



SOUTHWEST PUBLIC HEALTH DISTRICT

Worth County Health Department

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www.southwestgeorgiapublichealth.org

APPLICATION FOR TEMPORARY NON-PROFIT FOOD SERVICE INSPECTION

Name of non-profit event (fair, festival, fundraiser, etc.) _____

Location of this non-profit event _____

Name of food service business _____

Owner _____

Operator _____

Address of Owner _____

(Street)

(City)

(State)

(Zip Code)

Telephone Number of Owner _____

Date operation to begin: ____/____/____

Date operation to end: ____/____/____

Time of event: _____

Time food vendor will be set-up for inspection: _____

Foods to be served. A menu can be attached. *(Food items prepared in private homes are prohibited; provided, however, that this shall not apply to any food item produced in compliance with a Cottage Food license issued by the Dept. of Agriculture. No raw or undercooked animal foods allowed. Food cannot be transported for sale or service at another location.)*: _____

What condiments or single service items will be used? *(All condiments such as ketchup, mustard and mayo & single service items such as knives, forks, spoons, straws, etc. must be individually commercially wrapped.)*: _____

From where will foods be obtained? _____

What type of over-head protection will be used for cook and serve area? *(minimum is a tent)* _____

- Baker
- Calhoun
- Colquitt
- Decatur
- Dougherty
- Early
- Grady
- Lee
- Miller
- Mitchell
- Seminole
- Terrell
- Thomas
- Worth

What type of covering will be on the ground? *If using a tent, there must be some type of covering over dirt or grass such as a tarp, mat, carpet, etc.* _____

How will food items be kept off the ground? _____

Will ice be used as in ingredient in foods or drinks? If yes, where will it be obtained?*(Ice used for food must be stored separately from ice used for keeping food cold)* _____

How will foods be kept at 41 degrees or below during transport and until cooked or served? _____

How will foods be kept at 135 degrees or above during transport and after cooking and until served? _____

Are there thermometers available to ensure proper temperature of foods? *(Must be available.)* _____

Describe the handwashing set-up that will be used at this location for this event: _____

Describe the wash, rinse, and sanitize set-up and procedures for washing utensils used for this event and the sanitizer that will be used: _____

Describe the procedures that will be used to ensure no bare-hand contact with the cooked products or any ready-to-eat foods: _____

Describe the procedures that will be used to ensure that individuals preparing or serving food do not have any communicable diseases or illnesses transmissible by food: _____

What type of hair restraints will be worn to prevent contamination of food? _____

Describe the procedures that will be used to ensure the individuals preparing or serving food will not be wearing jewelry: _____

The undersigned hereby applies for an inspection to operate a Temporary Non-profit Food Service Establishment pursuant to the O.C.G.A 26-2-390 through 26-2-393.

Signature of Owner/Operator _____ Date _____