Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Dr., Bend OR 97701

PHONE: (541) 322-7400
FAX: (541) 322-7604

FOOD SERVICE LICENSE APPLICATION RESTAURANT / BED AND BREAKFAST

Check all that apply:

☐ Restaurant ☐ Bed & Breakfast (B&B Tourist License also required)

☐ New Construction ☐ Remodel

☐ Change of Ownership - Former Establishment Name _____

☐ Renewal

Please print:

Establishment name _____

Physical Address of Establishment _____
Street and Number City State Zip

Mailing address of Establishment _____
Street and Number City State Zip

Establishment Telephone _____ Establishment E-mail _____

Number of indoor seats _____ Contact E-mail _____

Owner/Applicant Name _____

☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

Owner telephone (_____)_____ Owner E-mail _____

Owner mailing address _____
Street and Number City State Zip

Do you own other food service establishments? ☐Yes ☐No Name(s) _____

The payment of $ _____ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333 of the Department of Human Services may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Please call this office if you have questions about your license, fees, facility inspections or how to obtain a Food Handler's Certificate. You can take your Food Handler's test online by going to: http://www.orfoodhandlers.com/

In the event of transfer of ownership, the new owner must immediately secure a new license. All licenses expire on December 31st of the year in which they are issued.

_____ _____
Applicant Signature **Date**

Mail application and check payable to: ***Deschutes County Health Services***
Environmental Health Division
2577 NE Courtney Drive
Bend, OR 97701

For office use:
Receipt # _____ Staff initials _____ Computer # _____

EMPLOYEE ILLNESS POLICY

A COPY OF THIS POLICY IS TO BE PROVIDED TO EACH NEW HIRE AND TO EACH CURRENT EMPLOYEE WHO HAS NOT RECEIVED THIS POLICY IN THE PAST. ALSO, THIS POLICY IS TO BE POSTED WITHIN THIS FACILITY AND ALL EMPLOYEES NOTIFIED OF WHERE IT IS POSTED. THE PERSON IN CHARGE DURING EACH WORK SHIFT MUST BE ABLE TO SHOW HEALTH INSPECTORS WHERE THIS POLICY IS POSTED AND ABLE TO DISCUSS THIS POLICY WITH EMPLOYEES AND HEALTH INSPECTORS.

Reference Oregon Food Sanitation Rules 2-201.11; 2-201.12, and 2-201.13 concerning employee illness. The Oregon Food Sanitation rules can be viewed and/or downloaded in its entirety at the following website:
http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/rules.aspx

☐ ALL NEW EMPLOYEES ARE TO INFORM MANAGEMENT OF THE FOLLOWING AT TIME OF HIRING AND AGREE TO REPORT TO MANAGEMENT SUCH CONDITIONS SHOULD THEY OCCUR DURING THEIR EMPLOYMENT AT THIS FACILITY:

(Food Code Rules Annex Form 1-A and Annex Form 1-B located towards back of food rules can be used to collect
relevant past medical history and employee reporting agreement requirements.)

1. If suffering from diarrhea, vomiting, Jaundice (yellowing of skin or eyes), or sore throat with fever. Employees will not come to work when experiencing these symptoms. Employees who experience undiagnosed diarrhea or vomiting will not return to work for at least 24 hours (72 hours is recommended) after their symptoms have ended.
2. If currently or in the past diagnosed or presumptive with any of these medical conditions: Norovirus, Hepatitis A, Typhoid Fever, Shigellosis, *E. coli* 0157:H7, or other EHEC/STEC condition. *If a new hire or current employee is diagnosed or presumptive with any of these conditions, then this facility will immediately notify the Health Department (phone 541-322-7400) and exclude this individual from this facility until lab tests confirm that the employee is free of pathogens relating to any of these conditions, or as otherwise allowed by the Health Department.*
3. If they have been exposed to or suspected of causing any confirmed outbreak with regard to any of the medical conditions outlined in #2, above. When and where?
4. If they have a household member diagnosed with any of the medical conditions outlined in #2, above.
5. If they have a household member attending or working in a setting experiencing a confirmed outbreak as related to the medical conditions outlined in #2, above.
6. Name, address, and telephone number of their health practitioner or doctor.

☐ FOOD EMPLOYEES WITH LESIONS (E.G. OPEN SORES, CUTS, DEEP SCRAPES OR PUSS FILLED GASHES) SHALL BE EXCLUDED OR RESTRICTED FROM WORK DUTIES UNLESS:

1. A lesion on the hands or wrists is protected with an impermeable cover such as a finger cot and a single use glove is worn.
2. A lesion on exposed portions of the arms is protected with an impermeable cover.
3. A lesion on other parts of the body is protected with a dry, durable, tight-fitting bandage.

NEW NAME: _____ DATE: _____

OLD NAME: _____

Menu & Procedure Review

This section must be filled out by the operator and submitted prior to licensing or with the plan review application. Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The Food Sanitation Rules, OAR 333-150-0000 can be obtained at: www.healthoregon.org/foodsafety

Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions. *Note: Food employees with undiagnosed vomiting or diarrhea must be excluded from the food establishment for 24 hours* (2-201.12):

2. What are employees told about working when ill (2-201.12)?

3. Provide your established hand washing policy (2-301.14, 2-301.13, 2-301.12, 2-301.15):

4. How are employees informed about hand washing requirements (2-103.11(L))?

5. How do you enforce hand washing and ill employee requirements (2-201.12, 2-103.11(D) & (K))?

6. Describe your glove (non-latex only) use policy (3-304.15):

7. Who will be your person(s) in charge (2-101.11)?

8. Are you aware of the rule that requires a "knowledgeable" person to be present at all times of operation (2-102.11)? Yes__ No__

Note: One way to meet this is to obtain certification in a ***Food Safety Program*** *designed for food managers: www.healthoregon.org/foodsafety*

9. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept. *Facilities serving thin foods such as meat patties and fish filets must have a small diameter probe* (4-302.12 & 4-203.11):

10. How do you calibrate your food probe thermometers and how often? Who is responsible for calibrating thermometers (4-502.11(B))?

9a. How do you clean and sanitize your probe thermometer (4-602.11(4))?

10. What type of chemical sanitizer do you use (chlorine, quaternary ammonium, iodine) (4-501.114)? _____
At what concentration do you use this sanitizer? _____
What type of test kit do you have (4-302.14)? _____
When do you use your test kit (4-501.116)? _____

11. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized (4-603.15)?

11a. When does cleaning and sanitizing need to occur (4-602.11)?

12. What is done with leftover food (Chapter 3-501)?

13. Will salads such as tuna, egg, chicken, macaroni, pasta and potato be prepared from scratch in your facility? Yes__ No__

    If yes, will the ingredients be pre-chilled before being mixed or assembled? Yes__ No__

14. Describe how you will minimize bare hand contact with ready-to-eat food. For example, will you use deli tissues, spatulas, tongs, single-use gloves or dispensing equipment to prepare ready-to-eat food (2-103.11(K), 3-301.11(B))?

15. Describe when and where produce will be washed prior to use (3-302.15 & 5-402.11):

Food Preparation

1. List food from animals that you will serve raw or partially cooked such as burgers and steaks cooked to order, eggs over easy, sushi, steak tartar, and oyster shooters (3-603.11):

1a. Describe your consumer advisory for raw or partially cooked foods (3-603.11):

2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier (3-402.11 & 3-402.12)?

- ❑ On-site — Provide your procedure on parasite destruction (*A freezer used for parasite destruction must maintain – 4°F for 7 days. Measure and record temperature of freezer unit daily.)*
- ❑ Off-site — Supplier: Provide the name of your supplier and documentation to show parasite destruction. *(Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 3-402.11.)*

3. List your food suppliers for the following (Chapter 3, Section 2):

Category	**Supplier(s)**
Game meats (e.g., emu, ostrich, elk)	
Raw or partially cooked fish products (e.g., lox, ceviche, raw oyster, sushi)	
Fresh or live shellfish	
Wild mushrooms *Provide buyer specification form*	

4. Describe any special food processing within your facility (smoking or curing meats, reduced oxygen packaging such as sous vide, canning, sprouting beans) (Chapter 3-502):

5. Will you have an outdoor cooking and/or beverage dispensing operation? Yes___ No___ If yes, please answer 5a-d (3-201.18).

5a. How will food/beverages be protected from insects, birds, dust, overhead leakage, and other potential sources of contamination?

5b. What type of outdoor cooking equipment will be used?

Note: Outdoor cooking is limited to the use of a barbecue, hearth oven, tandoori oven, barbecue pit or other similar cooking equipment.

***Not allowed** are flat top grills or griddles, woks, steamtables or other cooking, storage or holding devices designed or intended to be used inside of a food service establishmen. (3-201.18).*

5c. How will food service employees monitor outdoor cooking and/or beverage dispensing operations?

5d. When not in operation, how will the cooking and/or beverage operation be designed and secured to protect the food, equipment, utensils, etc. from potential contamination?

6. Do you plan to have open-air dining via unprotected outer openings such as large windows, moveable walls, rollup doors, etc? Yes___ No____

   If yes, provide your pest control plan to prevent insects, rodents and birds from entering the facility (6-202.15):

Holding Food Temperatures Cold & Hot

(Chapter 3-501)

1. Refrigerated food must be maintained at 41˚F or colder. How did you determine the amount of cold storage/holding that you will need for your operation (4-301.11)?

2. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41˚F or colder (4-203.12, 4-204.112, 4-502.11)?

3. Refrigerator Units (4-301.11)

List size, description/manufacturer, and what will be stored in each:

Refrigerator Number	Size/capacity	Manufacturer or Description	Type of food stored inside

Note: Add pages as needed

4. Is an ice machine provided and indirectly drained? Yes__ No__
(5-402.11)

5. If ice is purchased, who is your supplier? _____

6. If you will be using ice for keeping food cold such as in a salad bar, how should the food be stored in the ice? Please describe:

7. Will time without temperature control be utilized as a public health control (3-501.19)? Yes___ No___

7a. If yes, describe process and monitoring procedures. Written procedures are required to be maintained in the facility:

8. Describe your procedure for date marking of ready-to-eat potentially hazardous food items (3-501.17)?

9. How will you store raw animal food to prevent contamination of ready-to-eat food (3-302.11)?

Note: When storing raw animal products above one another, their storage should be based on the final required cooking temperature of each animal product. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g., raw fish above raw ground beef). This also applies to food storage in freezer units unless the food is stored in commercially processed, unopened packages. (3-302.11)

10.How and where will frozen food be thawed (3-501.13)?

11. What type of equipment will you use for holding food hot? How will you ensure that food is at the required temperature throughout the day?

12.Describe how food temperatures (hot and cold) will be maintained while in transport and at the catered site or satellite kitchen(s)?

Note: Required holding temperatures and cooling requirements are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

Cooling

1. In the appropriate box, list menu items of food items that will be cooled. *Note: continues onto next page*

Cooling Method	Solid Food (roast, turkey, solid cuts of meat)	Soft, Thick Food (refried beans, rice, potatoes, stews, soups, sauces & chili)	Liquid Food (thin broths)
Shallow Pans*			

Ice Baths**			
Reduce Volume or Size			
Blast Chiller			
Other (Describe)			

* Adequate and appropriate refrigeration is required
** Food-preparation sink and ice machine are required

2. How will food handlers know that the food has cooled from 135°F to 70°F within two hours and then from 70°F to 41°F within 4 hours?

Cooking & Reheating

1. Describe how the food worker will know when raw animal products are fully cooked (3-401.11):

Note: Required cooking temperatures are listed in the "Food Safety: Your Self-Training Manual" or in the "Food Sanitation Rules" both can be obtained from your local health department or at this website: www.healthoregon.org/foodsafety

2. How will the cook know that all parts of the food being reheated has reached at least 165°F for 15 seconds within 2 hours?

3. List type of units used for reheating and hot holding foods.

Self Service

1. Will you provide self-service food to your customers? Yes__ No__

2. How will you protect food in self-service areas from customer contamination (3-306.11 & 3-306.13)?

Food Sanitation Rules

OAR 333-150-0000

1. Do you have a copy of the Food Sanitation Rules? Yes__ No__

The rules are online at: www.healthoregon.org/foodsafety. If you do not have access to the Internet, you can obtain a copy from the Local Public Health Authority.

2. Do you know how to locate specific information in the rules? Yes__ No__

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____ Date _____

_____ Date _____

_____ Date _____

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).

If you need this information in an alternate format, please call 971-673-0185.