



Temporary Food Service or Retail Food Establishment Requirements

Temporary licenses are good for a maximum of five (5) consecutive days and one license per location.

Residents of Wood County can purchase a temporary license for the Wood County Fair, and operate for the full ten days. (Non-Wood County residences must pay for two (2) licenses to cover the Wood County Fair.)

2024 Prices (cost subject to change)

Temporary License - \$81.56

How to obtain The Temporary Food License?

Complete an application and pay the required fee to the Wood County Health Department at least ten days before the event. This may be done in person during regular business hours, 8:30 to 4:30 Monday through Friday. The application will require you to list the menu items and make a drawing of the "floor plan" of the food service areas. The sanitarian will come to inspect your temporary food operation the day of the event. The sanitarian may suggest changes at that time. When the sanitarian is assured the food service operation can provide safe food, the license will be issued at the time of the onsite inspection.

Temporary Food License Checklist:

- Stem Thermometer ranging from 0° to 220°F or digital thermometer.
- Source of Hot Water (example - coffee urn).
- Handwashing – container to hold 100° F water (example - igloo cooler with a free flowing spigot), soap, paper towels, container to catch waste water.
- 3 large plastic containers for dishwashing. Set up Wash-Rinse-Sanitize.
- Sanitizer to set up sanitizer bucket and for ware washing.
- Sanitizer bucket(s) to clean food contact surfaces.
- Test strips to monitor sanitizer concentration.
- Refrigerator or cold holding capabilities.
- Hot holding capabilities (electric roaster or crock pots).
- Garbage can.
- Disposable gloves to handle ready to eat food.
- Hair restraints.
- Flooring - if not on pavement.
- Tent or covering for any exposed food or cooking equipment.

The following **MUST** be available at the time of inspection:

- Employee Health Agreement (attached)
- Vomit/Diarrhea clean up policy (attached)
- Choking Poster (attached)

All food must be prepared on site (not at home), or at a licensed food service location.

Please feel free to contact us with any questions.

FIRST AID FOR FOOD CHOKING

Victim Cannot Cough, Speak, or Breathe

Rescuer must act quickly. Choking is a life threatening condition. Call 911 immediately.

1

GIVE 5 BACK BLOWS

Back blows: stand behind the victim and place arm across their chest for support; bend the victim slightly at the waist; firmly strike the victim between shoulder blades with the heel of your hand.



2

GIVE 5 ABDOMINAL THRUSTS

Abdominal thrusts: stand behind the victim and wrap your arms around the victim's waist; place your fist thumb-side in against victim's abdomen below rib cage, slightly above the navel; grasp your fist with the other hand; press your fist forcefully with quick upward thrust into the victim's abdomen.



NEXT STEPS

- Repeat steps 1 and 2 until the object is forced out, the person can cough forcefully or breathe, or the person becomes unconscious.
- If the person becomes unconscious, begin CPR starting with chest compressions. Each time you open the airway, look in the airway and remove the object if you see it.

Distributed by:



246 N. High St., Columbus, Ohio 43215
or your local health department

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Department of Health

Bureau of Environmental Health
and Radiation Protection

"To protect and improve the health of all Ohioans"

Food Safety
Program

Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

Note: Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against *Norovirus* (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.
7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. *Food contact surfaces that have been disinfected must be washed, rinsed, and sanitized prior to use to remove disinfectant residue and prevent contamination of food.*
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste (<http://epa.ohio.gov/portals/34/document/guidance/SmG%20IW%20guidance.pdf>).
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

Additional Resources:

CDC *Preventing Norovirus Infection*:
<http://www.cdc.gov/norovirus/preventing-infection.html>.

U.S. EPA *Registered Hospital Disinfectants Effective against Norovirus (Norwalk-like virus)*:
https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg_.pdf

Ohio Uniform Food Safety Code:
<http://www.odh.ohio.gov/rules/final/3717-1.aspx>

Ohio Department of Health Food Safety Program:
<http://www.odh.ohio.gov/odhprograms/eh/foods/food2.aspx>

Ohio Department of Agriculture Division of Food Safety:
<http://www.agri.ohio.gov/divs/FoodSafety/foodsafety.aspx>

Employee Health Agreement

Employees are now required by law to report any illness to the person in charge. If you are diagnosed with any of the following illness or experience any of the following symptoms, you MUST report it immediately. OAC 3717-1-2.1

I agree to alert management:

When I have symptoms of:

<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Fever	<input type="checkbox"/> Sore throat with fever
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Lesions containing pus

Whenever I am diagnosed by a physician as being ill with:

<input type="checkbox"/> Salmonella spp.	<input type="checkbox"/> Campylobacter spp.	<input type="checkbox"/> Giardia
<input type="checkbox"/> Salmonella Typhi	<input type="checkbox"/> Norovirus	<input type="checkbox"/> Yersinia
<input type="checkbox"/> Shigella spp.	<input type="checkbox"/> Vibrio cholera	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Entamoeba histolytica	<input type="checkbox"/> Cryptosporidium	
<input type="checkbox"/> Cyclospora	<input type="checkbox"/> Shiga toxin-producing Escherichia coli	

If I have been:

1. Diagnosed with Salmonella Typhi within the past 3 months, without receiving antibiotics.
2. Exposed to or I am the source of a confirmed disease outbreak because I consumed food that was prepared by a person who is infected with an illness listed below.
3. Exposed by attending an event, working in a setting, or living in the same household as an individual diagnosed with an illness listed below.

Norovirus within the past forty-eight hours of the last exposure;
Shiga toxin-producing Escherichia coli with past 10 days of the last exposure or Shigella spp. with past 4 days of the last exposure;
Salmonella Typhi within the past 14 days of the last exposure
Hepatitis A virus within the past 50 days of the last exposure

I have read (or had explained to me) and understand the requirements concerning my responsibilities to report illnesses to management.

Food employee (print) _____ Date _____

Signature of Food Employee _____ Date _____

Signature of Manager _____ Date _____

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

Instructions:

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

- Food Service Operation
 Retail Food Establishment

**Wood County Health Department
 1840 East Gypsy Lane Road
 Bowling Green, OH 43402**

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		

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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Licensors to complete below

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

By	Date
Audit no.	License no.



Festival-Temporary Food Service or Retail Food Establishment Application

Event Information:

Name of the Event: _____

Exact location of the Event: _____

Date(s) of the Event: _____ Hours during which food will be served: _____

Time that you will be ready for an inspection: _____

**If the time changes or a cancellation is necessary contact
the Wood County Health Department (419-354-2702) immediately**

Person in Charge:

It is the responsibility of the license holder or person-in-charge designee to demonstrate applicable knowledge of foodborne prevention, hazard analysis and requirements of OAC Chapter 3717-1.

Who is the person in charge is that will assume responsibility for this Food Service activity?

Name: _____ Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

Menu

All food must be prepared on site (not at home), or at a licensed food service location.

Where will the foods be prepared?

- At the Temporary Location At a Licensed FSO/RFE Facility (additional information required)

Name and address of the FSO/RFE: _____

All perishable foods must be held in hot or cold holding units.

Cold Holding Items

Food Items	Name of Source (grocery store, restaurant)	Cold Food Storage (cooler with ice, refrigerators)

Hot Holding Items

Hot Food Item	Source of Hot Food (name of grocery store/restaurant or prepared on premise)	Hot Food Storage (steam tables, crock-pots)

Non-Perishable Food Items

Food Item	Name of Source (grocery store, restaurant)

Cooking Equipment

Type of cooking equipment (fryers, grills, microwave)	Fuel (gas or electric)	Quantity

Do you plan to defrost foods? No Yes, under refrigeration Yes, during the cooking process

What kind of thermometers will you be providing for temperature checks?

Metal stem thermometer 0° to 220°F Digital 0° to 220°F Other, please specify: _____

Food Storage and Handling:

Food must be protected from potential contamination. Tables must be provided for food preparation.

What will be your barrier between ready to eat foods and bare hand contact?

Gloves Deli paper Tongs or other utensils Other, please specify: _____

Where will food preparation take place?

Indoors Outdoors Both

What type of flooring will be under the food preparation area?

Wood Concrete Asphalt Other (must be non-absorbent): _____

Sanitation:

What kind of three compartment wash-rinse-sanitize system will you use?

Dishpans Buckets Three compartment sink Other, please specify _____

What sanitizer will you be using?

Bleach (5.52%, unscented household) Quaternary Ammonia Iodine

What corresponding sanitizer test strips will you be using?

Chlorine (50-100ppm) pHydriion QT-10 (200ppm) or QT- 40 (150-400ppm) Iodine (25ppm)

Handwashing:

A handwashing station, with potable water (must be obtained from an approved source). This includes ice, water for preparing foods, ware washing, and hand washing.

Where is your water source for the event? _____

How will you be heating your water to maintain 100°F? _____

What type of hand washing station will you be providing?

Portable hand sink Insulated thermos type container with free flowing spout

Other, please specify _____

What type of overhead protection will be used:

_____ Tent
_____ Located indoors
_____ Other: _____

Other

All food contact equipment must be cleaned prior to use.

If serving at night, additional lighting will be required.

A garbage can for trash disposal will be required.

Hair must be effectively restrained. Proper hair restraints are: hats, visors, hair nets.

Temporary Layout

Draw a diagram of your food storage, preparation and serving areas. Show the locations of washing, cooking, and serving equipment and counter. Indicate where you expect people to line up to receive their food, pay for it, and eat it. (Attach on separate page if needed)

Items to include:

- Three (3) containers for wash water to clean dishes and equipment.
- Hand washing station, with soap, paper towels, and waste water container.
- Source of hot water on the site.
- Prep Tables
- Service area
- All cooking, cold and hot holding equipment

Signed: _____

Position: _____