



FULTON COUNTY HEALTH DEPARTMENT

606 S. SHOOP AVENUE
 WAUSEON, OHIO 43567-1712
 TELEPHONE 419-337-0915
 FAX 419-337-0561
 WIC 419-337-6979
www.fultoncountyhealthdept.com
fcfd@fultoncountyoh.com

Temporary Food Service Plan

Person-In-Charge

Name	
Address	
Phone Number	
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

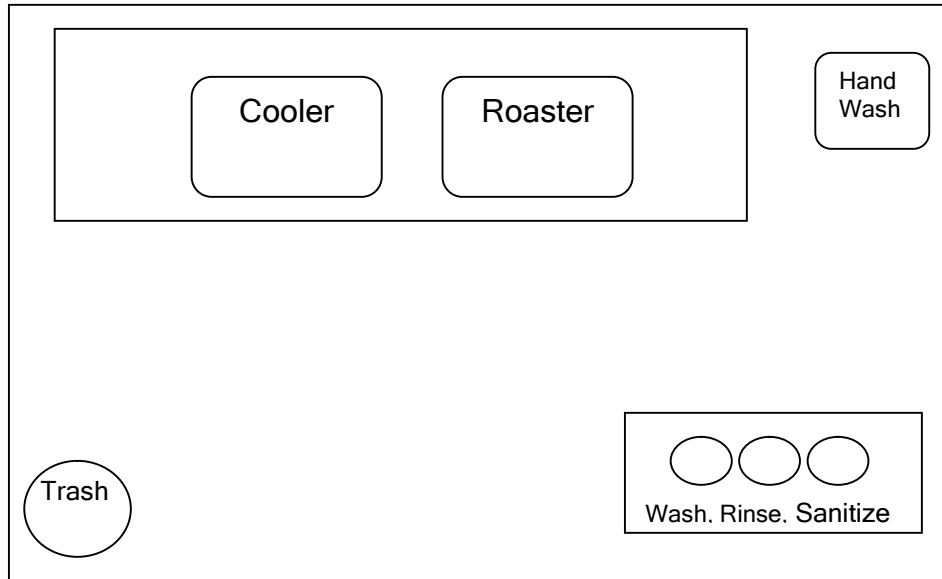
Utensil/Dishwashing (3 compartment sink or 3 basins)

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 with a thin black border, intended for the user to draw their own temporary food service operation layout.

Office Use Only:
Sanitarian: _____ Date _____
Contact Person _____