



Guidance for Temporary Food Booths

You **must** complete the application and pay a \$65 fee at the Health Department offices **before** the event. Money will **not** be collected at the site of the event. Contact your local Environmental Health Specialist (EHS) to schedule an appointment for a pre-opening inspection prior to starting operation.

Basic Requirements

- At least one hand washing facility.
- Capability of washing, rinsing, and sanitizing all utensils. Have test-strips to check sanitizer strength.
- Do NOT let foods remain between 41°F and 135°F.
- Do NOT allow anyone who is ill to work in the food booth.
- Eating, drinking, or smoking in food preparation areas is prohibited.
- Wash your hands FREQUENTLY.
- NEVER sell home-prepared foods. Only sell foods that are from an approved source.
- Do not cross-contaminate. This means keep all raw meats below and separate from other foods. Keep raw poultry below other raw meats.
- Sanitize cutting boards and equipment and utensils between uses.
- Use equipment approved by your local EHS.
- Use scoops, utensils, or gloves to work with ready-to-eat foods.
- Provide single service articles for use by the customer. (Plastic forks, paper cups, etc). Use tongs, gloves, or sneeze guards to protect foods.
- Use potable water from an approved source.
- Dump wastewater and trash only in approved places.
- Keep all utensils, foods, and other items at least 6 inches off the floor.
- Have floors, walls, and ceilings made of smooth, non-porous, and durable materials.

If you have any questions, please feel free to contact an EHS.

Bannock County Office
1901 Alvin Ricken Drive
Pocatello, Id 83201
(208) 233-9080

Bear Lake County Office
455 Washington #2
Montpelier, Id 83254
(208) 847-3000

Bingham County Office
412 West Pacific
Blackfoot, Id 83221
(208) 785-2160

Butte County Office
178 Sunset, PO Box 806
Arco, Id 83213
(208) 527-3463

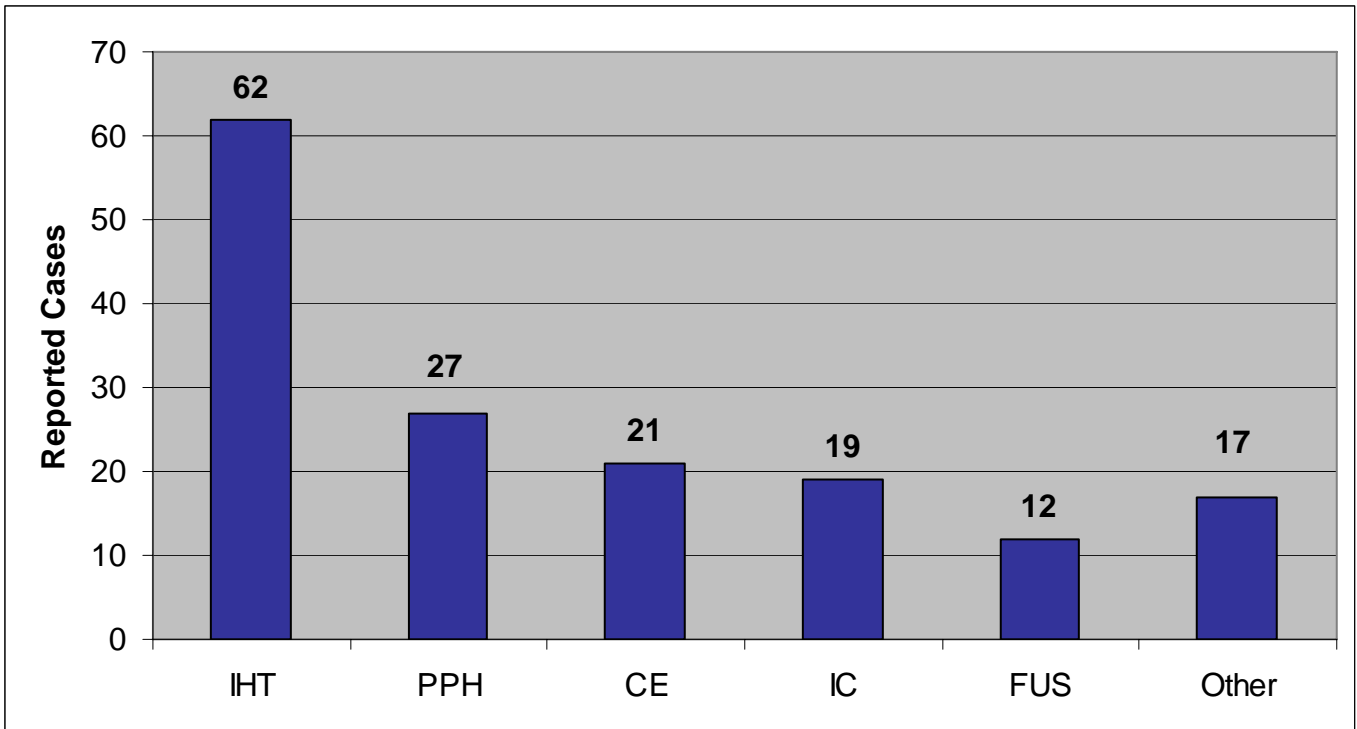
Caribou County Office
55 East 1st South
Soda Springs, Id 83276
(208) 547-4375

Franklin County Office
42 West First South
Preston, Id 83263
(208) 852-0478

Oneida County Office
175 South 300 East
Malad, Id 83252
(208) 766-4764

Power County Office
590 1/2 Gifford
American Falls, Id 83211
(208) 226-5096

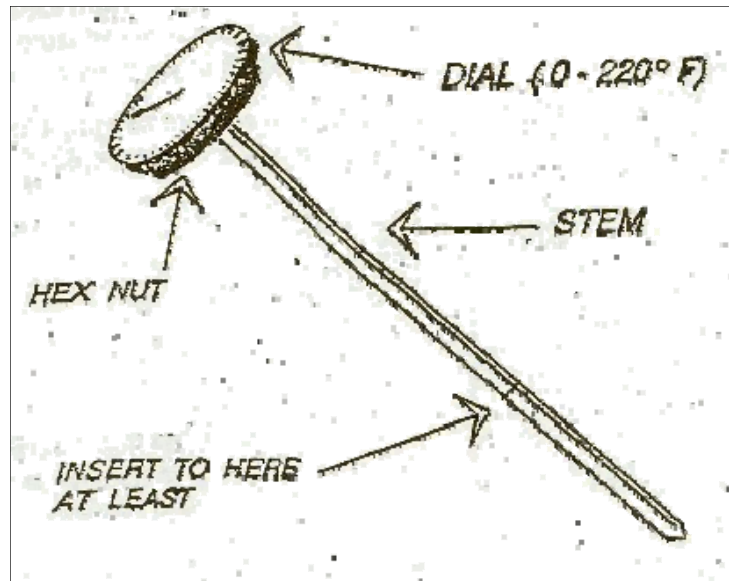
Factors That Contribute to Foodborne Illness



- Improper Holding Temperature (IHT)
- Poor Personal Hygiene (PPH)
- Contaminated Equipment (CE)
- Inadequate Cooking (IC)
- Food From Unsafe Source (FUS)
- Other

Cooking and Holding Temperatures

A long-stem, metal thermometer must be available and used to check internal food temperatures. The thermometer should be able to display temperatures between 0°F and 220°F. In addition, all refrigerators, freezers, and cold holding units must have an accurate and visible thermometer.



Keep hot foods hot (135°F or higher) and cold foods cold (41°F or below).

Cooking temperatures

Poultry	165°F (15 seconds)
Rare roast beef	130°F (112 minutes)
Ground beef	155°F (15 seconds)
Eggs, Fish, Lamb	145°F (15 seconds)
All other meats	145°F (15 seconds)

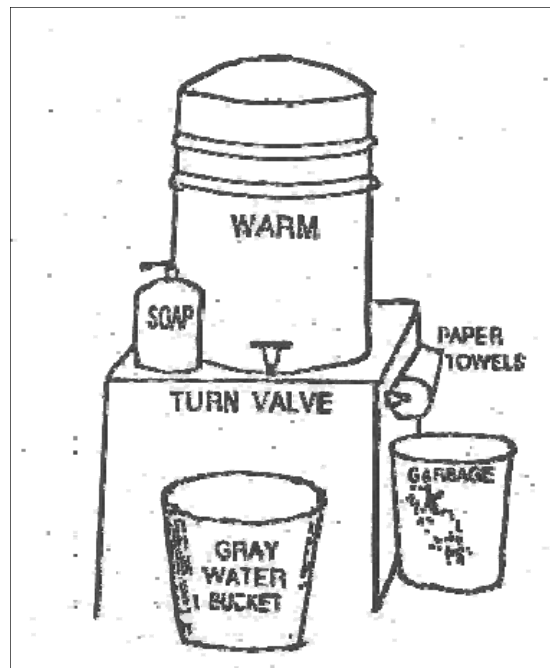
You may hold food out of temperature (41°F—135°F) if you identify the food with the time it must be served or discarded. This time must not exceed 4 hours from when it left proper temperature holding facilities.

Hand Washing

Proper hand washing is one of the most simple yet effective means available to reduce the risks of spreading a food-borne illness.

A handwashing station for a temporary food both must include:

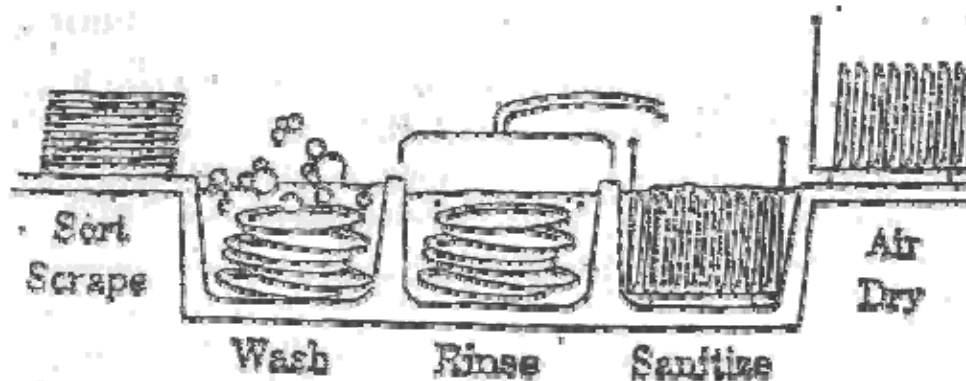
- Potable hot and cold (or warm) running water.
- Soap.
- Paper towels.
- Container for waste (gray) water.
- The container for potable water must be clean and be equipped with a valve or spigot that remains open to allow for adequate hand washing. The picture below is an example of how these requirements could be met.



Sanitizing Methods

Equipment and utensils must be washed, rinsed, and sanitized.

There are several different methods that can be used. The most common is to use Chlorine (bleach). If this method is used, test strips should be available to ensure the proper strength of chlorine in the water. To achieve a 50-100 ppm concentration, use approximately 1 Tablespoon of regular bleach for each 2 gallons of water. Containers for washing dishes must be large enough to immerse the majority of the utensils being used. Containers must be clean and must not have been used to store any toxic items. Water in containers must be changed frequently.

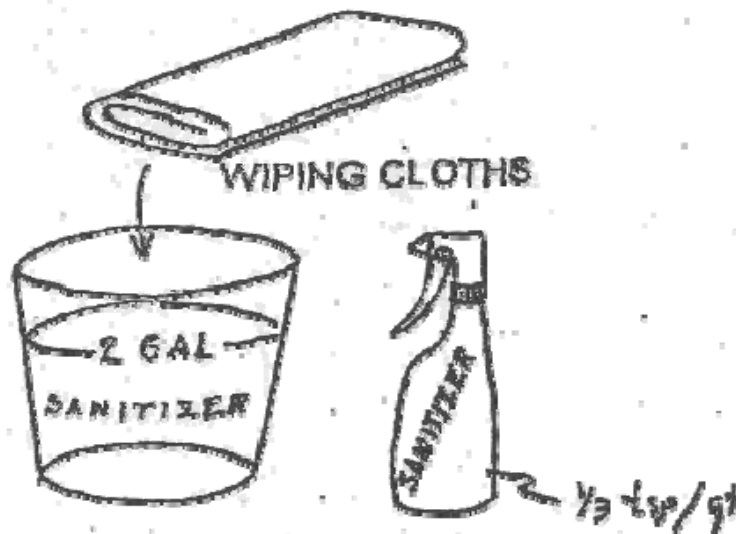


Wash: detergent and hot water.

Rinse: clean, hot water.

Sanitize: 10 seconds in 50-100 ppm chlorine or other approved method.

Wiping cloths should be used on food contact surfaces and utensils such as cutting boards, counter tops, slicers, mixers, etc. These cloths should be stored in buckets with sanitizer solution made by using the above method.



Basic Physical Requirements

Floors, Walls, & Ceilings:

- Must be smooth, non-porous, durable, and easily cleanable. Materials that are acceptable include Aluminum, Stainless Steel, Painted Sheetrock, etc. Materials that are not acceptable include bare wood, unpainted sheetrock, etc.

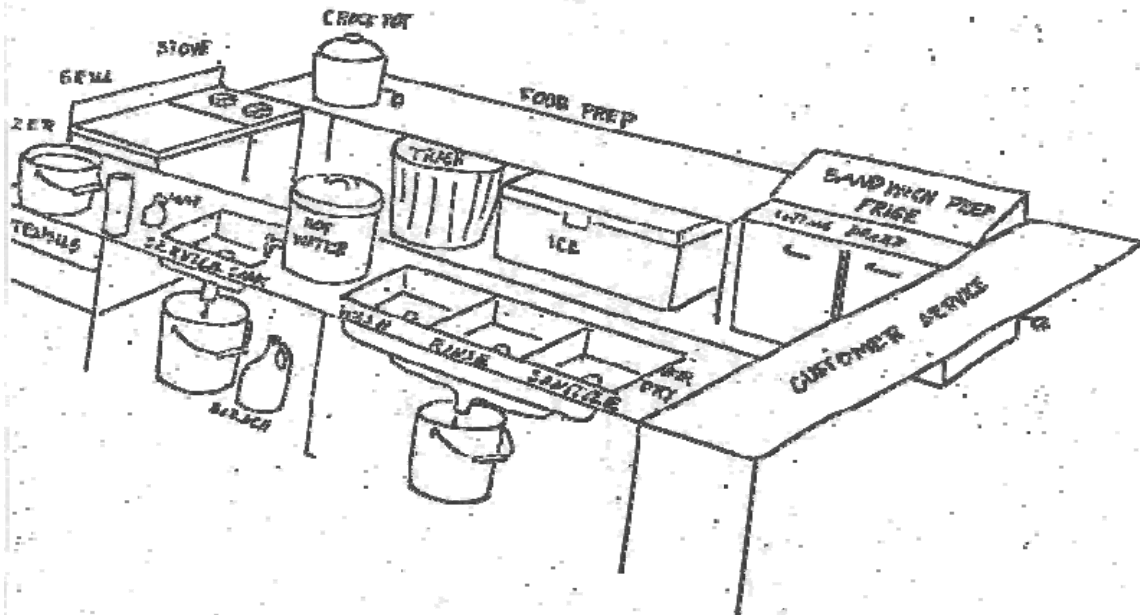
Lights:

- Must be shielded in food preparation and dishwashing areas.

Separation:

- There must be some type of physical separation between the food workers and the public being served. This could be as simple as a table or as complex as a self-contained food booth.

The diagram below shows an example of how temporary food booths can be arranged. It should be noted that Mobile food trailers or trucks are enclosed variations of the diagram below. Mobile food units must be equipped with waste water holding tanks, potable water holding tanks, water heaters, pressurized water systems, electrical hookups, food service windows, and sometimes self-contained employee toilets.



Temporary Food Booth Check Sheet

The following items will be required for all food booths that are going to be inspected by the Southeastern District Health Department. Please feel free to call the Environmental Health Office at 239-5270 for more information.

- _____ Hand washing station (including warm water, soap, and paper towels).
- _____ Long stem metal thermometer.
- _____ Sanitization solutions for wiping cloths.
- _____ Raw meats stored separate from other foods.
- _____ Utensil washing station (wash, rinse, sanitize, air dry).
- _____ Thermometers—in all refrigerators and cold holding units.
- _____ Utensils/Gloves when working with Ready-To-Eat Foods.
- _____ Drinking water approved distribution hoses.
- _____ Floors, walls, ceilings are smooth and easily cleanable.
- _____ Light Shields and end caps.
- _____ Chlorine test strips.
- _____ Back siphonage device (connected between the water supply and the hose).

Hot Holding Temperatures:
(Must be at or greater than 135°F)

Cold Holding Temperatures:
(Must be at or below 41°F)

**SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
 FOOD ESTABLISHMENT LICENSE APPLICATION
 1901 Alvin Ricken Drive, Pocatello, Idaho 83201
 Telephone (208) 239-5270, Fax (208) 234-7169**

Year _____ Permanent Sq. Ft. _____
 Date _____ Seasonal # of Seats _____
 Est. # _____ Temporary # of Staff Trained _____

Name of Applicant _____ Home Phone _____
 (Owner or Legal Agent) (Please Print)
 Establishment Mailing Address _____ Business Phone _____

Partner and/or _____
 Parent Company _____ Parent Company
 & Address _____ Phone Number _____

Hereby request a permit for _____
 (Name of Establishment)
 Located at _____ as a _____

Hours of Operation _____

Months of Operation _____

List menu items on back of application

Signature of the applicant is an agreement to the terms and conditions of a license as contained in Section 8-304.11 of the Idaho Food Code and attests to the accuracy of the information provided per section 8-302.14(G). **Application can only be signed by owner or legal agent. Unless Exempted by Idaho Code 39-414.11, or defined as low risk, all food establishments are required to pay a \$65.00 license fee. Without the fee, the application cannot be processed.**

Signature of Applicant: _____ Date: _____
 Applicant Status: Legal Owner [] Owner's Legal Agent []

Approved By, Environmental Health Specialist: _____ Date: _____

FOR DEPARTMENT USE ONLY

EST#: _____	Establishment Type: R Code _____	Inspection Type: <input type="checkbox"/> Regular	Risk: <input type="checkbox"/> Low
County: _____	T Code _____	<input type="checkbox"/> Modified HACCP	<input type="checkbox"/> Medium
Interval: _____	Service Type _____	<input type="checkbox"/> HACCP	<input type="checkbox"/> High

Water Supply: Public/Community Private Sewage: Public/Community Private

Status: New Closed Change of Owner
 Exempt Department

Fee Amo **\$65.00**
 Fee Paid: yes no
 Receipt Number : _____

Activation Date: _____ EHS #: _____



Low Risk Establishment
Fraternal/Benevolent/Charitable Organization
Exemption Form

Low Risk Establishment; IDAPA Section 16.02.19.001.03.c.

I certify that I _____ of _____ currently produce a food product that is considered non-potentially hazardous by the Division of Health; Food Protection Program. This classifies my establishment as a low risk food establishment and exempts me from requiring licensure or inspection. I understand that if I advertise my product in any publication or broadcast medium or sell the product wholesale to a food establishment, that my exemption status is dissolved and I will be required to meet the standards set forth in the Idaho Food Code. I agree to contact the Southeastern District Health Department before making any menu changes that might change my current risk status.

Fraternal/Benevolent/Charitable Organization; IDAPA Section 16.02.19.001.03.f.

I certify that I _____ of _____ represent a fraternal, benevolent, or nonprofit charitable organization and that I will not prepare or serve food on a regular basis. Food shall not be considered to be served on a regular basis if the food is served for a period not to exceed five (5) consecutive days on no more than three (3) occasions per year for foods which are not potentially hazardous, or if the food is served no more than one (1) meal per week for all other foods.

Signature

Date

PLEASE LIST MENU ITEMS ON BACK OF FORM.

Name of Applicant: _____ Phone: _____

Establishment Name: _____

Establishment Mailing Address: _____

Location & Dates of Operation: _____

E.H.S. Reviewed: _____ **Date:** _____