Deschutes County Environmental Health
2577 NE Courtney Dr. Bend, OR 97701
Bend, OR 97701
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Intermittent and Seasonal Temporary Restaurant Operational Plan Review Application

An Operational Plan Review is required before an Intermittent or Seasonal Temporary Restaurant License is issued. The purpose of the Operational Plan Review is to ensure that the food managers and employees are trained and have the correct equipment available to prevent a foodborne illness outbreak. Refer to the Temporary Restaurant Operation Guide to help you develop your Operational Plan. http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/temprest08.pdf

1. **Identify the type of temporary restaurant** that you are requesting to operate.

☐ **Intermittent Temporary Restaurant** is a food operation at a specific location in connection with multiple public events having different oversight organizations, at least two events arranged by different organizations. Example: (Festival of Flags, Pole Pedal Paddle, and a concert – all within a 30-day period - Les Schwab Amphitheater). The location must remain the same and the menu is not altered. This license expires after 30 days.

☐ **Seasonal Temporary Restaurant** is a food operation at a specific location in connection to an event arranged by one oversight organization. The location remains the same and the menu is not altered. Examples: Farmers market or Little League. This license expires after 90 days.

2. **Food Booth Name** _____

Person in Charge of Booth: _____ Day Phone _____

Mailing Address _____

Email Address _____

Signature _____

For Office Use Only: **Fee Received $**_____
Application Approved? **Yes** **No**
Inspector Comments:

_____

_____

License Fee - $159 if rec'd less than 7 calendars days prior to event
Intermittent - $133 if rec'd 7 or more calendar days prior to event
Seasonal - $133 if rec'd 7 or more calendar days prior to event
Operational Review Fee - $90 Re-Check Fee - $90

Benevolent Seasonal - $66
Benevolent Intermittent - $66
Benevolent Operational Review Fee - $45

3. Off-Site Facility

If off-site facilities are used for food preparation, storage or utensil storage, list all the off-site facilities you will use under this license. Write facility names and contact information in the space below. Add sheets if needed. They must be licensed facilities.

Facility Name	Address	Phone

4. Menu

Attach a current menu; or list all menu items (make copies of page if needed). Changes in menu require a new operational review, so be sure to include all menu items.

Food Item	Preparation on-site/off-site	Food Item	Preparation on-site/off-site
e.g., chicken rice soup	/ x		/
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5. **Food Temperature Control** (include equipment/devices used for temperature control and monitoring)

a. How will the food be cooked, cooled and held cold?

b. How will food temperatures be maintained during transport?

c. How will food be protected from contamination during transport and at the booth?

d. Will reheating occur off-site in addition to the event site? Yes☐ No☐

e. How will food be reheated?

f. How will food be kept hot?

g. How will you monitor food temperatures? What type of thermometers?

h. When is the food cooked?

6. **Leftovers** - What will happen to prepared food that is leftover?

7. **Ice Source – Where is it from?**

8. **Food Supplier -** Meat, Poultry, Fish, Shellfish, Produce, Dairy

_____

_____

9. **Describe your plan for dealing with ill workers?**

_____

_____

_____

10. **Describe how you will train your employees to prevent bare hand contact with ready-to-eat food?**

_____

_____

_____

11. Booth Construction
Describe the type of overhead protection provided.

_____

_____

Describe the type of floor provided to effectively control mud and dust.

_____

_____

If pests are present, describe how you will protect the booth from pests.

_____

_____

_____

12. Diagram/Pictures
Attach a diagram and pictures of the booth's layout. Include handwashing facilities, food storage, cooking equipment, utensils, food preparation surfaces, utensil/equipment washing facilities, cold/hot holding storage, single service products, and sanitizer. Please use graph paper for diagram.

13. Food Handler Cards
Provide a copy of your food handler or food manager training certificate/card.

14. Location of Event(s)

Address _____

City _____

15. Infrastructure: Does this site provide the following?

Public water ☐ yes ☐no Restrooms☐ yes ☐no

Sewage disposal ☐ yes ☐no Handwashing ☐ yes ☐no

16. If no to any of the above, how will you address each of these items?

_____

_____

_____

17. Oversight Organization of the Event(s)

Oversight Organization's Name _____

Name of Event(s) _____

Coordinator _____ **Phone** _____

Coordinator's Email _____ **Cell** _____

Services Provided by the Oversight Organization
(e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

_____

_____

Dates of Food Service (start date/end date) _____

Days &Times of Food Service (Booth) Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Anything else? _____

Intermittent temporary restaurant applicants

Make copies of this page for additional events that will occur at this location under your intermittent temporary restaurant license.

Oversight Organization of the Event(s)

Organization's Name _____

Name of Event _____

Coordinator _____ **Phone** _____

Coordinator's Email _____ **Cell** _____

Services Provided by the Oversight Organization
(e.g., garbage collection, portable toilets, ice, gray water collection/disposal site) _____

_____

Dates of Food Service (start date/end date) _____

Days &Times of Food Service (Booth) Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Are there any additional comments regarding your operation?

_____

_____

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