



Commissary Verification Form for Annual Temp Event Facilities (TFFs)

Business Owner to Complete This Section	
DBA	Anticipated Operating Event(s) and/or Location(s)
Owner Name(s)	Owner Address
Business Phone	Mobile Phone
Email address	Owner signature and date
<p>ADVANCED PREPARATION activities at approved kitchen <input type="checkbox"/> NO ADVANCED PREPARATION</p> <p>If you do not have a permitted facility, you must obtain permission to use a kitchen or commissary facility which has been approved in advance by the local Health Department or obtained prepared foods from an approved source. Pre-event food preparation inspections may be required. Have copies of food invoices/receipts at your booth, available for review upon request, as any unapproved foods found will be removed from public distribution.</p>	
Will you pre-package food/beverages before the event? If so, submit a copy of your valid Processed Food Registration	
Describe food items and how they will be prepared	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Describe cooling procedure for potentially hazardous foods (PHF). (Include how temperatures will be monitored and verified.)	
<hr/> <hr/> <hr/> <hr/> <hr/>	

To Be Completed By Commissary Owner

Commissary DBA	Commissary Address
Commissary Owner Name(s)	Commissary Owner Business Phone Number
Commissary Owner Alternative Phone Number	Agency Issuing Permit to Operate Commissary

I hereby declare that _____, at _____ has my permission to use
TFF Business Name TFF Operating Location
 my approved commissary, _____, at _____
Commissary DBA Commissary Address

in order to prepare food prior to every community event they will be participating in under their annual permit.

I certify, under penalty of perjury, that my space is well maintained and in compliance with the requirements of the California Retail Food Code.

I further agree to notify the San Francisco Department of Public Health, Environmental Health Branch at 49 South Van Ness Ave suite 600, San Francisco, CA 94103 if this agreement is terminated or if this TFF discontinues utilizing my commissary.

I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Health Permit may be jeopardized if found to be in violation of this agreement.

Commissary Owner (Print Name)	Signature	Date

Out of County Commissary/ Approved Facility Authorization by Regulatory Agency

If commissary establishment is outside of San Francisco, the local environmental health jurisdiction must certify the current commissary health permit by signing below. The commissary is in _____ County and meets California Retail Food Code, Section 114294-114297 and 114326 commissary requirements.

REHS (Print Name)	Signature	Date

For Department of Public Health Use Only

Special application or facility notes:

--



Written Operational Procedure for Temporary Food Facilities (TFF)

The Environmental Health section shall review and approve the operating procedures prior to the approval of permit application. An approved copy must be kept onsite during hours of operation. Any change to the procedure, the menu and equipment will require approval by this office (please attach copy of menu).

Business Name: _____

Contact Number: _____

Registered Owner(s): _____

Email address: _____

1. Booth Construction Information:				
Overhead Covering:	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____	
Floor :	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Tarp	<input type="checkbox"/> Other _____
(Grass or dirt surfaces must be covered with approved tarps or plywood)				
Walls:	<input type="checkbox"/> Screens	<input type="checkbox"/> Canvas	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
(Enclosed food booth required if unpackaged foods are handled)				

2. MENU and PREPARATION			
(List all menu items, attach additional pages if needed)			
<u>Menu Item</u>	<u>How Item will be served at event</u> (check all that apply)	<u>Preparation at the event</u> (check all that apply)	<u>Describe method of temperature control at the event</u> (i.e. ice chests, steam table, etc.)
	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Hot holding <input type="checkbox"/> Cold holding <input type="checkbox"/> Cooked to Order	<input type="checkbox"/> Assemble/portion <input type="checkbox"/> Cook/bake/grill <input type="checkbox"/> Reheat <input type="checkbox"/> Sampling	
	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Hot holding <input type="checkbox"/> Cold holding <input type="checkbox"/> Cooked to Order	<input type="checkbox"/> Assemble/portion <input type="checkbox"/> Cook/bake/grill <input type="checkbox"/> Reheat <input type="checkbox"/> Sampling	
	<input type="checkbox"/> Pre-packaged <input type="checkbox"/> Hot holding <input type="checkbox"/> Cold holding <input type="checkbox"/> Cooked to Order	<input type="checkbox"/> Assemble/portion <input type="checkbox"/> Cook/bake/grill <input type="checkbox"/> Reheat <input type="checkbox"/> Sampling	

3. FOOD OPERATIONAL PROCEDURES

Handwashing: Any booth with open food, sampling, or food preparation will be required to set up a hand wash station. Describe hand wash station in booth.



Utensil Washing: Any booth with multi use utensils is required to have a utensil washing station to properly sanitize equipment. What specific sanitizer method will you use, and describe

- 1. Chlorine @ 100 parts per million (ppm) must contact items for at least 30 seconds.
- 2. Quaternary ammonium @ 200 ppm must contact items for at least one (1) minute.
- 3. Iodine @ 25 ppm must contact items for at least one (1) minute.

Where will you obtain clean water for handwashing and warewashing?

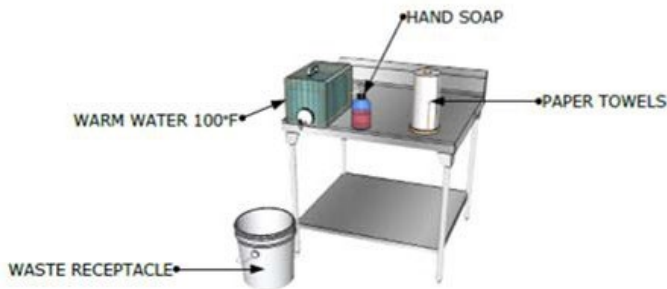
List all equipment and utensils that will be used at the booth. Please be specific (i.e. microwave, range, rice cooker, tongs, spoons, lids, knives, etc.)

TFF Owner (Print): _____

Date: _____

Signature: _____

Hand Washing Station



Utensil Wash Station

