



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.

<https://www.co.marion.or.us/HLT/PH/EHS/Documents/tempguide.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 _____

It is agreed that I will comply with the provisions of OAR 333-157-0077. I hereby certify that the information provided is correct and I fully understand that any deviation from the menu, booth's layout or operating practices without prior permission from the Local Public Health Authority may void my application and license. I acknowledge that this fee is nonrefundable and this application is nontransferable to another event location.

MAKE CHECKS PAYABLE TO:
MARION COUNTY ENVIRONMENTAL HEALTH
3160 CENTER ST NE
Salem, OR 97301-4592

Signature of Applicant/Owner: _____

Date: _____

DO NOT WRITE IN THIS SPACE

Date Application Received: _____ Fee Received: _____ Receipt #: _____

Application Approved? Yes No Inspector Comments: _____

Approved by: _____ Date: _____

3. Off-Site Facility

List all facility names and contact information in the spaces below for any off-site facilities used for food preparation, dish washing and/or food and utensil storage.

These must be licensed facilities.

<u>Facility Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Menu

Attach a current menu; or list all menu items (make copies of page if needed). Changes in menu require a new operational review, so be sure to include all menu items.

<u>Food Item</u>	<u>Preparation on-site/off-site</u>	<u>Temperature Control Method(s)</u>
<u><i>e.g., chicken rice soup</i></u>	<u> / x</u>	<u><i>cooking on stovetop; transport in insulated unit</i></u>
_____	<u> /</u>	_____
_____	<u> /</u>	_____
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5. Food Temperature Control (include equipment/devices used for temperature control)

a. How will food be held cold?

b. If applicable, how will food be cooled (off-site and/or at the event)?

c. How will food temperatures be maintained during transport (cambro, ice chest etc)?

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

e. How will food be cooked and/or reheated?

f. How will food be kept hot?

g. What type of thermometer(s) will be used to monitor food temperatures (bi-metallic, digital, etc)?

h. Will you use "Time Control" for foods that cannot maintain proper cold/hot temperatures?

(examples: freshly cut melons, freshly cut cabbage, sushi rice, etc)Yes No

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

7. Ice Source – Where is it from?

8. Dish Washing – Where/How will dishes be washed?

9. Sanitizer

a. What type of chemical sanitizer will be used for your dishes and/or wiping cloths?

b. What type of test kit do you have for your sanitizer? _____

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

11. Describe your plan for dealing with ill workers?

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

13. Protecting Food

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

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

14. Booth Construction

a. Describe the type of overhead protection provided.

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

15. Diagram/Pictures

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

Please use graph paper for diagram.

16. Food Handler Cards

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

17. Location of Event(s)

Address _____

City _____

18. Infrastructure: Does this site provide the following?

Public water yes no

Sewage disposal yes no

Restrooms yes no

Handwashing yes no

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

20. 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?

