

CITY OF JOPLIN TEMPORARY EVENT REQUIREMENTS

PHF = Potentially Hazardous Food

- **NO PHF** - a vendor that does not serve PHF's
- **LOW** – a vendor that is serving PHF's at an event that is 6 hours or less
- **MEDIUM** – a vending operation that is serving PHF's at an event that is greater than 6 hours but less than 4 days
- **HIGH** – a vending operation that is serving PHF's at an event that is 4 to 14 days and/or an event with a / or the potential for high insect (flies) presence.

REQUIREMENTS	NO PHF	LOW	MEDIUM	HIGH
Food and single use service articles stored 6 “ off ground	X	X	X	X
Food from approved source	X	X	X	X
Proper cooking temps for PHF's.		X	X	X
Ice drained for canned or bottled drinks stored in direct contact	X	X	X	X
No bare hand contact for ready to eat foods	X	X	X	X
Hair restraints	X	X	X	X
Chemical hand wipes or sanitizer	X	X		
Hand washing facility			X	X
Sufficient Hot and Cold Holding (≤41°F for cold foods, ≥ 140°F for hot foods)		X	X	X
Food and equipment thermometers		X	X	X
Sanitizer testing papers	X	X	X	X
Sanitizer and wiping cloths	X	X	X	X
Potable water (handwashing, food prep, warewashing if required)			X	X
3 vat system for warewashing. Extra utensils may be sufficient in some situations. Check with Health Dept.	X	X	X	X
Food stored in covered containers for outdoor events	X	X	X	
Overhead protection if product is not protected by packaging, storage container or fully enclosed equipment	X			
Overhead protection (water resistant)		X	X	
Screening or fans for insect control for events held between May through September			X	
Fully enclosed insect proof facility with water resistant overhead				X
No smoking or eating in food prep areas. Except for covered drinks.	X	X	X	X
Food contact surfaces smooth and easily cleanable	X	X	X	X
Trash can adjacent to facility and a covered receptacle in facility	X	X	X	X
Restroom available during hours of operation within 500ft	X	X	X	X
If liquid waste is produced a system to collect waste for proper disposal.	X	X	X	X
Review handout “Guidelines For Temporary Food Events” for greater explanation of requirements	X	X	X	X

The Health Department may make additional requirements or limit food preparation as it deems necessary.

Please contact the Joplin Health Department for additional information

Phone 417-623-6122.

RT 4/2008

TEMPORARY EVENT APPLICATION

DATE _____

1. NAME OF ORGANIZATION _____

2. ADDRESS _____

3. PERSON IN CHARGE OF PROJECT _____
ADDRESS _____ PHONE _____

4. DATES OF EVENT _____

5. LOCATION OF EVENT _____

6. MENU FOR EVENT _____

7. SOURCE OF FOODS FOR EVENT _____

8. PLEASE CONTACT LINDA FOULKS, CITY FINANCE DEPARTMENT, AT (417) 624-0820, EXT.242, FOR CITY LICENSURE REQUIREMENTS.

FOLLOW TEMPORARY FOOD SERVICE GUIDELINE INCLUDED WITH FORM.

PLEASE COMPLETE AND RETURN TO THE JOPLIN HEALTH DEPARTMENT. FAX# 624-6453, TELE# 623-6122.

By signing I agree to meet all of the requirements set forth for food vending by the City of Joplin for temporary food establishments.

Signature:

Date _____

Person in Charge