the ground.
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. All temporary food service operations must have mechanical refrigeration for maintaining potentially hazardous foods at 41 degrees F.
19. 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.
20. ALL equipment to be used must be listed along with the Manufacturer's name to obtain a license.

**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 Marietta City Health Department at (740) 373-0611.*

# 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 non-latex 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 Marietta/Belpre 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 Marietta/Belpre 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 Marietta/Belpre 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 Marietta/Belpre Health Department...**

**Call: (740) 373-0611**

**Fax: (740) 376-6445**

## **Frequently and Thoroughly:**

# **Wash Hands Here**

### **When To:**

- **Before Starting Work**
- **After Using the Toilet**
- **Before Putting On Non-Latex 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 Dryer**

## 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.

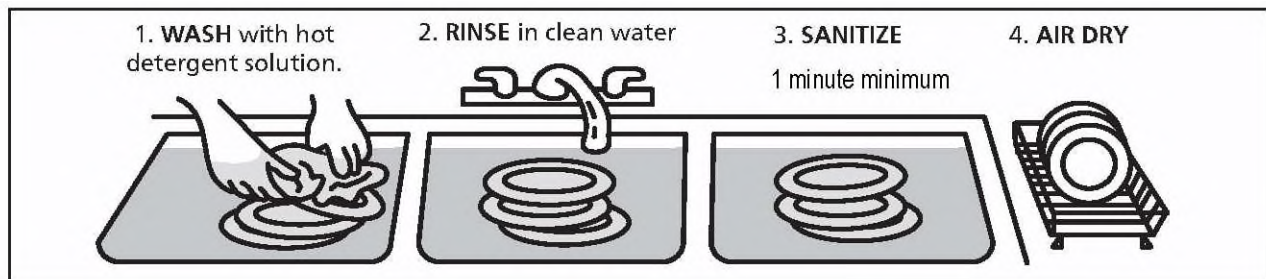
- Read the container label
- Be sure it has instructions for use on food equipment and utensils
- Mix according to the manufacturer's directions

#### 2. CHECK THE CONCENTRATION LEVEL WITH A TEST KIT.

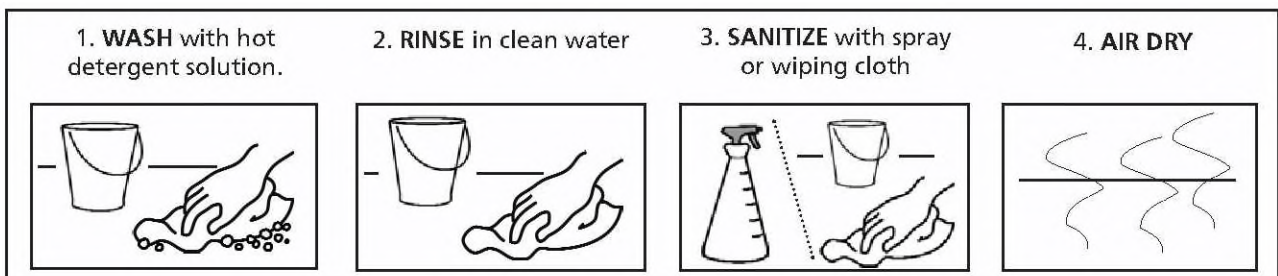
- This way you will know if it is too weak or too strong.

#### 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