

Temporary Food Establishment Quick Reference Checklist

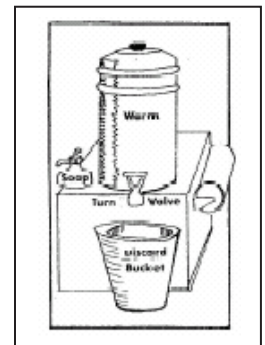


Post a copy of this checklist in the food booth and use it to ensure that your booth is ready for inspection by the time specified on your permit application. Failure to set up properly may result in denial of the health permit to operate or limiting the types of foods that may be served.

_____ All food must be obtained from approved sources and prepared at the booth the day of the event or in an approved food establishment. **Do not store/prepare food at home.**

_____ Provide a handwashing station at the booth. A portable sink or gravity fed water dispenser (minimum 5 gallon water supply), dispensing liquid soap, disposable towels, trash can and a waste water catch container is required. Location must be provided to properly dispose of the waste water.

- Gloves and hand sanitizers DO NOT replace handwashing.

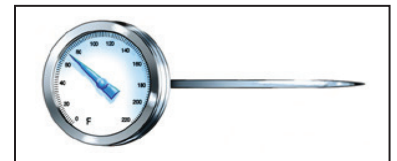


_____ Wiping cloths must be stored in a bucket of an approved sanitizing solution.

- 50-100 ppm bleach or 200 ppm quaternary ammonium "QUAT" checked with the appropriate chemical test strip.

_____ The booth must have sufficient equipment to maintain Potentially Hazardous Foods (PHFs) at 40°F or below or 140°F or above:

- Use an ice chest with ice not used for consumption or mechanical refrigeration.
- Use cooking equipment that can reheat food to 165°F.
- A metal stem or digital thermometer must be on site to check food temperatures frequently.



_____ Food must be protected from contamination:

- Keep food covered and stored at least 6" off the ground.
- Keep raw meat and equipment/utensils used on raw meat away from ready to serve foods.
- Use a separate supply of ice for consumption in beverages.
- Dispense food with proper utensils.
- Provide clean, sanitized equipment/utensils every 4 hours.
- Store chemicals away from food and food contact surfaces.
- Keep children, animals and ill workers out of the food prep areas.
- No smoking or eating in the food area, except for drinks with lids and straws stored away from foods and food contact surfaces.

Cooking Temps

165°F^o
reheats,
poultry

155°F:
ground meats
pork

145°F:
whole meats

_____ Dispose of solid and liquid waste properly and as needed.

- Wastewater must be disposed into an approved sewer or holding tank.



Otto Ravenholt Public Health Center, PO Box 3902, 625 Shadow Lane, Wing 1, Las Vegas, NV 89127 – (702) 759-0588
 East Las Vegas Public Health Center, 420 N. Nellis Blvd, Suite A5, Las Vegas, NV 89110 – (702) 759-0620
 Henderson Public Health Center, 520 E. Lake Mead Pkwy., Henderson, NV 89015 – (702) 759-0501
 North Las Vegas Public Health Center, 400 Shadow Lane #104, Las Vegas, NV 89106 – (702) 759-0502
 Spring Valley Environmental Health Office, 6330 W. Spring Mountain, Suite A, Las Vegas, NV 89146 – (702) 759-0503
 Laughlin Office, 3080 Needles Hwy, #1800, Laughlin, NV. 89029-(702) 759-1643

TEMPORARY FOOD ESTABLISHMENT APPLICATION FOR SPECIAL EVENT
Incomplete applications shall be denied.
Type or print clearly.

Please make Business checks payable to: Southern Nevada Health District
PERSONAL CHECKS NOT ACCEPTED

Applications MUST be received at the office at least seven (7) calendar days PRIOR to the event or a late fee will be assessed, NO EXCEPTIONS. If mailing this application, the check or money order MUST accompany this form.

Effective January 1, 2006

Length of Event	Permit Fee	Late Permit Fee
1 – 5 Day Event	\$126.00 per booth	\$63.00 per booth
6 – 10 Day Event	\$153.00 per booth	\$76.00 per booth
11 – 14 Day Event	\$190.00 per booth	\$95.00 per booth

Non-Profit organizations that provide a copy of their State Tax Exempt Number are exempt from fees but are still required to obtain a permit.

I. Event Information

Name of Event: _____
 Name of Event Coordinator: _____
 Event Coord. Phone Number: _____
 Location/Address of Event: _____
 Date(s) of Event: _____
 Hours of Event (Specify for each date if different): _____

II. Applicant Information

Name of Temporary Food Establishment: _____
 Name of Owner/Operator: _____
 Mailing Address and Phone Number: _____
 Contact Name and Phone Number During Event: _____
 Tax Exempt Number (if applicable): _____
 Number of Booths (fill out separate application for each booth with different menu _____

