



## Intermittent and Seasonal Temporary Restaurant Operational Plan Review Application

An Operational Plan Review is required before an Intermittent or Seasonal Temporary Restaurant License is issued. The purpose of the Operational Plan Review is to ensure that the food managers and employees are trained and have the correct equipment available to prevent a foodborne illness outbreak. Refer to the Temporary Restaurant Operation Guide to help you develop your Operational Plan.

<http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/temprest08.pdf>

### 1. Identify the type of temporary restaurant that you are requesting to operate.

**Intermittent Temporary Restaurant** is a food operation at a specific location in connection with multiple public events having different oversight organizations, at least two events arranged by different organizations. Examples: Rose Festival and Blues Festival. The location must remain the same and the menu is not altered. This license expires after 30 days.

**Seasonal Temporary Restaurant** is a food operation at a specific location in connection to an event arranged by one oversight organization. The location remains the same and the menu is not altered. Examples: Farmers market or Little League. This license expires after 90 days.

### 2. Food Booth Name

Person in Charge of Booth: \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

**For Office Use Only:** Fee Received \$ \_\_\_\_\_

Application Approved? Yes No

Inspector Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Off-Site Facility**

If off-site facilities are used for food preparation, storage or utensil storage, list all the off-site facilities you will use under this license. Write facility names and contact information in the space below. Add sheets if needed. They must be licensed facilities.

<u>Facility Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Menu**

Attach a current menu; or list all menu items (make copies of page if needed). Changes in menu require a new operational review, so be sure to include all menu items.

<u>Food Item</u>	<u>Preparation on-site/off-site</u>	<u>Food Item</u>	<u>Preparation on-site/off-site</u>
<u>e.g., chicken rice soup</u>	/ <input checked="" type="checkbox"/>	_____	/
_____	/	_____	/
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_____	/	_____	/

**5. Food Temperature Control** (include equipment/devices used for temperature control and monitoring)

a. How will the food be cooked, cooled and held cold?

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b. How will food temperatures be maintained during transport?

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c. How will food be protected from contamination during transport and at the booth?

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d. Will reheating occur off-site in addition to the event site? Yes  No

e. How will food be reheated?

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f. How will food be kept hot?

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g. How will you monitor food temperatures? What type of thermometers?

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**6. Leftovers** - What will happen to prepared food that is leftover?

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**7. Ice Source – Where is it from?**

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**8. Food Supplier** - Meat, Poultry, Fish, Shellfish, Produce, Dairy

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**9. Describe your plan for dealing with ill workers?**

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**10. Describe how you will train your employees to minimize bare hand contact with ready-to-eat food?**

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**11. Booth Construction**

Describe the type of overhead protection provided.

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Describe the type of floor provided to effectively control mud and dust.

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If pests are present, describe how you will protect the booth from pests.

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**12. Diagram/Pictures**

Attach a diagram and pictures of the booth's layout. Include handwashing facilities, food storage, cooking equipment, utensils, food preparation surfaces, utensil/equipment washing facilities, cold/hot holding storage, single service products, and sanitizer. Please use graph paper for diagram.

**13. Food Handler Cards**

Provide a copy of your food handler or food manager training certificate/card.

**14. Location of Event(s)**

Address \_\_\_\_\_

City \_\_\_\_\_

**15. Infrastructure:** Does this site provide the following?

Public water  yes  no

Restrooms  yes  no

Sewage disposal  yes  no

Handwashing  yes  no

**16. If no to any of the above, how will you address each of these items?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. Oversight Organization of the Event(s)**

**Oversight Organization's Name** \_\_\_\_\_

**Name of Event(s)** \_\_\_\_\_

**Coordinator** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Coordinator's Email** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Services Provided by the Oversight Organization**  
(e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)  
\_\_\_\_\_

**Dates of Food Service** (start date/end date) \_\_\_\_\_

**Days & Times of Food Service (Booth) Operation**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

**Anything else?** \_\_\_\_\_

**Intermittent temporary restaurant applicants**

**Make copies of this page for additional events that will occur at this location under your intermittent temporary restaurant license.**

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**Oversight Organization of the Event(s)**

**Organization's Name**

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**Name of Event**

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**Coordinator**

**Phone**

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**Coordinator's Email**

**Cell**

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**Services Provided by the Oversight Organization**

(e.g., garbage collection, portable toilets, ice, gray water collection/disposal site)

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**Dates of Food Service** (start date/end date)

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**Days & Times of Food Service (Booth) Operation**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

**Are there any additional comments regarding your operation?**

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