

ALLEGANY COUNTY HEALTH DEPARTMENT

ALLEGANY HEALTH CENTER
P.O. Box 1745
12501-12503 Willowbrook Road, SE
Cumberland, Maryland 21501-1745

Sue V. Raver, M.D., M.P.H.
Health Officer
Allegany County

An Equal Opportunity Employer
Phone 301-759-5000

Dear Applicant:

During the past several years food safety issues have garnered an expanding share of newspaper space and television reporting time. Americans have been increasingly concerned about the wholesomeness of what they eat and drink. A number of well-publicized outbreaks of food-related illnesses in Maryland and other states has heightened awareness of the problem.

One of the missions of our agency is to help prevent the occurrence of these (sometimes tragic) episodes. Prevention, however, must be built upon knowledge—of proper foodhandling practices, of the ways in which pathogenic organisms can render foods unfit for use, of the human factors involved in the safety equation. Knowledge begins when each of us examines the ways we have been doing things, with an eye to improving our methods and honing our skills.

To this end, we would appreciate your help as follows:

1. Fill in both the enclosed license application and the questionnaire, and return them to us (along with the appropriate fee) in advance of your food event.
2. The other materials (including the sample copy of our inspection report form) are for your information and need not be returned.

If you have any questions please do not hesitate to contact either me (301-759-5044), Mike Pfaff (301-759-5046), Misty Joy at (301-759-5047) or Karen Fiorita at (301) 759-5048. Thank you very much for your time and attention to this important matter.

Sincerely yours,



Anthony J. Slavinski, R.S
Environmental Sanitarian
Environmental Health Division

AJS:td

Attachments

ALLEGANY COUNTY HEALTH DEPARTMENT

APPLICATION FOR PERMIT TO OPERATE A TEMPORARY FOOD SERVICE FACILITY

Application is hereby made to operate a temporary food service facility in accordance with Code of Maryland Regulations 10.15.03. The fee for this permit depends upon the length of time the facility will operate. The schedule is as follows:

1 - 4 Consecutive Days - \$20.00

5 - 14 Consecutive Days - \$40.00

(PLEASE PRINT OR TYPE)

**NAME OF APPLICANT
OR ORGANIZATION** _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBERS: APPLICANT _____ **ORGANIZATION** _____

TYPE(S) OF FOOD(S) TO BE SERVED _____

EXACT LOCATION WHERE FOOD IS TO BE SERVED _____

DATE(S) OF EVENT _____ **TIME OF EVENT** _____

Check applicable blocks for location where food is to be served:

Water Supply **Public** **Private**

Sewerage **Public** **Private**

SIGNATURE OF APPLICANT _____

POSITION _____ **DATE** _____

**MAIL APPLICATION, QUESTIONNAIRE
AND FEE TO:** _____

(Remaining 3 sheets are for your information)

Environmental Health Division
Allegany County Health Department
P.O. Box 1745
Cumberland, MD 21501

(MAKE CHECK PAYABLE TO: Allegany County Health Department)

Office Use Only:

I.D. Number: _____ **Issue Date:** _____ **Expiration Date:** _____

QUESTIONNAIRE

In order to assist you in offering safe food to the public at your event, please let us know what you are planning to serve, timing and methods of preparation, and the anticipated number of meals you expect to serve.

For your event, are you planning to do any of the following?

- Serve food prepared in anyone's home? Yes No

- If so, is this food potentially hazardous (e.g., ...meat, eggs, dairy products), or non-hazardous (e.g. ... hard candy, baked goods)?

Hazardous Non-Hazardous

- What will be prepared in someone's home?

- Are you going to prepare any foods ahead of time that require temperature controls?

Yes No

If so, how far in advance will you begin food preparation? _____

- Is refrigeration and/or hot-holding required? _____

- Will any foods be prepared in a licensed facility or another kitchen and transported to your facility for service?

Yes No

- If so, how do you plan to maintain safe hot- or cold-holding temperatures during transport? What equipment will you use to control temperatures?

**ALLEGANY COUNTY HEALTH DEPARTMENT
CUMBERLAND, MARYLAND**

INSPECTION REPORT FOR A TEMPORARY FOODSERVICE FACILITY

Name of Facility: _____ Operator's Name: _____
 Name of Event: _____ Operator's Address: _____
 Location of Facility: _____
 Date of Inspection: _____ Operator's Phone No: _____

V = VIOLATION C = CORRECTION

Cleaning Supplies

1. Provide at least one bucket of clean water, soap, paper towels and a waste container, for handwashing.
2. If exposed foods which must be cooked, sliced, or otherwise processed are sold, provide at least three additional buckets of clean water as follows:
 - a. one containing detergent for washing equipment and utensils;
 - b. one for rinsing equipment and utensils;
 - c. one containing an appropriate amount of an approved sanitizer, for sanitizing equipment and utensils. *(Note: A sanitizer test kit must also be provided and used.)*
- If reusable wiping cloths are employed an additional bucket of clean water containing sanitizer must be provided in which to keep the cloths between uses.

Food Temperatures

Potentially-hazardous cold foods (meats, meat products, seafood, dairy products, egg dishes, etc.) must be kept at 45° F. or lower.
 Potentially-hazardous hot foods (soups, sauces, meats, hot dogs, etc.) must be kept at 140° F. or higher.
 If ice is used to keep food cold the ice must completely surround the food, and a means for continuous drainage of melt-water must be provided.
 If a refrigerator or freezer is used to keep food cold a thermometer graduated in 2° F. (or finer) increments must be located inside the unit.
 A metal-stem thermometer must be provided and used for checking hot food temperatures.

Food Protection

Trash bags may not be used for food storage. Only

V C

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- food-grade bags or containers are acceptable.
2. All foods must be kept covered to minimize contamination by dust, insects and other agents.
 3. A mobile unit which serves exposed foods must be screened with 16-mesh (or finer) screening.
 4. All foods and food-related supplies must be kept elevated above the floor or ground.
 5. Potentially-hazardous foods not made on the inspected premises must be prepared in a Health Department-approved facility.

Food Equipment

1. Enameled pots, pans, and other such containers may not be used to hold food or beverages.
2. Lead-glazed crockery vessels may not be used to hold food or beverages.
3. Ice chests for beverage ice must be metal or plastic. Styrofoam chests are not permitted.
4. Scoops with handles must be used to dispense beverage ice. Scoops may not be stored in the ice. They must be kept on or in a clean pan, plate, or other container.
5. All single-service eating and drinking utensils must be discarded after one use.
6. A waste receptacle must be located in or near the facility.

Personnel

1. Hair restraints such as caps or hair nets must be worn by all workers who handle exposed foods.
2. Persons with cuts, boils, or other lesions on their hands or arms must not work with food or wash equipment or utensils.
3. Frequent handwashing must be practiced.

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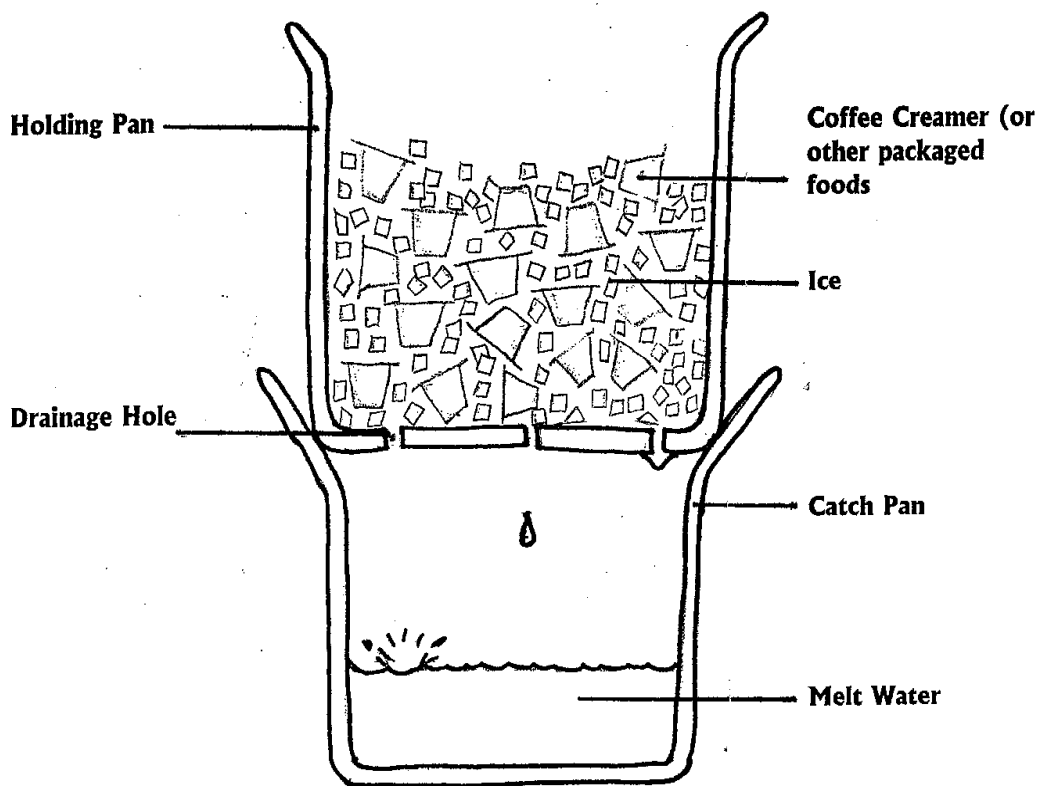
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Inspected by: _____
 Name Title Name Title

**ALLEGANY COUNTY HEALTH DEPARTMENT
DIVISION OF FOOD CONTROL**

DOUBLE PAN SYSTEM



- Notes:**
1. Food items must be completely surrounded by ice.
 2. Catch pan with melt water must be routinely checked and dumped when necessary.
 3. Catch pan should be smaller in diameter than holding pan.

WASH

RINSE

SANITIZE

HAND WASHING