

82 AMDS Public Health
Temporary Food Sales Request

Organization:	POC:
Date/ Time/ Place of Operation:	Contact Number:
What food items are going to be sold? ⇒ _____ ⇒ _____ ⇒ _____ ⇒ _____ ⇒ _____	Where were they purchased? ⇒ _____ ⇒ _____ ⇒ _____ ⇒ _____ ⇒ _____

Where and how do you plan to prepare the food?

Is there a thermometer available to check required temperature? **YES** or **NO**

How are food contact surfaces and serving utensils going to be sanitized?

Where will hand-washing facilities be located?

Where will food items be stored prior to the event?

Where will uncooked food items be stored during the event but prior to cooking?

What equipment will be used to prepare hot and cold food items?

How will leftovers be handled?

STATEMENT OF UNDERSTANDING AND COMPLIANCE

I, _____, have read the TEMPORARY FOOD SERVICE OPERATION GUIDELINES set forth by the Sheppard AFB Public Health Flight. I understand that these requirements are designed to help prevent a foodborne illness outbreak, which could have a damaging effect of the base mission and my organizations reputation. All requirements will be strictly followed. I understand that Public Health (PH) may inspect my facility/ event prior to initial opening. After the initial inspection, PH may make periodic unannounced evaluations. If ANY non-compliance is noted, the facility/event can be closed.

Signature of Requesting Party: _____ Date: _____

***** PUBLIC HEALTH USE ONLY *****

Recommendations/ Restrictions:	APPROVED	
	DISAPPROVED	
Public Health Representative: _____ Date: _____		