

# Temporary Food Service Plan

Office Use Only: Sanitarian: _____ Date _____ Contact Person _____
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## Person-In-Charge

Name	
Address	
Phone Number	

## Event

Name	
Location	
Date(s)	
Time you will be ready for an inspection	

**Menu: Food must be prepared at event. No home cooked foods will be permitted.**

Food	Where Purchased	Who Prepared	Where Prepared	When Prepared

(Continue on separate sheet of paper if more room is needed)

Please circle equipment that will be used at event:

Cooking	Cold Holding	Hot Holding	Hot Water
Stove	Refrigerator	Warmer	Water Tank
Grill	Freezer	Roaster	Coffee Pot
Fryer	Ice Chest	Steam Table	

## Handwash Facilities (circle one)

Handwash Sink	Water cooler or coffee urn with spigot
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## Utensil/Dishwashing (circle one)

3 compartment sink (wash, rinse, sanitize)	3 buckets or basins (wash, rinse, sanitize)
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## Temperature Monitoring (circle one)

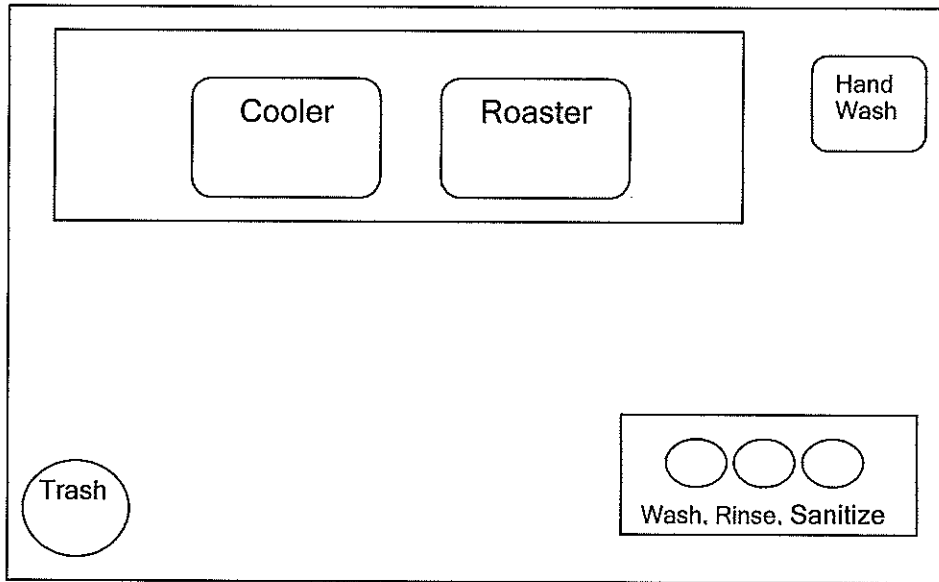
Metal stem thermometer	No potentially hazardous food (Temperature monitoring not required)
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(continued on back)

# Temporary Food Service Operation Layout

You must include the following in your drawing:

- Handwash station
  - Utensil/Dishwashing (3 compartment sink or 3 basins)
  - Hot Holding Units
  - Cold Holding Units
  - Trash Receptacles
- Example:



Please make a drawing of your temporary food service operation here:

A large, empty rectangular box provided for the student to draw their own temporary food service operation layout, incorporating the required elements listed above.