

CITY OF PIQUA - HEALTH DEPARTMENT

TEMPORARY FOOD OPERATIONS QUESTIONNAIRE

1. Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Name and Date of Event: \_\_\_\_\_  
Sponsor of Event (Contact Person): \_\_\_\_\_

2. Location of Where Food is Being Prepared: \_\_\_\_\_  
(Must be on-site or in a licensed operation)

3. Complete Listing of every food item offered for sale (Including drinks)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Explain in what manner you will maintain hot foods above 140 deg. F.  
\_\_\_\_\_  
\_\_\_\_\_

5. Explain in what manner you will maintain cold foods below 45 deg. F.  
\_\_\_\_\_  
\_\_\_\_\_

(No perishable foods will be allowed to remain in the 45 deg. F. - 140 deg. F. Range).

6. Explain in what manner you will provide facilities for handwashing and utensil washing.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List all equipment to be used at sale site for preparation and/or holding food items at proper temperatures.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Explain in what manner you will protect foods from airborne contaminants. (Covered, wrapped, etc., and with what).

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9. Explain how all waste items will be removed from the site. (Include food, liquid waste, and solid waste).

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10. Diagram of concession layout (May be waived at discretion of sanitarian). Draw plan in space below.