

Information Form For Temporary Food Premises

A. OPERATOR INFORMATION			4. Describe the number, location and set-up of hand washing facilities to be used by food handlers.
Name of Temporary Food Premises			
Name of Owner/Operator			
Mailing Address (Number & Street, Box or Route)			
City	Province	Postal Code	5. Identify the source of the potable water supply. Describe how water will be supplied
Phone No. ()	Alternate Phone No. ()		
B. EVENT INFORMATION			6. Describe how electricity will be provided. Will it be provided 24 hours/day?
Proposed Location (Number, Street, City)			
Name of Event (if applicable)			
Operation Starts Date: Time:	Operation Ends Date: Time:		
Set-up and Ready for Inspection by Date: Time:			
Coordinator of Event	Phone No. ()		
Approximate number of customers served/day			

C. FACILITY & OPERATIONS INFORMATION

1. Will **ALL** foods be prepared at the site?

- Yes**
- No** (If No, complete **Section F**)

If NO, the operator must provide a copy of the current license for a food premises licensed outside New Brunswick.

Home preparation of foods is not permitted

2. Describe (be specific) how frozen, cold and hot foods will be transported.

3. Describe how food temperatures will be monitored during the event.

7. Describe the floors, walls, ceiling surfaces and lighting. How will food be protected during display/service from insects, dust, customers, etc.?

8. Describe how and where utensil washing will take place (if applicable).

9. List the type and strength of sanitizer you will use. (Test strips are required to test sanitizer strength.)

10. Describe how and where wastewater from utensil/dish washing and hand washing will be collected, stored and disposed of.

12. Toilet facilities Flush Portable

Where are the facilities located in relation to your temporary food premises? What type of hand washing is provided for these facilities?

11. How will cleaners and other chemicals be stored in relation to food supplies and utensils?

13. Describe the number, location and type of garbage disposal containers.

14. Indicate how many staff will be involved in the food vending operation of your booth. Describe their level of experience in food preparation. List any food safety training session/courses they have attended and when they attended.

D. DRAWING

14. Provide a drawing of the temporary food premises. Identify and describe all equipment (including cooking and cold and hot holding equipment), hand washing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, equipment for customer self-serving and dispensing of condiments.

E. FOOD PREPARATION AT THE TEMPORARY FOOD PREMISES

List all foods and provide details on food preparation and handling. Make additional copies if more space is needed.

<p>Food & Food Source <i>Describe the food and where it was purchased. A public health inspector may request receipts.</i></p>	<p>Food Preparation and Handling <i>For each food listed, describe how the food will be handled and prepared including thawing, washing/cutting, cooking, hot holding, cold storage, transporting and re-heating. Also, indicate if foods used are precooked frozen or frozen only.</i></p>

F. FOOD PREPARATION AT OTHER LOCATION

Complete this section only if foods are prepared at other locations. *List all foods and provide details on food preparation and handling. Make additional copies if more space is needed.*

Name of Food Premises used for food preparation: _____

License No.: _____ **Date(s) and Time(s) of Preparation:** _____

Signature of Food Premises Licensee: _____ **Phone:** _____

Food & Food Source

Describe the food and where it was purchased. A public health inspector may request receipts.

Food Preparation and Handling

For each food listed, describe how the food will be handled and prepared including thawing, washing/cutting, cooking, hot holding, cold storage, transporting and re-heating. Also, indicate if foods used are precooked frozen or frozen only.

Applicant Signature: _____

Date: _____

