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APPLICATION FOR APPROVAL OF TEMPORARY FOOD PREMISES

* If you will be operating a mobile facility that has an existing Fraser Health Mobile Food Premises Permit or Approval, complete only Part A and attach a copy of your permit or approval for the mobile unit. All other applicants must complete Part A and Part B.

PART A:

Person in Charge:		Organization:	
Mailing Address:		City:	Postal Code:
Contact Phone #:	Alternate Phone #:	Fax #:	
Event:			
Location:			
Date(s):		Hours of Operation:	

PART B:

1. **Where** will food be prepared? Check (✓) all that apply.

At the event. At an approved restaurant/kitchen?

Other – Describe: _____

(Complete **ALL** remaining items on this application)

No food preparation required.

(Complete the rest of the application

EXCEPT for sections 5,6, and 7)

2. Please describe the **food equipment** you will be using to:

Check (✓) all that apply.

Provide equipment details for all checked items.

- Transport food. _____
- Prepare raw foods. _____
- Prepare ready to eat food. _____
- Cook food. _____
- Refrigerate foods. _____
- Hot-hold foods. _____
- Measure food temperature. _____
- Protect food from contamination. _____

3. Please describe the **equipment and materials** you will provide:

Check (✓) all that apply.

Provide equipment details for all checked items. (a separate floor plan is advisable)

- To wash/sanitize utensils. _____
- For handwashing. _____
- To supply potable water. _____
- To contain wastewater. _____
- To contain garbage. _____
- For flooring. _____

- To protect work surfaces. _____
(tent, umbrella etc)

4. For each proposed menu item indicate where the food was obtained (source). If the food requires any preparation **after being obtained**, please indicate which category (offsite/no cooking/cooking) applies from the Chart in Item 5.

MENU ITEM	SOURCE OF INGREDIENTS/MENU ITEMS	OFFSITE/NO COOKING/COOKING
BEVERAGES	SOURCE	<div style="border: 1px solid black; padding: 5px; text-align: center;"> See the Food Safety Plan Chart (next section) before deciding which category applies. </div>

5. If you are supplying only prepackaged food from an approved source, proceed to Item 8. Otherwise, you must have a **Food Safety Plan**. Review the following chart and check (✓) all that apply:

TEMPORARY EVENT: FOOD SAFETY PLAN CHART		
<input type="checkbox"/> PREPARATION OFF-SITE	PREPARATION ON-SITE	
	<input type="checkbox"/> NO COOKING	<input type="checkbox"/> COOKING
RECEIVING From approved restaurant/kitchen.	RECEIVING From approved supplier.	RECEIVING From approved supplier.
TRANSPORT (CCP1) Hot: 60 °C or above. Cold: 4 °C or below.	TRANSPORT (CCP1) Cold: 4 °C or below.	TRANSPORT (CCP1) Cold: 4 °C or below.
STORAGE AT EVENT(CCP1) Hot: 60 °C or above. Cold: 4 °C or below ↓	STORAGE AT EVENT (CCP1) Cold: 4 °C or below.	STORAGE AT EVENT (CCP1) Cold: 4 °C or below.
	PREPARATION (CCP2) Prepare small amounts at a time. Thorough handwashing, good hygiene. Use sanitized equipment and utensils.	PREPARATION (CCP2) Prepare small amounts at a time. Thorough handwashing, good hygiene. Use sanitized equipment and utensils.
	COLD-HOLDING (IF APPLICABLE) (CCP1) 4 °C or below ↓	COOKING (CCP3) 74 °C unless specified otherwise. HOT-HOLDING (IF APPLICABLE) (CCP1) 60 °C or above ↓
Additional Information (attach an extra page if needed)		
SERVING		
☞ All foods must be protected from contamination.	☞ Limit situations where customers can self-serve.	☞ Provide single-use condiment packets or pump-style dispensers.
☞ Minimize the time between preparation and service.	☞ Foods to be dispensed using sanitized utensils only.	☞ Staff should handle either money or food, not both.

CCP indicates that this is a **Critical Control Point**, and special care must be taken to ensure that temperature **limits** and safe handling procedures are followed. For each CCP, temperatures must be **monitored** using a probe thermometer. If the limits are not met, you must take **corrective action** as follows:

- ☞ CCP1 Discard the food product if the temperature limit has been exceeded by more than 2 hours total.
- ☞ CCP2 Discard the food product if there is any possibility that it has been contaminated or improperly handled.
- ☞ CCP3 Continue to cook the food item until the required temperature is met.

The Food Safety Plan Chart on this application form is for premises with minimal food preparation or non-potentially hazardous foods. A more detailed plan may be required at the discretion of the PHI.

6. Complete the **Sanitation Plan** below and check (✓) all that apply. If necessary, provide additional information on a separate page.

SANITATION PLAN		
Items to be cleaned/sanitized	How often?	Procedure (include chemical concentrations where applicable)
<input type="checkbox"/> Food preparation surfaces		<input type="checkbox"/> Clean with _____ <input type="checkbox"/> Sanitize with _____
<input type="checkbox"/> Utensils, equipment		<input type="checkbox"/> Wash with _____ <input type="checkbox"/> Rinse with _____ <input type="checkbox"/> Sanitize with _____
<input type="checkbox"/> Hands		<input type="checkbox"/> Wash with _____ <input type="checkbox"/> Dry with _____
How will you dispose of wastewater?		
How will you dispose of garbage?		
What toilet facilities will be available for the staff?		

7. At least one person with **FOODSAFE training** must be present on-site at all times. Copies of certificates must be submitted with your application.

FOODSAFE CERTIFICATION	
Name(s) of Person(s) holding a FOODSAFE Certificate who will be on site during the event.	Date FOODSAFE Certificate was Issued

8. Please ensure that you have completed the required sections in as much detail as possible. **Incomplete information could delay processing of your application.**

THE INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF THE *FOOD PREMISES REGULATION* (BC REG 210/99) AND ANY REQUIREMENTS OF THE FRASER HEALTH AUTHORITY.

_____ Date of Application _____ Print Name _____ Signature

**FOOD PREMISES CANNOT OPERATE WITHOUT APPROVAL FROM THE HEALTH AUTHORITY
THIS APPLICATION FORM IS DUE AT LEAST 14 DAYS PRIOR TO THE EVENT.**

RETURN THIS APPLICATION TO:

Fraser Health Authority
Local Health Protection Office
– see list of the offices on the last page.

For Office Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
_____ PHI Signature	_____ Date