

# 5K DIABETES AWARENESS RUN/WALK Earle May Boat Basin 100 Boat Basin Circle Bainbridge, GA 39817 6:30 AM Registration, 8 AM Run/Walk September 21, 2024 www.ebsmartenterprise.org

E. B. Smart Enterprise LLC

September 21, 2024

Dear Potential Vendor,

Do you know that diabetes has increased dramatically in the United States in recent years?

Do you know that diabetes is a debilitating disease that is most prevalent among minority populations? Do you know that diabetes could be prevented?

Answers to these questions led E. B. Smart Enterprise to organize a Diabetes Run/Walk to create awareness of the increasing problem of diabetes among minority populations and how this debilitating disease and its complications could be prevented.

However, we cannot do this alone. We need community partners like you to support our efforts in this endeavor. For this reason, we would like to request you to be one of our community partners by becoming sponsors of the Diabetes Awareness Run/Walk to be held on Saturday, September 21, 2024 from 6:30 AM to 12:30 PM at Earle May Boat Basin, Bainbridge, GA.

Attached herewith are sponsorship levels, benefits, and the flyer announcement of the event. We greatly appreciate your positive response to this request. Thank you.

Sincerely yours,

Diabetes Awareness Action Committee
E. B. Smart Enterprise Diabetes Awareness Run/Walk

#### **VENDOR PROCESS:**

#### Due by Friday, August 16, 2024

#### **Food/ Consumption Vendors:**

- 1. Environmental health applications- (2 apps- see attached)

  \$50 per vendor (will be inspected prior to event)
  - 2. Register with City of Bainbridge (as a mobile food unit) contact Judy (229)-400-9294.
- 3. Purchase small business license OR submit your LLC license.
  - 4. Have a Safe Serve Certificate

#### **Clothing/Sale Item Vendors:**

- 1. Register with City of Bainbridge contact Judy at (229)-400-9294
- 2. Purchase small business license OR submit your LLC license.
- 3. Submit finalized copy by email to: <a href="mailto:e.bsmart12branches@gmail.com">e.bsmart12branches@gmail.com</a> OR by mail to: 403 N. Miller Ave, Bainbridge, GA 39817

IT WILL BE THE ORGANIZER'S AND/OR PROPERTY OWNER'S RESPONSIBILITY TO ENSURE THAT ONLY VENDORS PERMITTED BY THE HEALTH AUTHORITY SHALL PARTICIPATE IN THE EVENT.

| Organizer's Name:  | Organizer's Ph                                 | one:                  |                   |
|--|--|-----------------------|-------------------|
| Organizer's Address:   |  |                       |                   |
| Organizer's E-mail Address <u>:</u>  |  |                       |                   |
| Property Owner's Name and Phone Number:  |  |                       |                   |
| Onsite Coordinator's Name and Phone Number (if diffe   | rent from Organizer): <u>E.B.S</u>             | SMART ENTERPRIS       | SE (706)-294-0883 |
| Event Name: E.B. SMART ENTERPRISE  |  |                       |                   |
| Event Address: 403 N MILLER AVE, BAINBRIDGE, GA 39   | 817  |                       |                   |
| Set Up Date: SEPTEMBER 21, 2024  | Set Up <u>Time</u> :                           | 6:00 AM               | AM / PM           |
| Event Begin Date: <u>SEPTEMBER 21, 2024</u>  | Event Begin Time:                              | 8:00 AM               | AM / PM           |
| Event End Date: <u>SEPTEMBER 21, 2024</u>  | Event End Time:                                | 3:00 PM               | AM / PM           |
| If event is longer than one (1) day, please p  | provide daily operating sch                    | edule on a separato   | e page            |
| ANY UNAUTHORIZED OR UNPERMITTED VE<br>SHALL BE CHARGED WITH A VIOLATION OF<br>THE ORGANIZER OR PROPERTY OWNER TO | DPH RULE 511-6-10                              | 2(1)(a), AND OF       |                   |
| How many food vendors are expected to participate in   | this event?                                    |                       |                   |
| (Please provide a list of food vendors that will be partici<br>Atta  | pating in the event/celebration<br>chment "A"} | n to the Local Health | Authority. See    |
| Expected number of patrons (total):  | _Expected average of patr                      | ons per day:          |                   |

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#### WATER SUPPLY:

| 1.               | In what manner will potable water be obtained from an approved source? (Check all that apply)  |
|------------------|--|
| 0                | Public Water System 0 Drilled well that meets EPD Drinking Water Standards (attach test results)   |
| Pr               | ovide details on how the water is obtained (Check all that apply):   |
| Ι                | Vendor is completely responsible for their own water supply 1 Bulk commercial supply (bottled)   |
| Г                | Onsite water faucet D Onsite direct water connection (trailer inlet)   |
|                  | Onsite water laucet D Onsite direct water connection (trailer inlet)   |
|                  | Other:   |
| 2.               | Source of bottled water (both individual bottle and bulk supply)?  |
|                  |  |
| ave<br>ow<br>fre | DILET FACILITIES: It is the responsibility of the event organizer to ensure a sufficient number of portable sanitation units are ailable on-site to prevent a prohibited discharge of sewage or cause a public health nuisance. Event organizers and property mers are also responsible for ensuring all portable sanitation units are serviced at least once every seven days, or more quently if usage requires (see attached DPH brochure, "Portable Sanitation Information for Event Organizers and instruction Site Owner") |
| 1.               | What will be used for toilet facilities at the event? (Check all that apply):  |
|                  | D Central supplied facilities D Portable toilets   |
| 2.               | Will general public handwashing facilities with soap running water be available? (Not required outside food vending booths, but <i>highly recommended</i> to reduce public health risks of disease outbreaks.)   |
|                  | I Yes J No   |
|                  |  |
| W                | ASTE DISPOSAL (Solid and Liquid)   |
| 1.               | What type of container(s) will be used for solid waste disposal at the event?  |
|                  |  |
|                  |  |
| 2.               | How will you dispose of liquid waste? (e.g., grease from fryers, catch basins/water waste tanks from food venders, portable toilet pump outs, etc.)  |
|                  |  |
| 3.               | How often will the solid and liquid wastes be removed and by whom?   |
|                  |  |
|                  |  |

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| <b>GENERAL SITE PLAN:</b> In the space be/aw or on a separate page, please provide a generalized site plan depicting the locations of the food vendors, toilet facilities, general public handwashing facilities (if provided), solid and liquid waste containers, animal enclosures, walkways, roads through the event, etc. and approximate distances. Please indicate if the pathways/roadways through and around the event are paved or unpaved. |
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#### ATTACHMENT "A" - LIST OF FOOD VENDORS

| NAME OF FOOD BUSINESS | NAME OF CONTACT | PHONE NUMBER |
|-----------------------|-----------------|--------------|
|                       |                 |              |
|                       |                 |              |
|                       |                 |              |
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|                       | I               |              |

[Attach additional page(s) if needed]

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STATEMENT: I hereby certify that the above information and any attached forms and documents are correct, and I fully understand that in accordance with DPH Rule 511-6-1-.08(2)(a}4(i) through(iii), and DPH Chapter 511-3-6, I am responsible for the following:

- a. At least 30 days prior to the event/celebration, I will provide to the Local Health Authority a list of food vendors who will be allowed in the temporary event/celebration.
- b. To ensure that only vendors permitted by the Local Health Authority are allowed to participate in the temporary event/celebration; and
- c. To require any unauthorized or un-permitted food vendor found participating in the event to immediately leave the event premises; and
- d. To ensure a sufficient number of portable sanitation units are available on-site (if central toilet units are not available or not sufficient) to prevent a prohibited discharge of sewage or cause a public health nuisance; and
- e. To ensure all portable sanitation units are serviced at least once every seven days, or more frequently if usage requires.

Additionally, I understand that non-compliance with the requirements listed above are considered to be violations of DPH Chapter 511-6-1 and DPH Chapter 511-3-6, and I may be subject to legal action as deemed necessary by the Local Health Authority.

| Organizer's Signature: | Date: |
|------------------------|-------|
|                        |       |

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#### **DPH Rules and Regulations**

The Georgia Department of Public Health regulates temporary portable sanitation units and persons engaged in the business of furnishing, renting, or servicing these units, including portable hand washing facilities, under Rules of the Department of Public Health Chapter 511-3-6.

All portable sanitation units must be furnished and maintained by a certified contractor or company. It is the responsibility of the event organizer or the construction site owner to ensure a sufficient number of portable sanitation units are available on-site to prevent a prohibited discharge of sewage or cause a public health nuisance. Event organizers and property owners are also responsible for ensuring all portable sanitation units are serviced at least once every seven days, or more frequently if usage requires.



#### Portable Sanitation Units for Special Events Planning

• If alcoholic beverages are to be served, add 25¾ to the base number.

| !AVERAGE      |     |     |     | AVER | RAGE HOUI | RS ATTIFE E | VENT |      |      |       |
|---------------|-----|-----|-----|------|-----------|-------------|------|------|------|-------|
| CROWD<br>SIZE | 1   | 2   | 3   | 4    | 5         | 6           | 7    | 8    | 9    | 10    |
|               | -   |     |     | =    |           |             | -    |      |      |       |
| 500           | 2   | 4   | 4   | S    | 6         | 7           | 9    | 9    | 10   | 12    |
| 1,000         | 4   | 6   | 8   | 8    | 9         | 9           | 11   | 12   | 13   | 13    |
| 2.1110        | 5   | 6   | 9   | 12   | 1,4       | 16          | J8   | 20   | 23   | 25    |
| 3,000         | 6   | 9   | 12  | 16   | 20        | 24          | 26   | 30   | 34   | 38    |
| <b>4,1110</b> | 8   | 13  | 16  | 22.  | 25        | 30          | 35   | 40   | 45   | SO    |
| 5,000         | 12  | 15  | 20  | 25   | 31        | 38          | 44   | SO   | 56   | 63    |
| 10,IDJ        | 1S  | 25  | 38  | SO   | 63        | 75          | 88   | JIX) | 113  | 125   |
| 15,000        | 20  | 38  | S6  | 7S   | 94        | 113         | 131  | 150  | 1.69 | 188   |
| 2Q,1110       | 25  | 50  | 75  | 111) | 125       | 150         | 175  | 200  | 225  | 250   |
| 25,000        | 38  | 69  | 99  | 130  | 160       | 191         | 221  | 252  | 282  | 313   |
| 30,IIIO       | 46  | 82  | 119 | 156  | 192       | 229         |      | 302  | 339  | 376   |
| 35,000        | 53  | 96  | 139 | 181  | 224       | 267         | 310  | 352  | 395  | 438   |
| «>,cm         | 61  | 1'B | 158 | 1111 | 256       | m           | 354  | «В   | 452  | 501   |
| 45,000        | 68  | 123 | 178 | 233  | 288       | 343         | 398  | 453  | 508  | 563   |
| 50,CDI        | 76  | 237 | 198 | 259  | 320       | 381         | 442  | 503  | 564  | 626   |
| 55,000        | 83  | 150 | 217 | 285  | 352       | 419         | 486  | 554  | 621  | 688   |
| fiQ.lllO      | 91  | 164 | m   | 311  | 384       | 4'!i1       | 531  | 604  | m    | 751   |
| 65,000        | 98  | 1n  | 257 | 336  | 416       | 495         | 575  | 654  | 734  | 813   |
| 7Q,1110       | JO& | 191 | m   | 362  | 448       | 53.1        | 619  | 704  | 790  | 876   |
| 75,000        | 113 | 205 | 296 | 388  | 480       | 571         | 663  | 755  | 846  | 938   |
| I!Q,mt        | 121 | 218 | 316 | 414  | SI2       | 609         | 7(J1 | 11)5 | !IB  | lilJ1 |
| 85,000        | 128 | 232 | 336 | 440  | 544       | 647         | 751  | 855  | 959  | 1     |
| 90,CDI        | 136 | 246 | 356 |      | 576       | 686         | 796  | 9D6  | 101& | 1126  |
| 9S,000        | 143 | 259 | 375 | 491  | 607       | 724         | 840  | 956  | 1072 | 1188  |
| :tm.000       | lS1 | 273 | 395 | 517  | 639       | 762         | 884  | 1006 | 1128 | 1251  |

#### Minimum Number of Portable Sanitation Units at Construction Sites

| NUMBER OF<br>WORKERS | MINIMUM NUMBER OF UNITS SERVICED WEEKLY |
|----------------------|---|
| 20orless             | 1 toilet per 2C>workers                 |
| 21ormore             | 1 additional toilet per40 workers       |
| 20Dormore            | 1 additional toilet per 50woricers      |

<sup>\*</sup>The number of portable sanitation units required shall be determined by the maximum number of workers present on a regular 8 hour shift. Shifts lasting longer than 8 hours (40 hour work week) should double the number of portable sanitation units.

#### **Planning**

Proper portable sanitation planning is essential to the coordination of a safe and successful special event. Considerations during the planning process should include:

Type of event - Events that last throughout the day and into the evening will require more units than events that last for only a couple of hours. Also, if food will be served at an event, handwashing stations should be considered in order to reduce the risk of disease transmission through hand to mouth contact. Portable sanitation units should be located as far away from food service vendors as practical.

**Number of attendees and duration of the event** - An event for a large mass gathering of people will require more portable units than a small group of people. \*See the included table for estimating the number of portable units required for an event or construction site.

**Food and beverage type and location** - If alcoholic beverages are being served, the number of portable toilets should be increased by 25%.

**Outside temperature** - On hot days, visitors will consume more drinks and make more trips to the lavatories. More units should be considered for such cases.

**Event layout and topography-** Portable toilets should be placed on flat surfaces in a strategic position that allows easy access by the public and large trucks that service the units.

Current listings for certified portable sanitation contractors and companies can be found at <a href="https://www.dph.georgia.gov">www.dph.georgia.gov</a>

#### **Background**

Large gatherings of people in relatively small areas for extended periods of time may elevate the risk of disease outbreak. In many of these situations, there are not enough restroom facilities at the site to accommodate a mass gathering. Proper measures must be employed to ensure enough sanitary facilities are present to meet the needs of the public, and to ensure the safe and timely disposal of sanitary wastes. Portable sanitation units can provide for this need. If portable sanitation units become overcrowded and neglected, especially at events involving food consumption, the risk of a disease outbreak is only increased. It is, therefore, imperative to take the time to develop a plan for the safe and effective placement, storage and disposal of sanitary wastes at special events in such a way as to reduce the risk of disease outbreak and protect public health.

| For additional information, please contact your local county health department, or visit our web page: <a href="https://www.dph.georgia.gov">www.dph.georgia.gov</a> |
|--|
| County:  |
| Contact:   |





#### **Portable Sanitation**

Information for Event Organizers and Construction Site Owners



### Georgia Department of Public Health Temporary Food Service Establishment Application

# VENDOR APPLICATION MUST BE RECEIVED 30 DAYS BEFORE THE EVENT A TEMPORARY FOOD SERVICE OPERATION MAY NOT OPERATE FOR MORE THAN FOURTEEN (14) CONSECUTIVE DAYS

The Food Service Rules and Regulation, Chapter 511-6-1.08(2) outlining the requirements for temporary food service establishment should be read in the early stages of planning.

| Event Name:           | DIABETES AWARENES                    | SS 5K RUN/WALK        |                    |               |                          |
|-----------------------|--------------------------------------|-----------------------|--------------------|---------------|--------------------------|
| Event Location:       | EARL MAY BOAT BASI                   | N, BAINBRIDGE, GA 398 | 317                |               |                          |
| Event Organizer: _    | E.B. SMART ENTERPR                   | ISE                   |                    |               |                          |
| Name of Organization  | on: <u>E.B. SMART ENTERP</u>         | RISE                  |                    |               |                          |
| Mailing Address:      | 403 N. MILLER AVE<br>Street # and Na |                       | BAINBRIDGE<br>City | GA<br>State   | 39817<br><b>Zip Code</b> |
| Date(s) of Operation: | SEPTEMBER 21, 2                      | 2024 Daily Hou        | rs of Operation:   | 8:00am – 7:00 | )pm                      |
| Booth Name:           |                                      |                       | Di                 |               |                          |
| Person in charge of l | booth:                               |                       | Phone<br>#:        |               |                          |
| E-mail of person in c | harge:                               |                       |                    |               |                          |
| Structure Type:       | □Tent □Mobile uni                    | other (Specify):      |                    |               |                          |
| Applicant Name:       |                                      |                       | Phone#:            |               |                          |
| Applicant Address:    | -                                    |                       |                    |               |                          |
|                       | Street # and Na                      | me Suite              | City               | State         | Zip Code                 |
|                       | Applicant Signature                  |                       | Date               |               |                          |

PLEASE SUBMIT A COPY OF YOUR MENU WITH THIS APPLICATION AND INCLUDE PAYMENT OF ALL APPLICABLE FEES

#### **BOOTH SKETCH / FLOOR PLAN**

- A. Sketch the top view (overhead) and identify all equipment including hand wash facilities, cooking equipment, refrigerators (ice chest), worktables, storage areas, sanitizing bucket and sneeze guards.
- B. Type of floor, wall and overhead covering.

#### SAMPLE SPECIAL EVENT FOOD FACILITY DIAGRAM

| OOO Wash Rinse Sani      | tize Air Dry  Hand washing  Station | 8           | Ice<br>Chest<br>(Meat) |
|--------------------------|-------------------------------------|-------------|------------------------|
| Ice Chest<br>(RTE Foods) |                                     |             |                        |
| Prep Area<br>(RTE Foods) | Food Preparation Area               | Hot Holding |                        |
| O O O Condiments         |                                     | Cashier     |                        |
|                          | Public Access                       |             |                        |

#### TEMPORARY FOOD SERVICE PLAN REVIEW DOCUMENTS

#### **EQUIPMENT AND SUPPLIES**

| 1. | How will the potable water be provided and heated?   |
|----|--|
|    |  |
|    |  |
| 2. | What types of wrapped single service and single use supplies will be used?   |
|    |  |
|    |  |
| 3. | What type of equipment will be used to maintain food at 135° F (57 ° C) and higher?  |
|    |  |
|    |  |
| 4. | What type of equipment will be used to maintain food at 41° F (5° C) or below?   |
|    |  |
|    |  |
| 5. | What type of equipment will be used to reheat refrigerated foods for hot holding or serving?   |
|    |  |
|    |  |
| 6. | What type of equipment will be used to cook time/temperature for safety (TCS) food?  |
| ٠. |  |
|    |  |
| _  | TOO (  |
| 7. | TCS food is to be transported to the event in a hot [135° F (57 ° C)] or refrigerated [41° F (5° C)] condition from an approved supplier or source. How will you transport these products? |
|    |  |
|    |  |
|    |  |
|    |  |

- 8. How will equipment be placed to prevent food contamination? Show the following on the BOOTH SKETCH / FLOOR PLAN diagram found on page 2:
  - a) Method of storage off floor I ground that will achieve at least six (6) inches off the floor I ground.
  - b) Eight (8) feet separation of cooking and preparation services from patrons or vertical barriers installed where the required eight (8) feet cannot be achieved.
  - c) Food preparation and service tables.

| <ul> <li>9. How will equipment and utensils be washed and sanitized? What sanitizer and concentration level used?</li> <li>a) Describe the on site washing and sanitizing set up to be used and show placement on E SKETCH / FLOOR PLAN diagram found on page 2.</li> </ul> |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   | <ul> <li>b) Permanent base of operation or food service establishment used for washing and sanitizing? Provide address and restaurant permit number (must have prior health authority approval).</li> </ul> |  |  |  |  |  |  |
| 10.   | How will the required hand washing facility be set up? Show the location on BOOTH SKETCH / FLOOR PLAN diagram found on page 2.  |  |  |  |  |  |  |
| co  | NSTRUCTION  |  |  |  |  |  |  |
| 1.  | Booths must have overhead protection over all food preparation, food cooking, food storage and dish washing areas. What type of material is to be used (tarp, wood, metal etc.)?                            |  |  |  |  |  |  |
| 2.  | What are the floors to be constructed of (concrete, asphalt, tight wood or other material)?   |  |  |  |  |  |  |
| 3.  | How will the walls, ceilings and entrances of the food preparation area be constructed to prevent the entrance of insects?  |  |  |  |  |  |  |
| 4.  | What method is to be used as a barrier to flying insects at the service window areas?  D Screening (16 mesh)  D Air Curtain   |  |  |  |  |  |  |
| 5.  | Describe construction methods and materials that will be used for excluding insects and vermin from the food preparation areas, food service areas and from the water storage areas.                        |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

### **FOOD STORAGE** What type of working containers will be used for food storage in the food preparation area? How will bulk food storage containers be stored in the booth? How will working containers of food supplies be protected from contamination during the event? \_\_\_\_ **FOOD PREPARATION** D Commercially made and What will be source for ice used? D Ice from restaurant bagged ice commissary Please note that ice procured from a self-dispensing, bag your own ice operation will not be accepted. All food and food supplies must be from an approved source. List the foods/ supply source. 2. How will ice used for cooling or refrigeration be kept separated from ice used in beverages? How will ice be dispensed for use in beverages? 4.

Use the "Food Processes Form" on pages 8 and 9 to list all foods and their ingredients.

5.

### FOOD HANDLING

|   | ☐ Other (describe):  preparation areas protected ☐ Barriers (describe barrier | from the public?          |         |                           |  |  |  |
|---|---|---------------------------|---------|---------------------------|--|--|--|
|   | <u> </u>  | •                         |         |                           |  |  |  |
| istance (8 feet)  | ☐ Barriers (describe barrier  | -\-                       |         |                           |  |  |  |
|   |   | )                         |         |                           |  |  |  |
| EL AND HYGIENE  |   |                           |         |                           |  |  |  |
| All food workers are required to restrain hair that is longer than ½ inch. Beard restraints will be required for beards and mustaches that exceed ½ inch in length. Hair and beard restraints will not apply to workers that serve only wrapped or packaged foods. Check below all that will apply. |   |                           |         |                           |  |  |  |
| air nets  | ☐ Beard / mustache nets   | □ Cap                     | ☐ Scarf |                           |  |  |  |
| ther (describe restraint)   | ):  |                           |         |                           |  |  |  |
|   | Jewelry" prohibition with you   | ur food workers?          |         |                           |  |  |  |
|   | ner (describe restraint)  | ner (describe restraint): | ·       | ner (describe restraint): |  |  |  |

| Food Processes Form  Operator: | Event: | Event Date(s): |
|--------------------------------|--------|----------------|
|                                |        |                |

- INSTRUCTIONS:INCLUDE BEVERAGES, ICE, ALL INGREDIENTS AND CONDIMENTS
  - LIST APPLICABLE FOOD TEMPERATURES IN PROCESSING STEPS (SUCH AS COOKING AND HOLDING) USE ADDITIONAL PAPER FOR ANY FURTHER EXPLANATION NEEDED FOR AN ITEM

| Item# | List All Foods /<br>Beverages and<br>Ingredients | Where<br>Purchased | Onsite Prep<br>Yes/ No | Thawing | Holding Temps<br>(Cold/ Hot) | Cooking<br>Temps | Reheating<br>Temps | Comments on Food Handling |
|-------|--|--------------------|------------------------|---------|------------------------------|------------------|--------------------|---------------------------|
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
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|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |

| Item# | List All Foods /<br>Beverages and<br>Ingredients | Where<br>Purchased | Onsite Prep<br>Yes/ No | Thawing | Holding Temps<br>(Cold/ Hot) | Cooking<br>Temps | Reheating<br>Temps | Comments on Food Handling |
|-------|--|--------------------|------------------------|---------|------------------------------|------------------|--------------------|---------------------------|
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
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|       |  |                    |                        |         |                              |                  |                    |                           |
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|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |
|       |  |                    |                        |         |                              |                  |                    |                           |

### DO NOT WRITE BELOW THIS LINE (DEPARTMENTAL USE ONLY)

|                    | Approv      | ved By         |         | Date |
|--------------------|-------------|----------------|---------|------|
| Permit Res         | tricti      | ons:           |         |      |
| Permit Effective [ | Dates: Begi | nning:         | Ending: |      |
| DISAPPROVAL:       |             |                | DATE:   |      |
| Reason(s)          | for         | Disapproval: - |         |      |
|                    |             |                |         |      |