

APPLICATION FOR CATERING AT A HOST FACILITY

| THIS SECTIC | THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE | | | | | |
|---|--|--------------|----------------------|---------------------|---------------|--|
| CATERER FACILITY INFORMATION | | | | | | |
| Name of Caterer: | | | | Phone Number | Phone Number: | |
| Permanent Food Fa | acility Address: | | City: | State: | Zip: | |
| Name of Owner: | | | Email: | | | |
| | REQUIREMENT | S FOR CATE | RING AT A HOST FACI | LITY | | |
| The Caterer must prepare a written description of proposed standard operating procedures (SOP) including all proposed catering activities. The SOP will be reviewed for approval by Environmental Health Services (EHS). Once the SOP is approved, a field consultation will be required for an onsite evaluation at the proposed Host Facility location. A signed and approved copy of this document must be maintained with your Catering operation during all operating hours. The Catering operation must pay a fee for EHS consultation time. The fee includes reviewing the SOP and performing the | | | | | | |
| minutes of inspect | on-site consultation. EHS consultation time will be billed to the Caterer at the current rate with a minimum charge for the first 30 minutes of inspection time. | | | | | |
| At each event the Caterer shall operate no more than four hours in any 12 hour period. A Catering operation shall be a permanent food facility under permit with San Bernardino County EHS. | | | | | | |
| I HEREBY SUBMIT AN APPLICATION TO CATER AT A HOST FACILITY AND THE STANDARD OPERATING PROCEDURES (SOP) in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and San Bernardino County pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the operation of the business. | | | | | | |
| Initials I understand that any construction, alteration or repair, including but not limited to, menu change, equipment changes, or procedures listed on this approved form will require additional review and written approval by EHS. | | | | | | |
| Electronic Signature Only By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form. | | | | | | |
| Signature: | | | | | | |
| Print Name: Title: | | | | | | |
| For Office Use Only | | | | | | |
| Fee: | FA Number: | Record ID: | | Program Identifier: | | |
| PE Number: | | SR Number: | | FDA Category: | | |
| Received By: | | Plan Checker | cker Initials: Date: | | | |

| | STANDARD OPERATING PROCEDURES | | | | |
|----------|---|--|----------------------------|------------------|--|
| Tho | Catoror | REQUIRED DOCUMENTS must generally describe the type of food service and how the food is prepared | and sorved to the sustemer | | |
| rne ✓ | | the following items as you include them with the SOP. | | • | |
| • | Chook | | ne Caterer must prepare an | d store all food | |
| | 1 | Permit Verification : Verification of health permit at permitted food facility. The Caterer must prepare and store all food and equipment at their permitted food facility. | | | |
| | 2 | Site Layout: Provide a drawing of the catering site layout of all the food operation which indicates the equipment arrangement. | | | |
| | 3 Equipment Specification Sheets: Submit specification or cut sheets for your equipment, including the portable mechanical refrigeration and portable hand-washing sink carts that will be utilized during a Catering event. Provide documentation that shows the certification for sanitation and electrical standards by an American National Standards Institute (ANSI) accredited certification program for all food equipment. | | | | |
| | 4 | Menu: List all food and beverage items to be offered. | | | |
| | 5 | Food Manager Certification : Provide proof that an owner, manager, or employee has a valid Food Manager certificate or card. | | | |
| | 6 | County Food Handler Card : Provide documentation that all food workers have a valid San Bernardino County Food Handler Card. | | | |
| | ⁷ Log: A written log must be maintained for a minimum of 90 days after each event, to include the event organizer name and contact information, location of service, and list of foods and beverages served. When operating at a Host Facility, the log shall include your menu and location/date/time of operation. Please describe how you will log this information and provide a sample of that log. | | | | |
| | | FOOD PRODUCTION | | | |
| 1 | MENU | DESCRIPTION | | | |
| | Indicate all the food and beverage items to be offered in the space below or as an attachment if more space is needed. Indicate where the food item will be prepared. | | | | |
| | Food Item | | Permitted Food Facility | On-Site | |
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| 2 | HANDWASH SINK: |
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| Han | dwaab aink aball ba maintai |

Handwash sink shall be maintained and available at food service location. The water temperature of the handwashing sink must be 100°F - 108°F. Handwash sinks must be equipped with single-use hand soap and paper towels in adjacent dispensers. Provide information regarding the proposed Catering handwashing facility. Specify the proposed equipment (e.g., water supply tank size, waste tank size, and the energy input of the hot water heater in either BTU or KW).

Handwash Sink (Make/Model):

Equipment (Size):

3 ENCLOSURE:

All food preparation, as well as exposed or unprotected food, shall be within an approved enclosure. The ceiling, walls and floors of the enclosure shall be constructed of acceptable materials. Describe how food service area is protected from contamination (e.g., indoor location, 4-side booth, outdoor location, materials use for enclosure, etc.).

Enclosure Description:

Construction Material:

4 FOOD SERVICE EQUIPMENT AND UTENSILS:

List equipment and utensils that will be used. Specify the equipment's use and function (i.e., extra serving utensils when a 3 compartment sink is not available).

| Equipment (Make/Model) | Intended use during food preparation or Catering event | | |
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| 5 TRANSPORTATION: | | | | |
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| Food shall be transported in a vehicle that meets California Retail Food Code (CalCode) requirements. Describe the procedures for transportation to and from the permitted food facility and procedures to prevent contamination of the food during service. | | | | |
| Transport Vehicle: | | | | |
| | Holding area does not drain liquid to street, sidewalk or premises. | | | |
| Hot Holding Method During Transport: (135°F and above): | | | | |
| | Cold Holding Method During Transport: (41°F and below): | | | |
| 6 STORAG | | | | |
| | e food and | equipment will be stored at the permitted food facility. | | |
| Food Storage: | | | | |
| Equipment: | | | | |
| 7 FOOD H | OLDING T | EMPERATURES AT THE EVENT: | | |
| Note all PHF r unless the foo thermometer r | nust be ke d was held neasuring | ing how hot holding and cold holding potentially hazardous foods (PHF) will be maintained until service. pt at 41°F or below, or 135°F or above. PHF not consumed or sold by the Catering operation are discarded, I at required temperatures and protected from contamination at all times. A calibrated and accurate metal-probe from 0°F to 220°F shall be made available to check food temperatures. | | |
| Hot Holding Me (135°F and abo | | During Transport: | | |
| | | At Event: | | |
| Cold Holding Method (41°F and below): | | During Transport: | | |
| At Event: | | | | |
| Closing Procedures: During Transport: | | During Transport: | | |
| At Event: | | | | |
| | | ADDITIONAL REQUIREMENTS | | |
| Caterer Initials | Initial nex | xt to the below statements indicating that you understand and will abide by them. | | |
| | 1 | All food must be prepared at the approved permitted food facility. Home preparation of food is prohibited. Only limited food preparation, as defined in Cal Code, is allowed at an off-site food service event. | | |
| | 2 | When operating at an off-site food service event, a sign or business cards must be posted/provided at the event premises stating the Caterer's business name, address, and EHS permit number. | | |
| | 3 | All employees shall thoroughly wash their hands and, if any, portion of their arms exposed to direct food. | | |
| | 4 Mechanical refrigeration units are required to hold all PHF during operation; use of ice, portable coo blocks, or ice chests/coolers is prohibited. | | | |
| 5 A consultation fee must be paid for each consultation appointment by EHS. | | A consultation fee must be paid for each consultation appointment by EHS. | | |
| | 6 | Upon request, you must provide your operation schedule to EHS for inspection purposes. | | |
| / permitted food facility. | | | | |
| | 8 | Potable water shall be available during the off-site food service event for food processing and warewashing or must be provided by the Caterer. | | |
| | 9 | Utensils must be provided for individual use, eliminating the use of community dipping containers. | | |

| ADDITIONAL REQUIREMENTS, CONTINUED | | | | |
|--|---|---|----------|--|
| Caterer Initials | Initial next to the below statements indicating that you understand and will abide by them. | | | |
| | 10 | The Caterer must prevent consumers from utilizing their previously used plates or utensils, when returning to the self-service display. Utensils that become contaminated must be replaced with clean and sanitized utensils. | | |
| | 11 | Utensils used to serve food shall be replaced every four hours or sooner if observed to be mishandled by the guest, dropped, or otherwise contaminated during the serving process. | | |
| | 12 | The Caterer shall ensure all garbage and refuse is disposed of properly. | | |
| | 13 | Liquid waste shall be disposed of through the approved plumbing system. | | |
| | | 4.01/01014/ | FRACHENT | |
| - | | ACKNOWL | EDGEMENT | |
| I understand and agree that if I make changes to my operating procedures, I must notify EHS. Revised SOP must be submitted to EHS. Failure to notify of any changes may result in permit suspension and/or closure. | | | | |
| Signature: | | | | |
| Print Name: | | | Title: | |
| Electronic Signature Only By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form. Date: | | | | |