



MOORE COUNTY

Temporary Food Establishment Vendor Application

Date Submitted
To Moore County

Contact Name

Best Contact
Number

THE TFE APPLICATION(S) AND THE REQUIRED FEE(S) MUST BE RECEIVED BY MCEH AT LEAST FIFTEEN (15) CALENDAR DAYS PRIOR TO THE EVENT, OR THE APPLICATION SHALL BE DENIED.

SUBMIT TO:

MOORE COUNTY CENTRAL PERMITTING
ATTENTION: ENVIRONMENTAL HEALTH
PO BOX 905, CARTHAGE, NC 28327
FOR QUESTIONS PLEASE CALL ENVIRONMENTAL HEALTH AT 910-947-6283

Event:

Event Location: (Street) (City) (Zip)

Event Dates: To: Hours: To:

Event Coordinator: (Name) (Number)

Coordinator Address:

Booth Name: Owner/Operator/Corp Name:

Owner/Operator Address: (Street#)

(City) (State) (Zip)

Phone Number: Email:

Name/Location of event worked immediately prior to this event:

1) Do you have an employee health policy *as required*? Yes: No: Copies are available with this packet

2) Will any food and/or drink be prepared at a food service establishment (FSE) prior to the event? This includes washing vegetables, marinating meat, or cooking completed at FSE.

No:

Yes: All food must be prepared in a permitted FSE, or a Temporary Food Establishment Commissary application must be submitted to obtain a permit. **If the permitted FSE is out of state, please call MCEH before completing this application.**

3) List any foods that are cooked and then placed in the refrigerator/freezer? Examples: Chili, nacho cheese, BBQ.

4) If the event is longer than 24 hours, what is done with leftover product?

5) If fresh produce is used how will it be handled? Produce includes potatoes, tomatoes, lemons, onions, etc.

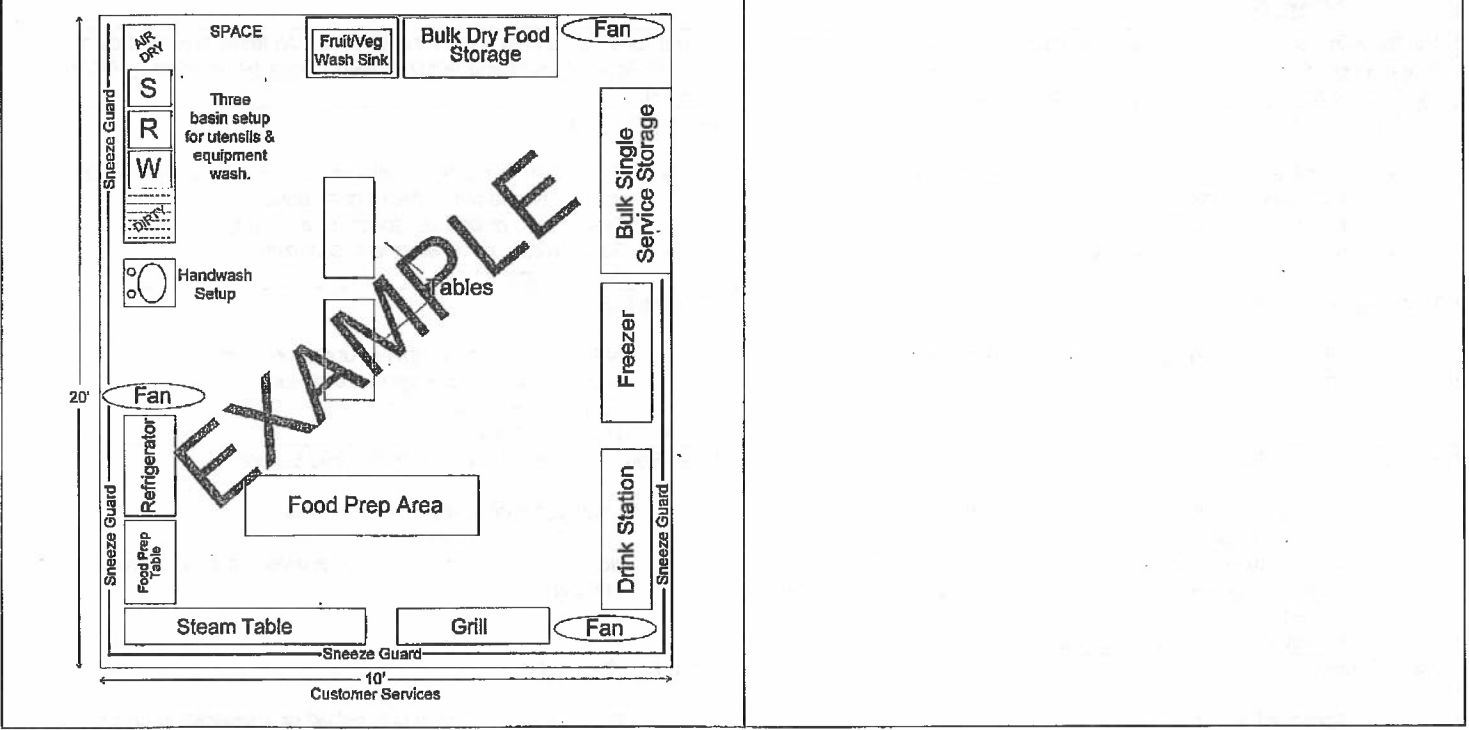
Purchase prewashed vegetables. Vendor will provide a produce sink. Washed at approved FSE (see question 2)

6) Will any animal food items such as beef, eggs, fish, shellfish, and poultry be offered raw or *under cooked*? ***Consumer Advisory must be posted

Yes – list items: No

14) Lighting in food service/storage areas: Shielded bulbs Shatterproof bulbs

15) Equipment Layout: Draw or attach a diagram showing the food booth set up. Drawing must show front service area, sneeze guards, handwashing station, utensil wash set up with air drying space, produce washing (if applicable), cooking equipment, refrigeration, hot/cold holding equipment, preparation areas, fan placement (if applicable), etc. Applications submitted without completed drawing will be **denied**.



Statement: I hereby certify that the above information is complete and accurate. I fully understand that:

- A pre-opening inspection (with electricity and equipment in place) of my temporary food establishment will be required before a permit will be issued.
- Food/drink that is prepared before permitting (without prior approval from MCEH) may result in disposal or embargo of the food/drink.
- Failure to maintain approved temperatures for potentially hazardous foods may result in disposal or embargo of the food.

Owner/Manager/Designee _____ Date _____

Food Employee Reporting Agreement

Reporting: Symptoms of Illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

Note: The PIC must report to the Health Department when an employee is jaundiced.

Reporting: Diagnosed Illnesses

I agree to report to the Person in Charge (PIC) when I have been diagnosed with:

1. Norovirus
2. Hepatitis A virus
3. *Shigella* spp. infection (shigellosis)
4. Shiga Toxin-Producing *Escherichia coli* (O157:H7 or other STEC infection)
5. Typhoid fever (caused by *Salmonella* Typhi)
6. *Salmonella* (nontyphoidal)

Note: The PIC must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of Illness

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, shigellosis, illness due to STEC, or Hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or Hepatitis A.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded* or restricted** from work.

*If you are excluded from work you are not allowed to come to work.

**If you are restricted from work you are allowed to come to work, but your duties may be limited.

Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until: 1) more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting, or 2) provide written medical documentation from a health practitioner indicating that the symptoms are from a noninfectious condition.

If you are excluded from work for exhibiting symptoms of Norovirus, *Salmonella* Typhi, nontyphoidal *Salmonella*, *Shigella* spp. infection, *E. coli* O157:H7 or other STEC infection, and/or Hepatitis A, you will not be able to return to work until approval from the Health Department is granted.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food Regulatory Authority that may jeopardize my employment and may involve legal action against me.

Employee Name (please print) _____ Signature of Employee _____ Date _____

PIC Name (please print) _____ Signature of PIC _____ Date _____