## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT

(Application requirements are outlined in Chapter 8, TB MED 530/NAVMED P-5010-1/AFMAN 48-147\_IP)

The public reporting burden for this collection of information, 0702-0132, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs mc-alex.esd.mbx.dd-dd-dinformation-collections@mail.mli. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## INSTRUCTIONS:

The application is completed by the operator of the temporary food establishment (TFE). Separate applications must be submitted for <u>each</u> independently operated establishment regardless if managed by a single operator. Submit completed applications to the regulatory authority at least 7 days before an event. In addition, each operator must provide:

- A drawing depicting the operational layout of the temporary food establishment. The drawing should provide orientation to the following activities/areas: food storage, food preparation/cooking, food service, warewashing (if applicable), and employee handwashing;
- A drawing of the <u>entire event area</u> depicting the TFE site in relation to the potable water supply, electrical sources, the wastewater disposal area, lavatories, etc.

1. DATE SUBMITTED (YYYYMMDD)       2. NAME OF TEMPORARY FOOD ESTABLISHMENT					
3. NAME OF OPERATOR OR OWNER		4. MAILING ADDRESS			
5. TELEPHONE NUMBER		-			
6. NAME OF EVENT		7. DATE(S) AND TIME(S) OF EVENT/FOOD OPERATION			
8. DATE AND TIME TFE WILL BE SET UP AND INSPECTION:	READY FOR				
9. LIST ALL FOOD AND BEVERAGE ITEMS TO NOTE: Any changes to the menu must be sub.			-		
(1)	(2)				
(4)	(5)		(6)		
(7)	(8)		(9)		
(10)	(11)		(12)		
(13)	(14)		(15)		
(16)	(17)		(18)		
10. Will all foods be prepared at the TFE site?					
Yes – complete Attachment A	No* – c	omplete Attachments	A and B		
* If No, the operator must identify the permanent food establishment where the food will be prepared; food establishments operating off the installation require additional assessment by the Regulatory Authority for approval.					
11. Describe (be specific) how frozen, cold, and hot foods will be transported to the TFE (e.g., conveyance method & temperature controls):					

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12. How will food temperatures be monitored during the event?						
13. Identify the sources for each meat, poultry, s	eafood, and shellfish item, and ice:					
a. Item / Source	b. Item / Source					
c. Item / Source	d. Item / Source					
e. Item / Source	f. Item / Source					
14. How many (total) food employees will be working at the TFE?	Using <b>Attachment C</b> , provide the names and phone numbers of all TFE workers (paid workers and volunteers).					
15. How many handwashing facilities will be ava						
Describe the location(s) and handwashing facility	y set up (type of device) to be used by the TFE employees:					
<ol> <li>Identify the potable water supply source and water) is to be used, provide the results of the m</li> </ol>	<b>describe how water will be stored and distributed at the TFE.</b> If a non-public water supply (well ost recent water tests.					
, , ,						
17 Describe where utensil washing will take pla	ce. If no facilities are available onsite, describe the location of back-up utensil storage.					
18. Describe how and where wastewater from ha	nd washing and utensil washing will be collected, stored, and disposed:					
19. Describe the number, location, and types of	garbage disposal containers at the TFE and the event site:					

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20. Describe the floors, w	valls, ceiling surfaces, and lighting within th	he TFE:			
21. Additional informatio	n about the TFE that should be considered	:	Number of a	ittached continuation pages:	
deviation from the event sponsor may	<b>TEMENT:</b> I hereby certify that the ab above without prior permission from y nullify final approval.			d representative and the	
a. APPLICANT/OWNER	SIGNATURE:			b. Date:	
c. CO-APPLICANT/CO-O	d. Date:				
23. REGULATORY AUTHORITY: Approval of these plans and specifications by this Regulatory Authority does <u>not</u> indicate compliance with any other code, law or regulation that may be required (i.e., Federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the food establishment with equipment in place and operational will be necessary to determine if it complies with the Tri-Service Food Code and local and state laws governing food service establishments.					
Approved	Date (YYYYMMDD):	Disapproved	Date (	YYYYMMDD):	
Establishment Restrictions:		Reason(s) for Disapprova	al:		
24. AUTHORIZED DATES	TO OPERATE				
25.a. REVIEWER (Print full	name and rank)				
b. TITLE					
c. SIGNATURE			d. DATE		

INSTRUCTIONS:         Indicate         NuM if the action is not applicable to the operation. Where applicable, identify the period used and the name of the equipment used to conduct the action.           1. Food Item         2. Thaw (How and Where?)         3. GutWath/ Assemble (Where?)         6. Cold Holding (How and Where?)         6. Hot Holding (How and Where?)         7. Reheating (How and Where?)         8. Condmoting (How and Where?)         7. Reheating (How and Where?)         8. Condmoting (How and Where?)         8. Condmoting (How and Where?)         7. Reheating (How and Where?)         8. Condmoting (How and Where?)         8. Condmoting (How and Where?)         7. Reheating (How and Where?)         8. Condmoting (How and Where?)         8. Cond (How and Where?)         8. Condmoting (How and Where?)<	ATTACHMENT A - FOOD PREPARATION AT THE TEMPORARY FOOD ESTABLISHMENT							
(How and Where?) Assemble (How and Where?) (How and Where?) (How and Where?) (How and Where?) (How?) Pre-Portioned	INSTRUCTIONS: Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.							
Image: Second	1. Food Item	2. Thaw (How and Where?)	Assemble	4. Cold Holding (How and Where?)		6. Hot Holding (How and Where?)	7. Reheating (How?)	Pre-Portioned
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ATTACHMENT B - FOOD PREPARATION AT PERMANENT FOOD ESTABLISHMENT SUPPORTING THE TFE							
INSTRUCTIONS: Indicate "N/A" if the action is not applicable to the operation. Where applicable, identify the type of method used and the name of the equipment used to conduct the action.							
1. Food Item	2. Thaw (How and Where?)	3. Cut/Wash/ Assemble (Where?)	4. Cold Holding (How and Where?)	5. Cook (How and Where?)	6. Hot Holding (How and Where?)	7. Reheating (How?)	8. Commercial Pre-Portioned Package (Y/N)
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ATTACHMENT C - TEMPORARY FOOD ESTABLISHMENT EMPLOYEE LOG							
1. Name (print first & last)	2. Date	3. Duty Assignment (Work Station)	4. Time In	5. Time Out			

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