

**SHARONVILLE CITY HEALTH DEPARTMENT
TEMPORARY FOOD OPERATION
INFORMATION SHEET**

Return this completed form, along with your application and fee to: **SHARONVILLE HEALTH DEPARTMENT
10900 READING ROAD
SHARONVILLE, OH 45241**

EVENT _____ **EVENT DATE** _____

RESTAURANT / ORGANIZATION _____

CONTACT PERSON _____ **PHONE** _____

MAILING ADDRESS: Street _____

City, State Zip _____

***** FOOD MUST BE PREPARED IN A FACILITY LICENSED BY A HEALTH JURISDICTION IN THE STATE OF OHIO. ***
LOCATION WHERE FOOD IS TO BE PREPARED IF OTHER THAN ON-SITE:**

Name: _____

Street: _____

City, State Zip: _____

Licensing Authority: _____

License Number: _____

1) COMPLETE LIST OF FOOD AND BEVERAGES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2) HOW ARE HOT FOODS TO BE MAINTAINED ABOVE 140°F?

3) HOW ARE COLD FOODS TO BE MAINTAINED BELOW 45°F?

4) EXPLAIN HOW YOU WILL PROVIDE FOR PROPER WASHING AND SANITIZING OF UTENSILS.

5) EXPLAIN HOW YOU WILL PROVIDE FOR HAND WASHING FOR FOOD WORKERS.

6) LIST ALL EQUIPMENT & UTENSILS TO BE USED AT SALE SITE FOR PREPARATION & HOLDING OF FOOD ITEMS.

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7) LIST SOURCES OF FOOD

8) EXPLAIN METHODS TO BE USED TO ENSURE PROTECTION OF FOOD FROM CONTAMINATION BY THE PUBLIC.

9) EXPLAIN METHODS TO BE USED TO PRECLUDE FLYING INSECTS FROM THE BOOTH.

10) EXPLAIN METHOD OF TRANSPORTING FOOD TO AND FROM SITE, INCLUDING HOW FOOD WILL BE PROTECTED FROM CONTAMINATION AND HOW ACCEPTABLE TEMPERATURES WILL BE MAINTAINED WHILE IN TRANSIT.
