

## Temporary Food Service Establishment (TFE) Application

Barry County Health Department  
P.O. Box 207  
Cassville, MO 65625  
417-847-2114 FAX 417-847-2116  
www.barrycountyhealth.com



| A. Operator Information                    |                                |          |
|--|--------------------------------|----------|
| Name of Temporary Food Establishment (TFE) |                                |          |
| Name of Owner/Operator                     |                                |          |
| Mailing Address                            |                                |          |
| City                                       | State                          | Zip Code |
| Phone No.<br>(   )                         | Alternative Phone No.<br>(   ) |          |

| B. Event Information                               |  |
|--|--|
| Proposed TFE Location (Number, Street, City)       |  |
| Name of Event                                      |  |
| Operation Starts<br>Date                      Time | Operation Ends<br>Date                      Time |
| Coordinator of Event                               | Phone No.<br>(   )                               |

| C. Facility & Operations Information   |
|--|
| <p>1. Will ALL foods be prepared at the TFE site?<br/><b>YES</b><br/><b>NO</b></p> <p style="margin-left: 40px;">If No please provide the name and address of the location where foods will be prepared. <b>Home Prepared Food Is NOT Allowed.</b></p> |
| 2. Describe (be specific) how, frozen, cold, and hot foods will be transported to the TFE.   |
| 3. How will food temperatures be monitored during the event?   |
| 4. Describe the location and set up of hand washing facilities to be used by the TFE workers.  |
| 5. Identify the source of the potable water supply serving your TFE. Describe how it is to be supplied (RV hose, cooler container, etc.)   |
| 6. Will there be electricity provided to the TFE?  |

| C. Facility & Operations Information (continued)   |
|--|
| 7. Describe how food will be protected during display/ service from insects, dust consumers. Describe how food will be protected from weather.   |
| 8. Describe where utensil washing will take place. Describe the equipment and procedures you will use to wash, rinse, sanitize and air dry equipment, utensils and other food preparation surfaces.          |
| 9. List the type of sanitizer for food contact surfaces you will use (a test kit will be provided if needed)   |
| 10. Describe how and where wastewater from utensil and hand washing will be collected, stored and disposed.  |
| 11. How will cleaners and other chemicals be stored in relation to food supplies and utensils?   |
| <p>12. Toilet Facilities                      <b>Flush</b>                      <b>Portable</b></p> <p style="margin-left: 40px;">What type of hand washing facilities is provided for these facilities?</p> |
| 13. Describe the number, location, and types of garbage disposal containers in the TFE.  |