CITY OF PIQUA - HEALTH DEPARTMENT

TEMPORARY FOOD OPERATIONS QUESTIONNAIRE

1. Name of Organization: _____

   Address: _____

   Telephone #: _____

   Name and Date of Event: _____

   Sponsor of Event (Contact Person): _____

2. Location of Where Food is Being Prepared: _____

   (Must be on-site or in a licensed operation)

3. Complete Listing of every food item offered for sale (Including drinks)

   _____ _____ _____

   _____ _____ _____

   _____ _____ _____

4. Explain in what manner you will maintain hot foods above 140 deg. F.

   _____

   _____

5. Explain in what manner you will maintain cold foods below 45 deg. F.

   _____

   _____

   (No perishable foods will be allowed to remain in the 45 deg. F. - 140 deg. F. Range).

6. Explain in what manner you will provide facilities for handwashing and utensil washing.

   _____

   _____

   _____

7. List all equipment to be used at sale site for preparation and/or holding food items at proper temperatures.

   _____

   _____

   _____

8. Explain in what manner you will protect foods from airborne contaminants. (Covered, wrapped, etc., and with what).

_____

_____

_____

9. Explain how all waste items will be removed from the site. (Include food, liquid waste, and solid waste).

_____

_____

_____

_____

10. Diagram of concession layout (May be waived at discretion of sanitarian). Draw plan in space below.