



Temporary Food Establishment Plan Review

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, Fax: 801-525-5119

Establishment Information

Establishment Name:	Owner Name:
Mailing Address:	City/State/Zip:
Email Address:	Phone Number:

Conditions of Permit

I hereby certify that all information provided is correct, and I fully understand that any deviation, without approval from the Davis County Health Department Environmental Health Sciences Division, may result in the suspension of any permit issued. I understand that compliance with all rules and regulations, as defined in the Utah Code R392-100 (Food Service Sanitation) and the Davis County Food Service Regulation, is a requirement for obtaining and maintaining a permit in Davis County. The permit is only valid for the public events and the inclusive dates listed on it. The Environmental Health Sciences Division can make additional requirements as necessary.

Applicant Signature: _____ Applicant Name (Print): _____

Modified Risk Assessment (Office Use Only)

1. Does the establishment prepare, store, or serve any raw meat?	<input type="checkbox"/> Yes ⇨ Risk 2
	<input type="checkbox"/> No Proceed to 2
2. Does the establishment prepare, store, or serve 3 or more TCS foods?	<input type="checkbox"/> Yes ⇨ Risk 2
	<input type="checkbox"/> No Risk 1

Plan Review Approval (Office Use Only)

EHS Signature: _____ EHS Name (Print): _____ Date: _____

Payment Information (Office Use Only)

Date Paid: _____ Amount Paid: \$ _____ Receipt # _____

Plan Review No. _____ Office Initials: _____

Notes

Hot/Cold Holding Equipment

Identify methods that will be used to maintain food hot or cold during hours of operation. Check all that apply.

- Cold Holding**
- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Mechanical Refrigeration | <input type="checkbox"/> Ice Chest | <input type="checkbox"/> Cold Table |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other (Specify) _____ | |

- Hot Holding**
- | | | |
|--|--|---|
| <input type="checkbox"/> Steam Table | <input type="checkbox"/> Chafing Dishes | <input type="checkbox"/> Electric Soup Warmer |
| <input type="checkbox"/> Hot Holding Cabinet | <input type="checkbox"/> Hot Dog Roller Grill | <input type="checkbox"/> Electric Rice Cooker |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other (Specify) _____ | |

Food Protection

Required Protection: • Overhead Protection • Protection from the Public • Dust Control

- Dust control measures are required at events held at Antelope Island, the USU Extension in Kaysville, and any other location deemed necessary by the Davis County Health Department.

- | | | |
|---|---|--|
| <input type="checkbox"/> Sneeze Guards | <input type="checkbox"/> Pre-Packaged Food & Drinks | <input type="checkbox"/> Stored six (6) inches off the floor |
| <input type="checkbox"/> Covered Dishes | <input type="checkbox"/> Prepared Away from Customers | <input type="checkbox"/> Protected During Storage |
| <input type="checkbox"/> N/A | <input type="checkbox"/> Other (Specify) _____ | |

Equipment/Utensils Requirements

- All eating and drinking utensils give to the public must be disposable.
- All utensils and equipment must be washed, rinsed, and sanitized before use.
- All dishwashing setup is required for Temporary Food Establishment's (TFE) operating at events lasting longer than four (4) hours, unless there are sufficient replacement utensils brought to the event

Sink Requirements

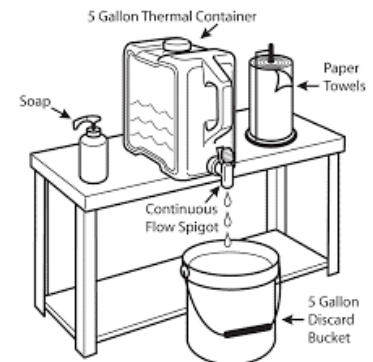
Handwash Setup

A handwash station is required for all TFEs

- Operating without a complete handwash station will result in closure of your booth if not corrected immediately.**

A complete handwash station requires:

- Liquid Soap
- Paper Towels
- Five (5) Gallon Clean Water Minimum with Continuous Flow Spigot
- Five (5) Gallon Discard Bucket



Dishwashing Setup (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Permanently Plumbed Sink | <input type="checkbox"/> Self-Contained Portable Sink |
| <input type="checkbox"/> Three (3) compartment/Container Sink | <input type="checkbox"/> Pre-Packaged Food Only |
| <input type="checkbox"/> Extra Utensils Provided | <input type="checkbox"/> Disposable Utensils Used |



TFE Sketch

In the following space, provide a drawing of your proposed TFE.

- Draw and label all equipment, food preparation tables, food storage, dishwashing, and handwashing.
- See example below.

