

GUIDELINES FOR TEMPORARY FOOD SERVICE
FAIRS, CARNIVALS, FESTIVALS AND EXHIBITIONS

FOOD PROTECTION:

1. Food, water and ice must be from an approved source. Well water from a private residence is not an approved source for drinking or making ice intended for human consumption. No home prepared potentially hazardous foods will be permitted. When fresh clams are purchased, shipping tags must be kept on the bag during use and retained for ninety days thereafter.
2. Menus should be limited to the available facilities and planned to avoid leftovers or waste. Hazardous items such as creamed sauces, custards and filled pastries should be avoided.
3. Perishable foods shall be stored below 45°F or kept above 140°F. The time between preparation and serving shall be as short as possible. Thermometers must be provided to assure proper temperatures.
4. Foods are to be protected from dust, flies and handling by customers.
5. Foods, preparation and service utensils, and single service articles are to be stored off the floor and protected from contamination.

PERSONNEL:

1. All food service workers are to be free from illness, boils, sores and cuts.
2. No employees shall resume work after visiting the toilet room without first washing their hands.
3. Disposable plastic gloves or suitable utensils are to be used when handling foods not requiring further cooking (rolls, salads, etc.), and when scooping ice, popcorn, etc.
4. They must be properly dressed, wear clean uniforms or aprons, and both males and females must have hair restrained.
5. They shall not smoke or eat while working in the preparation or serving area.

FACILITIES:

1. Facilities for hand washing must be available (clean water, soap and paper towels).
2. Stand is to be located convenient to adequate toilet facilities.
3. Adequate facilities for washing and sanitizing equipment, eating and cooking utensils shall be provided.
4. Adequate refrigeration must be provided.

OVER

5. Single service eating and drinking utensils are to be provided when dishwashing facilities are not available.
6. Facilities for proper refuse storage and disposal are to be provided.

GENERAL APPEARANCE CHECK LIST:

1. Give special attention to the frequent cleaning of all food contact surfaces, shelving, refrigerators, food display units, grills, steam tables, salad units, etc.
2. Counter surfaces, exterior panels and framing must be freshly painted or clean.
3. Shelving must be clean and freshly painted or covered.
4. Premises are to be kept free from flies and vermin.
5. Garbage shall be stored in clean cans with tight fitting covers and not allowed to accumulate.
6. Cleaning compounds must be properly labeled and stored away from foods.
7. Surface drainage must be provided to prevent accumulation of puddles and wet spots.



Onondaga County Health Department

Joanne M. Mahoney, County Executive
Indu Gupta, MD, MPH, Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health
Lisa A. Letteney, P.E., Director

Food Protection Section
Phone (315) 435-6607 · Fax (315) 435-6606
Email: foodprotection@ongov.net

NOTICE TO PERMIT APPLICANTS

New York State Workers' Compensation regulations require that a permit applicant present documentation of Workers' Compensation and Disability Insurance coverage or proof of exemption prior to any permit being issued or renewed.

Acceptable documentation for Workers' Compensation coverage is one of the following:

- Form C-105.2 – Certificate issued by applicant's insurance carrier
- Form U-26.3 – Certificate issued by the State Insurance Fund
- Form SI-12 – Certificate of Self-Insurance
- Form GSI-105.2 – Certificate of participation in Group Self-Insurance

Acceptable documentation for Disability Insurance coverage is one of the following:

- Form DB-120.1 – Certificate issued by applicant's insurance carrier
- Form DB-155 – Certificate of Self-Insurance

Proof of Exemption for Workers' Compensation and/or Disability Insurance is:

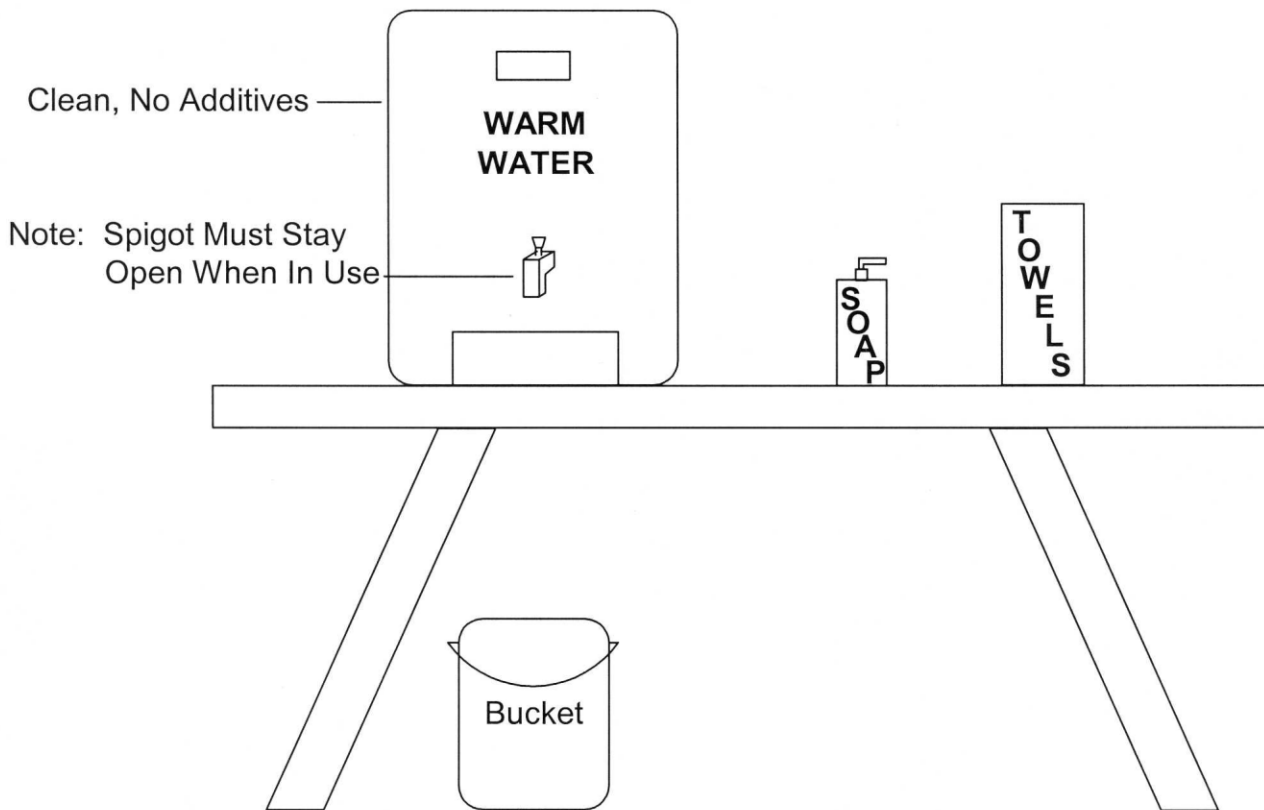
- Form CE-200 – Certificate of Attestation of Exemption

Information concerning Workers' Compensation Insurance and exemptions can be obtained by contacting your local Workers' Compensation Board office (in Syracuse 1-866-298-7830) or by visiting the Internet site www.wcb.ny.gov. Please note that Exemption Certificate Form CE-200 can be completed and printed using this site, and this is the method preferred by the Workers' Compensation Board. (The link to Form CE-200 is found in the lower right-hand side of the website home page.)

As required by the New York State Workers' Compensation Law, the Onondaga County Health Department now requires proof of Workers' Compensation and Disability Insurance coverage or Exemption Form CE-200 be submitted prior to the issuance of operating permits.

Please contact this office at 315-435-6607 if you have questions.

Recommended Hand Washing Facilities
For A
Temporary Food Service Establishment



FOOD SAFETY NOTICE

**BY ORDER OF THE COMMISSIONER OF HEALTH,
ONONDAGA COUNTY HEALTH DEPARTMENT**

ALL EMPLOYEES OF THIS FACILITY ARE REQUIRED TO PROVIDE BARRIERS TO ELIMINATE ALL DIRECT HAND CONTACT WITH FOODS INTENDED TO BE SERVED COLD OR WITHOUT FURTHER COOKING. THEREFORE, ALL EMPLOYEES ARE REQUIRED TO HANDLE THESE FOODS WITH CLEAN DISPOSABLE PLASTIC GLOVES OR OTHER SUITABLE UTENSILS.

SPECIFIC EXAMPLES WHERE PLASTIC GLOVES ARE REQUIRED:

- **WHEN PREPARING FRUITS AND RAW VEGETABLES**
- **WHEN PREPARING SALADS**
- **WHEN HANDLING BREAD OR ROLLS**
- **WHEN PREPARING SANDWICHES**
- **WHEN SCOOPING ICE**

IN ADDITION, EITHER CLEAN PLASTIC GLOVES OR UTENTILS SUCH AS TONGS, DELI WRAP, NAPKINS, OR OTHER SUITABLE BARRIERS ARE REQUIRED TO BE USED WHEN DISPENSING ALL FOODS TO THE CONSUMER. EXAMPLES WOULD BE DELI WRAP FOR BAKED GOODS, SPATULA TO SERVE COOKED PIZZA SLICES, TONGS TO SERVE COOKED PIECES OF CHICKEN.

FAILURE TO COMPLY WITH THIS ORDER CAN RESULT IN AN ADMINISTRATIVE HEARING, FINES, AND TEMPORARY SUSPENSION/REVOCAION OF FOOD SERVICE ESTABLISHMENT PERMIT.

HAND CONTACT WITH FOOD IS ACCEPTABLE ONLY WHEN THE FOOD WILL BE COOKED PRIOR TO SERVICE.

SPECIFIC EXAMPLES ARE:

- **PREPARING RAW MEATS FOR COOKING**
- **PREPARING A PIZZA PRIOR TO COOKING**
- **PREPARING DOUGH FOR BAKED GOODS PRIOR TO COOKING**

ALL EMPLOYEES ARE REQUIRED TO WASH THEIR HANDS PRIOR TO USING GLOVES OR UTENSILS AND ENGAGING IN ANY FOOD PREPARATION, WHENEVER THEIR HANDS BECOME SOILED AND ALWAYS AFTER USING THE RESTROOM.

THIS NOTICE MUST BE CONSPICUOUSLY POSTED IN A PUBLIC AREA FOR REVIEW. OBSERVED VIOLATIONS OF THESE PROVISIONS SHOULD BE REPORTED TO THE DIVISION OF ENVIRONMENTAL HEALTH, FOOD PROTECTION SECTION, AT:

315-435-6607

**APPLICATION FOR A PERMIT TO OPERATE
A TEMPORARY FOOD SERVICE**

Date Submitted _____

To be submitted at least **15 days** before the first day of operation.

I herewith make an application for a Permit to operate a **TEMPORARY FOOD SERVICE** in conformity with Part 14-2, New York State Sanitary Code and Article II of the Onondaga County Sanitary Code.

NAME OF EVENT			
EVENT ADDRESS			
OPERATOR			
OPERATOR'S ADDRESS			
OPERATOR'S PHONE NUMBER			
OPERATOR'S EMAIL ADDRESS			
WATER SUPPLY (please circle)	Municipal	Well	SEWAGE SYSTEM Municipal Septic System
OPENING DATE AND TIME			
CLOSING DATE AND TIME			
DATE AND TIME FOOD PREPARATION WILL BEGIN AT EVENT			

FEE: \$130.00 Make check or money order payable to the ONONDAGA COUNTY HEALTH DEPARTMENT.

Certificates of Insurance for both Workers' Compensation and Disability Insurance or a Workers' Compensation Exemption Form CE-200 must be attached to this application. Permits will not be issued until this documentation has been received.

Some tax-exempt organizations may be entitled to a fee waiver. To obtain this waiver, please provide a copy of your organization's Federal IRS 501(c)(3) or 501(c)(10) or 501(c)(8) letter with this application.

PLEASE COMPLETE OTHER SIDE OF APPLICATION.

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 14-2 OF THE NEW YORK STATE SANITARY CODE AND ARTICLE II OF THE ONONDAGA COUNTY SANITARY CODE.

TITLE	SIGNATURE
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PRINT NAME _____

Stipulations: **For official use only** Inspector _____
Town _____

Date Issued _____ Permit Number _____
Active Date _____
Approved by _____ Expiration Date _____



ongovhealth
Onondaga County Health Department
ongov.net/health · facebook.com/ongovhealth

FOOD PROTECTION SECTION
DIVISION OF ENVIRONMENTAL HEALTH
ONONDAGA COUNTY HEALTH DEPARTMENT
421 Montgomery Street, 12th floor
Syracuse, New York 13202
Telephone 315-435-6607 Fax 315-435-6606
Email: FoodProtection@ongov.net

FOOD INFORMATION

MENU ITEMS	WHERE PURCHASED	WHERE PREPARED
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

(use additional page if necessary)

1. WILL ANY FOODS BE PREPARED IN ADVANCE? ___ YES ___ NO - IF YES, PLEASE LIST MENU ITEM, LOCATION, DATE & TIME.

2. LIST THE REFRIGERATION FACILITIES AVAILABLE FOR MAINTAINING COLD FOODS BELOW 45°F.

3. LIST THE PROVISIONS FOR COOKING AND MAINTAINING HOT FOODS ABOVE 140°F.

4. DESCRIBE THE EQUIPMENT WASHING AND SANITIZING FACILITIES.

5. DESCRIBE AND LOCATE THE HAND WASH FACILITIES.

6. DESCRIBE AND LOCATE THE TOILET FACILITIES FOR FOOD SERVICE WORKERS AND PUBLIC.

7. NAME OF INDIVIDUAL IN CHARGE OF FOOD STAND:

TELEPHONE NO.