



COUNTY OF RIVERSIDE
DEPARTMENT OF ENVIRONMENTAL HEALTH

COMMUNITY EVENT TEMPORARY FOOD FACILITY
OPERATOR'S AGREEMENT FORM

Name of Event: Norco Horseweek Rodeo **Location of Event:** Ingalls Park, 3737 Creatview Ave

Dates and Times of Event: _____ **Name of Food Facility:** _____

Name of Owner: _____ **Name of Person in Charge:** _____

Check One: ☐ **Booth** ☐ **Mobile Food Facility**

If booth, describe enclosure: _____

Food and beverage to be served: _____

Where will food be prepared: _____

How will food/beverage be prepared and served: _____

List of cooking equipment: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Oven, # of units: | <input type="checkbox"/> Vertical Broiler, # of units: |
| <input type="checkbox"/> Fryer, # of units: | <input type="checkbox"/> BBQ, # of units: |
| <input type="checkbox"/> Flat grill, # of units: | <input type="checkbox"/> Stove or Range, # of units: |
| <input type="checkbox"/> Other (please describe): | |

Fire extinguisher? ☐ Yes ☐ No (Check with city/county fire department for rating)

How will cooking equipment be ventilated? _____

How will food be held hot (above 135°F)? _____

How will food be held cold (below 45°F)? _____

How will temperatures be monitored? _____

Describe hand wash setup: _____

Describe utensil wash setup: _____

What type of sanitizer will you be using? ☐ Chlorine (100ppm, soak 30 seconds)
☐ Quaternary Ammonia (200ppm, soak 60 seconds)

Do you have test strips to monitor the sanitizer concentration? ☐ Yes ☐ No

Will any food or equipment be stored outside of booth or mobile food facility? ☐ Yes ☐ No

If yes, how will food be dispensed, stored and protected; how will equipment be stored and protected?

I agree to adhere to the following requirements to operate at said event:

- Name of facility, city, state, zip code, and name of the operator shall be legible and clearly visible to patrons.
- Hand washing facilities shall be provided at operations handling my open food. Hand washing facilities shall be properly stocked and used as often as necessary to keep hands clean and protect food from cross-contamination. Note: gloves and/or hand sanitizer are not approved replacements for hand washing.
- All food and beverage items will be stored, displayed, prepared/ processed at an approved facility. If applicable: Cottage Food Operation Name: _____
Permit/ Registration Number: _____
- Cold and hot holding equipment shall be provided to ensure proper temperature control during transportation, storage, and operation of the temporary food facility.
- All potentially hazardous foods will be held at or below 45°F or at or above 135°F. At the end of the operating day, any foods held above 41°F shall be disposed of. Thermometers shall be provided to monitor temperatures.
- Ice is considered a food and shall remain off the ground, stored in clean sanitized food grade containers and properly dispensed by operator of the temporary food facility or in approved bulk dispensing unit(s).
- All equipment shall be maintained in a clean and sanitary condition.
- Equipment shall be washed in hot (minimum 100°F) soapy water, rinsed and sanitized either in a 3-compartment ware washing sink or 3-bucket system as approved by this department depending on length of event. Sanitizer testing equipment shall be on-site to measure concentration of sanitizer.
- Operations handling any open food must provide completely enclosed booths. Contact this department prior to event for approval of an alternative food protection means. • Significant changes of menu items shall be discussed and approved by this Department prior to event.

I understand these requirements and agree to operate in a manner to protect public health and food from possible contamination.

Name: _____ Date: _____

Contact Phone Number Day of Event: _____

Email: _____

PLEASE RETURN THIS PAGE TO tammynorman60@yahoo.com