



## TEMPORARY FOOD EVENT (TFE) VENDOR INFORMATION AND APPLICATION

INSTRUCTIONS AND INFORMATION FOR TFE VENDORS

- TFE vendor obtains **TFE vendor information and application** from event coordinator or from the Health Department webpage: <u>http://dcopublichealth.org/services/environmental-health/forms-applications</u>.
- TFE Coordinator application must be submitted before vendor applications can be accepted.
- Vendor application will only be accepted if listed as an approved vendor on the Coordinator Application.
- Vendor reviews **TFE FAQ** and completes **TFE vendor application**.
- A commissary agreement form must be completed for approval if food will be prepared in advance.
- No food shall be prepared in a home kitchen.
- No food preparation or food sales shall occur at the booth before the permit is issued.
- The completed **TFE vendor application** and commissary agreement (if applicable) must be submitted to the event coordinator who will submit all vendor applications to the Environmental Health Office **at** least fifteen (15) calendar days before the event. State law does not allow late applications to be accepted for processing.
- The \$75.00 permit fee may be submitted to coordinator or may be paid directly to our office by the vendor.
- The TFE will receive an inspection prior to any food handling or preparation at the event from an Environmental Health Specialist.
- Vendors who meet the requirements will be issued a permit.

# Coordinator must collect and submit completed vendor applications pages 2 through 7 and fees to:

- Human Services Building
- Environmental Health Division second floor
- 414 East Main Street
- Durham, North Carolina 27701
- Email: <u>TFEpermits@dconc.gov</u>
- Fax (919) 560-7830
- Call (919) 560-7800
- Payment must be either in person or online
- No counter checks will be accepted



OURHAM COUNTY		Date Received: (office use only);
	Public Health	Contact Name:
		Best Contact
1881		Number:

## Durham County Temporary Food Establishment (TFE) Vendor Application

Submit the completed Temporary Food Establishment (TFE) Vendor Applications to the event coordinator for the event for which they are applying for. Individual applications will not be accepted unless previous arrangements have been made with Durham County Environmental Health. Both the TFE application(s) and the required fee (\$75 for each proposed permit) must be received by our office at least fifteen (15) calendar days prior to the event, or the application shall be denied. Contact the event coordinator for specific deadlines required to meet the fifteen (15) calendar day deadline.

This application process is required by the North Carolina Rules Governing the Food Protection and Sanitation of Food Establishments 15A NCAC 18A .2600; therefore, any application and/or fee received after the application deadline shall be denied. Food vendors who serve ice cream, funnel cake, fudge, cotton candy, candied apples, and/or donuts may not need a permit. Please call the department at 919-560-7800 if you are uncertain if a permit is required.

### \*\*\*All signature boxes must be signed for the application to be complete.\*\*\*

Mobile Food Units and Push Carts that hold a valid NC Permit may qualify to operate without paying the fee for a single day event if approved. This application is required for all food vendors participating at the event. Be sure to consult with Fire Marshal and other entities about other requirements for your food booth.

#### Event Information

Name of Event:						
Location:						
Dates / Times of	Begin Date:			End Date:		
Event:	Begin Time:	am	pm	End Time:	am	pm
Estimated Time of Completed Set-up and ready for permitting:			Date:	am	pm	
	unty Environmental H nator application, a p			9		<b>I</b>
time will be set. Failure to be ready 30 minutes past set inspection time may result in permit not being issued.				Signature required:		

#### Food Vendor Information

Business Name:	
Applicant Name:	
Address:	
City:	State: Zip:
Daytime Number:	Cell Number:
Email Address:	
Email Address for Invoicing:	

## Food Handling Information

Will any items be stored offsite?					
Equipment to be used <u>at the event</u> for: Cooking:					
Reheating:					
Indicate time and distance to travel with food product					
from place of purchase or commissary location:	(hours : minutes) / (miles)				
Indicate how food temperatures will be maintained duri	ng transport to the event (check all that apply)				
□ > Cooler w/ice □ > Refrigerated truck □ > Cambro □ > Insulated heat bags □ > Other ( <i>describe</i> ):					

Approval, prior to the event, from DCoPH is required for any time/temperature control for safety (TCS) foods that are heated, cooled and re-served on subsequent days. This includes foods like turkey legs, chili, nacho cheese, BBQ, etc.  Holding over product? Contact <u>TFEpermits@DCONC.GOV</u> about approving a cooling procedure. Must have commercial refrigeration/freezer and submit detailed cooling plans.  All TCS food will be discarded at the end of each day. Signature required:						
If fresh produce is used, how will it be handled? Produce includes potatoes, tomatoes, lemons, onions, pineapples, etc.						••
Will any animal foods such as shellfish, or poultry be offered <i>cooked?</i>			☐ Yes ** Co items:	nsumer advisory required	d– list	□ No
	c water pro	F Vided		ed TFE commissary r with backflow prevent	ers 🗌 So	ealed bottled water
Select the options below th Wast Event providing grey wa Onsite sewer system ap	Select the options below that best describe the disposal methods for the following: Wastewater Garbage Under the disposal bin Under the					
Select the options below th ( <i>utensil washing, and har</i> Cold Holding Cold Holding Refrigerated truck Household refrigerator Commercial refrigerator Household freezer Cooler w/ drain port Other ():	nd wash se	e <b>t up</b> ot Hol table c hot g disł	<i>is required)</i> ding box	2 1	igle spe	Handwashing Plumbed sink Makeshift station flowing faucet (i.e., too cooler w/ turn out) Able to aintain water warm. Other ( ):

Observed the base which dependence were found backly active.						
Check the box which describes your f						
<ul> <li>3-sided (tent walls) tent () x</li> <li>contamination, tent access must be re</li> <li>Trailer/Self Contained Unit</li> <li>Building/Indoor Event</li> </ul>		fans. To protect food from				
Will any food and/or drink be prepared prior to event? This includes washing vegetables, cutting or marinating meat, or cooking at a permitted temporary food establishment commissary (TFE).						
No; Foods will be packaged						
Yes; All foods prepared must be prepared in a permitted food establishment ; not a home kitchen. Application must include letter from permitted food establishment owner/operator.						
Check the type of lighting that will be at food service/storage areas:	Shielded/Sleeved bulbs	Shatterproof bulbs				

## By signing below, I hereby certify that the above information is complete and accurate.

## I fully understand the following:

- All TCS foods will be discarded at the end of the day unless a <u>pre-approved</u> cooling procedures and commercial refrigeration/freezer is used.
- Any deviation from the above without prior written permission from Durham County Public Health may nullify final approval and prevent issuance of a TFE permit.
- A pre-opening inspection (with electricity and All equipment in place) of the TFE will be required before a permit will be issued.
- Food/drink that is prepared before permitting (without prior approval from Durham County Public Health) will result in disposal or embargo of the food/drink.
- Failure to maintain approved temperatures for TCS foods will result in disposal or embargo of food.
- Approval of this application does not indicate compliance with any other code, law, or regulation that may be required. (i.e., Fire Marshall, federal, state, and local authorities)
- Pre-approval of this application does not guarantee acceptance into the event and no refunds are given.
- TFE application with menu and layout and required fee must be received by Durham County Public Health from the coordinator at least 15 calendar days prior to the event or the application shall be denied.
- Incomplete applications will be denied and returned.
- Any deviations from approved set-up or food safety hazards may result in denial/revocation of permit and possible removal from event.
- TFE Coordinator application must be submitted, by person(s)-in-charge of event, to the office (30 days prior to event) for vendor applications to be reviewed.

Owner/Mana	ager or		
Designee			
Print Name		Date	

Signature

Date

# Food Employee Reporting Agreement

#### **Reporting: Symptoms of Illness**

I agree to report to the Person in Charge (PIC) when I have:

- 1. Diarrhea
- 2. Vomiting
- 3. Jaundice (yellowing of the skin and/or eyes)
- 4. Sore throat with fever
- 5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

#### Note: The PIC must report to the Health Department when an employee is jaundiced.

#### Reporting: Diagnosed Illnesses

I agree to report to the Person in Charge (PIC) when I have been diagnosed with:

- 1. Norovirus
- 2. Hepatitis A virus
- 3. *Shigella* spp. infection (shigellosis)
- 4. Shiga Toxin-Producing Escherichia coli (O157:H7 or other STEC infection)
- 5. Typhoid fever (caused by *Salmonella* Typhi)
- 6. *Salmonella* (nontyphoidal)

#### Note: The PIC must report to the Health Department when an employee has one of these illnesses.

#### **Reporting: Exposure of Illness**

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

- 1. An outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other STEC infection, or Hepatitis A.
- 2. A household member with Norovirus, typhoid fever, shigellosis, illness due to STEC, or Hepatitis A.
- 3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.

#### **Exclusion and Restriction from Work**

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work, you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

#### Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until: 1) more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting, or 2) provide written medical documentation from a health practitioner indicating that the symptoms are from a noninfectious condition.

If you are excluded from work for exhibiting symptoms of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp. infection, *E. coli* O157:H7 or other STEC infection, and/or Hepatitis A, you will not be able to return to work until approval from the Health Department is granted.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

- 1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
- 2. Work restrictions or exclusions that are imposed upon me; and
- 3. Good hygienic practices.

# I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food Regulatory Authority that may jeopardize my employment and may involve legal action against me.

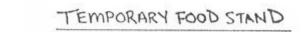
Employee Name (please print)	_ Signature	Date
Person In Charge Name (please print)	Signature	Date
<b>5 1 7</b> <u></u>		·

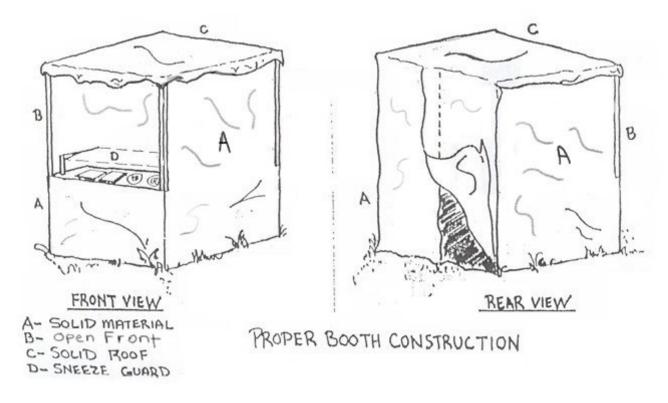
## TEMPORARY FOOD EVENT (TFE) MENU

**Menu Chart**: Provide a complete list of food/menu items. Please note that a produce sink is required for all produce that is not purchased prewashed. This includes lettuce, lemons, potatoes, onions etc. Raw meat, poultry, and seafood shall be purchased in ready to cook forms. Attach additional sheet if needed.

## Attachment 1: Menu

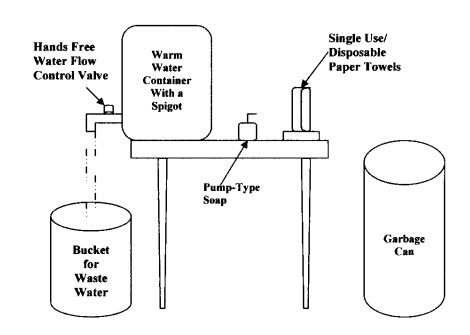
FOOD ITEM	FOOD SUPPLIER OR SOURCE	THAWING HOW? WHERE?	CUT/WASH/ ASSEMBLE WHERE?	COOKING HOW? WHERE?	COLD/HOT HOLDING HOW/WHERE?	REHEATING HOW?		
hamburger	IQF from Sam's Club	no thawing needed	no advance prep needed	on grill at the event	hold in crockpot with beef broth	no reheating needed		
ITE	EMS NOT I	NCLUDED		LIST ARE		ED		
	UNAPPROVED AND SUBJECT TO DISPOSAL ON SITE.							





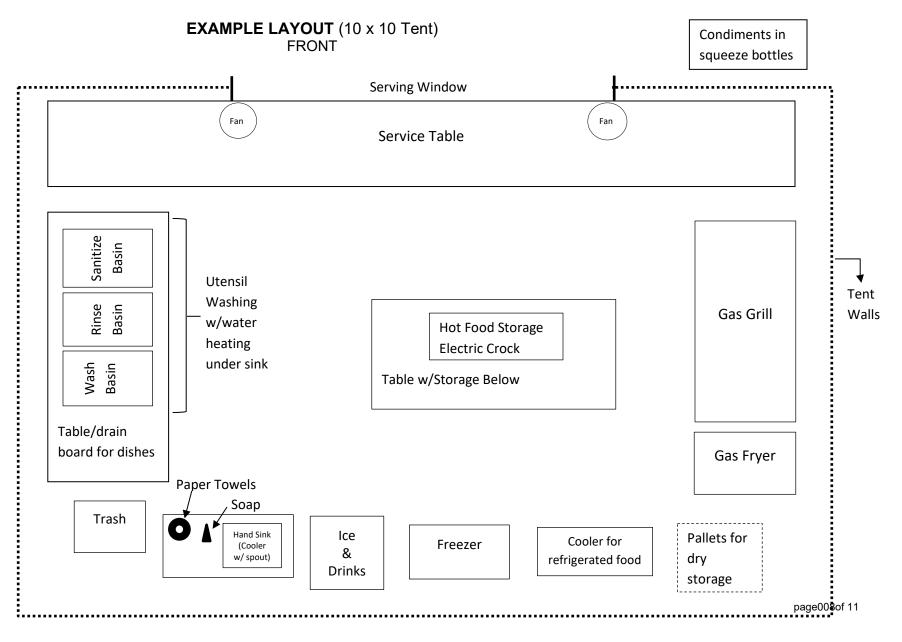
## **TEMPORARY HANDWASHING DIAGRAM**

A temporary handwashing station is required at all permitted temporary food facilities. This must be set up prior to any food preparation. Provide а container with a spigot that allows hands-free flowing water, a waste water bucket, a pump-type soap dispenser, single use/disposable paper towels, and a garbage can for disposable paper towels. All food workers must wash their hands when they return to the concession stand/ booth and after using the restroom, after eating, smoking, handling or unclean items.



## Attachment 2: Layout

All food preparation is to take place in an area that is clean and protected by an overhead covering. Cooking and serving equipment is to be positioned so that the food is not exposed to the public otherwise shields or sneeze guards must be provided. The diagram below is an EXAMPLE only. Please indicate ALL equipment that you will be using including what will be used to store cold foods and hot foods. For cooking equipment, indicate if gas, electricity or charcoal will be used. Applications submitted without completed drawing will be **denied**.



Draw your layout in this space.

## **Temporary Food Establishment Evaluation Checklist**

\*Unless written documentation is provided, <u>no food preparation (processing, cutting, marinating, cooking, etc.) is to be done prior to receiving a permit.</u> All food must be in the original packaging with labeling which includes the identity of the product and the source. All meat packaging must include the appropriate USDA inspection mark. Any food that has been prepared or removed from the original package prior to receiving a permit will be <u>immediately discarded</u>.

\*No disposing of grease or wastewater on the ground or in storm drains. If grease receptacles are on site, they must be used. Sewer connections must also be used.

- Water properly connected. Drinking water safe, food grade hoses are required for water connections. Hoses must be sanitized prior to use. Hoses must be labeled as potable water and for each vendor. A backflow preventer is required at each point of use.
- \_\_\_\_\_ Ice makers including those in trailers/trucks, must be emptied, cleaned, sanitized prior to use.
- \_\_\_\_\_ Wastewater properly disposed. Sewer connections, if available on site. Hoses used for wastewater must be labeled.
- \_\_\_\_\_ Must have the ability to heat water for utensil washing and handwashing. Must be able maintain warm water at handwashing station.
- \_\_\_\_\_ Separate hand sink or cooler with pour spout, soap and paper towels at all food handling areas.
- \_\_\_\_\_3 vat sink or 3 basins of sufficient size to completely submerge utensils and counter space/drain board for the air drying of utensils.
- \_\_\_\_\_Sanitizer available. Mix water and bleach (<u>no scented/splashless bleaches</u>) to make a 50-200ppm chlorine solution or other approved sanitizer; quaternary ammonia 200-400ppm.
- \_\_\_\_\_ Sanitizer test strips must be available; Chlorine or Quaternary Ammonium.
- \_\_\_\_\_ Thermometers in refrigerators. Air temperature 31°F-36°F (Food 41°F or below).
- \_\_\_\_\_ Thermometers for checking food temperatures. Metal stem food thermometers should range 0°F-220°F or be digital. Cold foods must be kept 41°F or below.
- \_\_\_\_\_ Foods from approved sources. Any food requiring advanced preparation prior to the event must be prepared in a permitted TFE commissary.
- \_\_\_\_\_ Food stored off the floor/ground and covered. Corn, potatoes, onions, etc. must be stored on a pallet or other approved means and must be kept covered.
- \_\_\_\_\_ All food handling and cooking must be done in a protected area. This area shall have overhead coverage. Any separate food preparation areas must be provided with hand sinks.
- \_\_\_\_\_Food grade gloves, utensils, or delipaper to prevent bare hand contact with ready-to-eat food.
- Outside storage (supplies, refrigerators, freezers) must be protected. Any supplies or equipment not inside a building or trailer or under a tent must be covered.
- Open food displays must be protected from contamination by sneeze guards or other barriers.
- \_\_\_\_\_ Fans, screens, or other effective means to keep out insects, flies, and dust.
- \_\_\_\_\_ If ice used in beverages, ice scoops and a separate ice bin must be provided.
- Consumer Advisory must be posted for raw or undercooked animal products being offered.
- \_\_\_\_\_Lighting must be shielded or shatterproof.
- \_\_\_\_\_ Effective hair restraints (ball cap, hairnet, or headscarf).
- \_\_\_\_\_ Employee health policy in place.



**Public Health** 

## **Temporary Food Establishment Commissary Agreement**

15A NCAC 18A .2665 Temporary Food Establishment and Temporary Food Establishment commissary permit requirements

### Completed by the permittee or owner of the restaurant located in Durham County:

Temporary Food Event Vendor name: \_\_\_\_\_\_ Temporary Food Event: \_\_\_\_\_\_ Dates and times for commissary use: \_\_\_\_\_\_ Phone number: \_\_\_\_\_\_ Email: \_\_\_\_\_

I understand that as a commissary for the Temporary Food Event vendor, I will provide the following:

I will provide a designated protected area for food and utensil storage, including refrigeration / freezer and dry storage area.

I will label the designated storage spaces for the vendor's exclusive use.

I will provide use of the utensil sink to wash utensils used on the unit.

I will provide commissary access for Temporary Food Event vendor as necessary

The permittee or owner of the restaurant facility noted below agrees to serve as a commissary for the Temporary Food Event vendor named above.

Restaurant Name Serving as Commissary:

Restaurant Address:

Restaurant Phone Number:

Email:

\_\_\_\_\_\_\_\_\_

Date:

Printed Name of Restaurant Owner / Permittee:

\_\_\_\_\_\_\_\_

Date:

Signature of Restaurant Owner / Permittee:



Human Services Building | 414 East Main Street, Durham, North Carolina 27701 September 2024 (919) 560-7800 | Fax (919) 560-7830 | <u>http://dcopublichealth.org/services/environmental-health</u> Equal Employment/Affirmative Action Employer <u>TFEpermits@dconc.gov</u>