

CATERER (using a SHARED FOOD FACILITY) Application Packet

THIS PACKET INCLUDES THE FOLLOWING FORMS WHICH **NEED TO BE SUBMITTED ALONG WITH THE CURRENT FEE** FOR APPROVAL BY ENVIRONMENTAL HEALTH SERVICES (EHS) PRIOR TO YOUR OPERATION.

- 1. Health Permit License Application*
- 2. Caterer using a Shared Food Facility Permit Application and Questionnaire*
- 3. Shared Food Facility/Commissary Agreement is required for caterers using a shared food facility (a kitchen with a valid current health permit) to prepare foods for sale or to be served at a catered event. (NOTE: If your commissary is located outside the County of Marin **the commissary agreement must be completed and signed by the local ENVIRONMENTAL HEALTH SERVICES DEPARTMENT who issued the permit for your commissary.***
- 4. Fee (The current fee schedule is available on our food program website www.marincounty.org/ehs or by calling EHS at (415) 473-6907.*

Also included in this packet are the following documents for your information. Please read and familiarize yourself with all the requirements to operate a temporary food facility to ensure you will operate your business in accordance with the law.

- ✓ Time/Temperature Control Handout
- ✓ Handwashing Handout

Marin County Environmental Health Services thanks you for your efforts in making Marin County a unique and safe environment for all who enjoy what Marin has to offer.

If you have any questions about these requirements please call EHS at (415) 473-6907.

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TIME / TEMPERATURE CONTROL

TIME AND TEMPS: Controlling the temperatures of food during food preparation prevents the growth of disease-causing microbes in potentially hazardous foods. The range between 41 – 135° F is called the **Danger Zone** because bacteria can grow rapidly in this temperature range.

HAZARDOUS FOOD: **Potentially hazardous foods** support the rapid growth of disease-causing bacteria when these foods are kept in the Danger Zone. Examples of potentially hazardous foods include beef, poultry, pork, seafood, dairy products, eggs, cut melons and high protein foods such as beans, rice and noodles as well as cooked vegetables and garlic in oil.

HOLDING TEMPS:

- Store hot foods at or above 135° F.
- Store cold foods at or below 41° F.
- Store frozen foods below 32° F

THERMOMETERS: Provide rapid reading probe thermometers for checking the internal temperatures of the food.

- Sanitize the probe, clip and housing regularly. During the work shift you can sanitize using alcohol swabs.
- Install monitoring thermometers in all units in which potentially hazardous foods are stored.
- Consider using a record sheet for marking food temperatures during each shift if you store a lot of food on steam tables or in the top of prep refrigerators.

THAWING: PLAN AHEAD! Thawing at room temperature is unsafe, as this practice encourages the rapid growth of methods for potentially hazardous foods.

1. In a refrigerator or a walk-in, usually for one to four days.
2. Under COLD, RUNNING water.
3. In a microwave oven immediately before cooking.
4. During the cooking process.

COOKING Use probe thermometers routinely. Sanitize the probe before inserting it into food. Cook raw foods to the following minimum temperatures (Calcode section, 114040):

EGGS for immediate service	- 145° F or above for 15 seconds
FISH	- 145° F or above for 15 seconds
CUTS OF BEEF/LAMB/VEAL/PORK	- 145° F or above for 15 seconds
INJECTED MEATS	- 155° F or above for 15 seconds
GROUND OR CHOPPED MEAT or food Containing GROUND OR CHOPPED MEAT	- 145° F or above for 15 seconds

EGGS and FOODS containing EGGS not for immediate service	- 145° F or above for 3 minutes or 150° F 1 minute or 158° F for < 1 second
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POULTRY and GROUND POULTRY	- 165°F for 15 seconds
Stuffed FISH, MEAT, and Poultry	- 165° F for 15 seconds
Stuffing containing FISH, MEAT, POULTRY, Or PATTIES and stuffed pasta	- 165° F for 15 seconds

ROASTS BEEF/PORK/CURED PORK	- 150° F depending on weight
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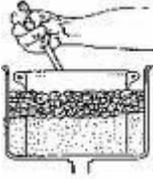


COOLING:

DO NOT COOL POTENTIALLY HAZARDOUS FOODS AT ROOM TEMPERATURE WITHOUT USING RAPID COOLING PROCEDURES.

If cooling is done quickly, disease-causing bacteria will not have time to grow.

Potentially hazardous foods must be cooled down from 135° F to 70° F within two (2) hours, and then from 70° F to 41° F or below within four (4) hours to prevent the rapid growth of disease causing bacteria. Use the following methods to actively control the cooling process:



- 1) Cool foods in small quantities.
 - a) Cool in long, shallow pans with a food depth of four inches or less. Foods with high densities such as refried beans, chili, or chowder should be cooled in a depth no greater than two inches.
 - b) Cut meat, poultry and roasts into smaller pieces before cooling.
- 2) If you cool under refrigeration, be sure to uncover or only lightly cover and periodically stir hot foods so that heat can escape. Foods of sufficiently small quantities in unsealed containers will not spoil or sour if put directly into refrigeration. Consider designating a refrigerator or freezer for cooling if you cook large quantities of food ahead of time.
- 3) Cool in an ice bath (with water); stir occasionally.
 - a) Foods generally cool faster in metal pans than in plastic pans. (Many plastics act as insulators.)
 - b) Cover foods after they cool.
- 4) Use a “cooling paddle” to cool liquid foods by stirring.

REHEATING:

Cooked foods which have been cooled and then reheated for hot holding must be reheated to a minimum temperature of 165° F within 30 minutes. (Quick reheating to high temperatures insures the destruction of microbes.)

STEAM TABLES:

KEEP FOODS HOT – 135° F or above in steam tables or other holding equipment (such as deli display warmers.)

- 1) Preheat the hot holding device before placing the hot food inside. (Add hot or boiling water to the steamer.)
- 2) Always preheat or reheat the food before placing it in the holding device. Use microwave or conventional ovens.
- 3) Never cook or reheat food in a hot holding device. Holding equipment is Designed only to HOLD food at hot temperatures. (Long reheating times allow bacteria to grow.)



HANDWASHING

HANDWASHING PREVENTS FOOD CONTAMINATION

- Food handlers may contaminate food by touching a source of bacteria with their hands and then touching food that they prepare or serve.

(The Center for Disease Control estimates that poor personal hygiene accounts for the contamination in 25% of all documented food illness outbreaks.)

WHERE CAN BACTERIA BE FOUND?

- ◆ On raw meat, poultry, and seafood. (Poultry, beef, and pork can be contaminated by disease-causing bacteria from internal organs during slaughtering, and seafood from polluted water.)
- ◆ In feces from humans, insects, and rodents.
- ◆ On contaminated equipment, food contact surfaces such as cutting boards and countertops, and filthy cloths.
- ◆ In the pus of pimples.
- ◆ In the mucus of the nose.
- ◆ In infected cuts on the worker's hands.

(Workers with cuts should always use clean bandages and sterile gloves or finger covers. Remember, gloves only protect food from bacteria located on the hands. Gloves can also become contaminated.)

WHEN IS IT IMPORTANT FOR FOODHANDLERS TO WASH THEIR HANDS?

- After handling raw meat, poultry, and seafood
- After visiting the restroom
- After sneezing and coughing
- After touching one's face, nose, and hair
- After smoking or eating
- After cleaning
- After handling money
- Before beginning work



Environmental Health Services
3501 Civic Center Drive, Room 236
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(415) 473-6907

www.marincounty.org/ehs

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COUNTY OF MARIN

HEALTH PERMIT LICENSE APPLICATION

<p>PERMIT TYPE (CHECK ONE):</p> <p><input type="checkbox"/> RESTAURANT # OF SEATS: _____</p> <p><input type="checkbox"/> MARKET OR BAKERY SQUARE FOOTAGE: _____</p> <p><input type="checkbox"/> CATERER</p> <p><input type="checkbox"/> TEMPORARY FOOD FACILITY</p> <p><input type="checkbox"/> MOBILE FOOD FACILITY</p> <p><input type="checkbox"/> FARMERS MARKET VENDOR</p> <p><input type="checkbox"/> COTTAGE FOOD OPERATOR</p> <p><input type="checkbox"/> OTHER FOOD (DESCRIBE) _____</p> <p><input type="checkbox"/> PUBLIC POOL # OF POOLS: _____ # OF SPAS: _____</p> <p><input type="checkbox"/> BODY ARTS</p> <p><input type="checkbox"/> MEDICAL WASTE</p> <p><input type="checkbox"/> HOUSING* # OF UNITS: _____</p> <p><small>*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE:</small></p>	<p>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> BUSINESS NAME</p> <p><input type="checkbox"/> BUSINESS CONTACT CHANGE</p> <p><input type="checkbox"/> BUSINESS LOCATION CHANGE</p> <p><input type="checkbox"/> BUSINESS MAILING ADDRESS</p> <p><input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION</p> <p><input type="checkbox"/> LEGAL OWNER MAILING ADDRESS</p> <p><input type="checkbox"/> OTHER: _____</p>
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ON-SITE MANAGER NAME _____ ADDRESS (INCLUDE APT OR UNIT #) _____ TELEPHONE _____

FACILITY INFORMATION

BUSINESS NAME (DBA)	HOURS of OPERATION
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BUSINESS ADDRESS

STREET ADDRESS _____ CITY _____ ZIP CODE _____

BUSINESS TELEPHONE:	ALTERNATE TELEPHONE NUMBER:
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BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX:

ADDRESSEE NAME <small>(IF DIFFERENT THAN BUSINESS NAME):</small>	
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MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

LEGAL OWNERSHIP **SELECT ONE:** SOLE PROPRIATORSHIP PARTNERSHIP INCORPORATED

NAME

MAILING ADDRESS

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE AND EMAIL:

TELEPHONE NUMBER: _____ FAX TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT PRINT NAME AFTER SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY	FEE	CHECK OR CC AUTH #	RECEIPT #	RECEIVED BY:
LICENSE NUMBER	ACCOUNT NUMBER			

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Caterer using a Shared Food Facility Permit Application and Questionnaire

GENERAL BUSINESS PLAN

WHERE WILL YOU SELL YOUR FOOD?

WHAT WILL BE THE APPROXIMATE HOURS AND DAYS PER WEEK YOU WILL BE WORKING AT THE COMMISSARY?

of hours: _____ per week # of days _____ per week

YOU ARE RESPONSIBLE TO ASSURE THAT ALL EMPLOYEES WHO HANDLE FOOD OBTAIN A CALIFORNIA FOOD HANDLER'S CARD (INCLUDING WAITSTAFF AND DISHWASHERS)

WHAT WILL BE THE APPROXIMATE NUMBER OF EMPLOYEES? _____

STANDARD MENU ITEMS

FOODS TO BE SERVED

COOKING PROCEDURE (fry, BBQ, steaming, etc.)

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

INGREDIENTS

SUPPLIER

CITY

Example: Tomatoes

Marin Produce

San Rafael

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

EQUIPMENT AND GENERAL SANITATION

EQUIPMENT DESCRIPTION:

Describe what equipment you will be using to keep foods at the proper temperature at the food facility, during transport, and at the event(s) you will be catering.

Cold Holding Equipment (<45°F) _____

Hot Holding Equipment (>135°F) _____

On-site Equipment (cooking, hot holding, cleaning and sanitizing) _____

How will you assure that utensils and equipment arrive at the site in a clean and sanitary condition?

What will you do to protect ready-to-eat foods from bare-hand contact? _____

What is your policy for ill employees? _____

How will Potentially Hazardous Foods be maintained at a safe temperature during transportation?

How will Potentially Hazardous Foods be maintained at a safe temperature during the catering function?

How will food be protected from contamination at outdoor events and self-service buffets? _____

COUNTY OF MARIN
SHARED FOOD FACILITY/COMMISSARY AGREEMENT

I. To be completed by APPLICANT — Please print or type.

Business Name	Bus. Phone	Bus. Fax
Business Address	City/State	Zip
Owner Name Address	Home Phone	E-mail

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. (Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)

Signature of Business Owner	Date
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II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

Commissary Name	Bus. Phone	Bus. Fax
Commissary Address	City/State	Zip
Commissary Owner Name	Home Phone	E-mail Address

I understand and agree to provide for the following requirements: (Check all that apply)

<input type="checkbox"/> sanitary wastewater disposal	<input type="checkbox"/> adequate storage for food/equipment
<input type="checkbox"/> potable water	<input type="checkbox"/> utensil washing
<input type="checkbox"/> proper disposal of refuse & garbage	<input type="checkbox"/> electrical hookups
<input type="checkbox"/> hot & cold water for vehicle cleaning	<input type="checkbox"/> toilet & handwashing facilities
<input type="checkbox"/> food preparation area	<input type="checkbox"/> overnight vehicle storage
<input type="checkbox"/> vehicle/cart storage (circle one) vehicle make/year _____ license plate # _____	

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager	Print Name	Date
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III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located outside of Marin County — Please print or type.

The food establishment is located in _____ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS	Print Name	Bus. Phone	Date
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