



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**COMMUNITY EVENT TEMPORARY FOOD FACILITY
OPERATOR'S AGREEMENT FORM**

Name of Event: _____

Location of Event: _____

Dates and Times of Event: _____

Set-Up Time(s) at Event: _____

Name of Food Facility: _____

Name of Owner: _____

Name of Person in Charge: _____

Check One: Booth Mobile Food Facility

If booth, describe enclosure (floor, walls, ceiling): _____

Food and beverage to be served: _____

Where will food be prepared: _____

How will food/beverage be prepared and served: _____

List of cooking equipment that will be set-up at event: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Oven, # of units: _____ | <input type="checkbox"/> Vertical Broiler, # of units: _____ |
| <input type="checkbox"/> Fryer, # of units: _____ | <input type="checkbox"/> BBQ, # of units: _____ |
| <input type="checkbox"/> Flat grill, # of units: _____ | <input type="checkbox"/> Stove or Range, # of units: _____ |
| <input type="checkbox"/> Other (please describe): _____ | |

Fire extinguisher? Yes No (Check with city/county fire department for rating)

How will cooking equipment be ventilated? _____

How will food be held hot (above 135°F)? _____

How will food be held cold (below 45°F)? _____

How will temperatures be monitored? _____

Describe hand wash setup: _____

Describe utensil wash setup: _____

What type of sanitizer will you be using? Chlorine (100ppm, 30 seconds contact time)
 Quaternary Ammonium (200ppm, 60 seconds contact time)

Do you have test strips to monitor the sanitizer concentration? Yes No

Will any food or equipment be stored outside of booth or mobile food facility? Yes No

If yes, how will food be dispensed, stored, and protected; how will equipment be stored and protected?

I agree to adhere to the following requirements to operate at said event:

- Name of facility in at least 3” high lettering and city, state, zip code and name of the operator shall be in at least 1” high lettering legible and clearly visible to patrons.
- Hand washing facilities shall be provided at operations handling any open food. Hand washing facilities shall be properly stocked with warm (minimum 100°F) water, soap, and paper towels and used as often as necessary to keep hands clean and protect food from cross-contamination. **Note: gloves and/or hand sanitizer are not approved replacements for hand washing.**
- All food and beverage items will be stored, displayed, prepared/processed at an approved facility.
If applicable: Permitted Food Facility Name: _____

Permit/Registration Number: _____

- Cold and hot holding equipment shall be provided to ensure proper temperature control during transportation, storage, and operation of the temporary food facility.
- All potentially hazardous foods will be held at or below 45°F or at or above 135°F. At the end of the operating day, any food held above 41°F shall be discarded. Probe thermometers shall be provided to monitor temperatures.
- Ice is considered a food and shall remain off the ground, stored in clean, sanitized food grade containers and properly dispensed by the operator of the temporary food facility or in an approved bulk dispensing unit(s).
- All equipment shall be maintained in a clean and sanitary condition.
- Equipment shall be washed in warm (minimum100°F) soapy water, rinsed and sanitized either in a 3-compartment warewashing sink or 3-bucket system as approved by this Department depending on length of event. Sanitizer testing equipment shall be on-site to measure concentration of sanitizer.
- Temporary Food Facilities handling any open food must provide **completely enclosed booths**. Contact this Department prior to event for approval of alternative food protection means.

- Significant changes of menu items not on this agreement shall be discussed and approved by this Department prior to event.

I understand the above requirements and agree to operate in a manner to protect public health and food from possible contamination.

Name: _____ **Date:** _____

Contact Phone Number Day of Event: _____

Email: _____

PLEASE FAX TO AREA OFFICE PRIOR TO EVENT

Riverside
(951) 358-5017

Hemet
(951) 766-7874

Corona
(951) 520-8319

Murrieta
(951) 461-0245

Indio
(760) 863-8303

Palm Springs
(760) 320-1470

For Office Use Only

Reviewed By: _____

Date: _____

Notes: