

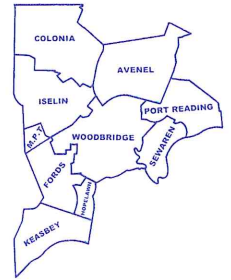


Township of Woodbridge

John E. McCormac, Mayor

Department of Health and Human Services

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Woodbridge - Ten Towns, One Community

NOTE TO ALL TEMPORARY FAIR COORDINATORS AND PARTICIPANTS

Dear Coordinator and/or Vendor,

Attached are four pieces of literature that are part of our temporary food facility approval and inspection process. **It is required reading prior to our inspection.**

The literature entitled "Temporary Facility Application" should be **filled out by the person in charge of each food booth or food truck and returned to the Health Department for review two weeks prior to your planned event.** This will allow us to review the proposed plans, and will allow time to facilitate any changes that may be necessary in order for you to be approved to operate as a temporary retail food operation.

The literature entitled "Standards for the Dispensing of Food from temporary Facilities at Fairs, Carnivals, etc" is for your review as the organizer/coordinator and the person in charge of each booth. It highlights required supplies and procedures, essential food handling techniques, storage requirement, and personal hygiene practices.

Copies of the literature entitled "Reminders for Healthy Food Service" and "Checklist for Food Concessionaires" MUST be posted in each food booth as reminders for sound food handling during actual operation.

AS PART OF THE PROCESS TO OPERATE AT A TEMPORARY FAIR IN WOODBRIDGE TOWNSHIP YOU WILL BE REQUIRED TO OBTAIN A HEALTH LICENSE. THIS MUST BE DONE NO LATER THAN TWO WEEKS PRIOR TO THE EVENT. FAILURE TO COMPLY WILL RESULT IN YOUR INABILITY TO OPERATE YOUR THE DAY OF THE EVENT. THE LICENSE FEES ARE AS FOLLOWS:

- ITINERANT FOOD VENDOR (FAIRS, CARNIVALS, FOOD BOOTH, OR FOOD TRUCK) \$125.00 FOR MULTIPLE EVENTS IN A CALENDAR YEAR PER INDIVIDUAL VENDOR
- TEMPORARY FOOD VENDOR (FAIRS/CARNIVALS/FLEA MARKETS) \$50.00 PER SINGLE EVENT IN A CALENDAR YEAR PER BOOTH OR TRUCK.

If you have any questions as you review this literature, please do not hesitate to contact us at (732) 855-0600, ext. 5027. We are here to guide you through a safe and successful event.

Woodbridge Health Department

Environmental Division

STANDARDS FOR THE DISPENSING OF FOODS
FROM TEMPORARY FACILITIES
AT FAIRS, CARNIVALS, ETC.

A. Utensils/Equipment

1. The use of single service utensils is recommended.
2. If multi-use kitchen utensils are used, these utensils must be sanitized prior to each use in a designated facility
3. Spray bottles consisting of 50-100ppm chlorine solution or other adequate sanitizing solution must be provided for sanitizing counters and other food contact surfaces AND PROPERLY LABELED. We allow restaurant grade sanitizing wipes for counters and surfaces.
4. All food, beverages, equipment, and utensils shall be protected at all times and shall be stored, displayed, and served to be protected from contamination. Sneeze guard protection may be required. All food and containers shall be stored off the floor on shelving or pallets. No foods shall be stored directly on the ground.
5. Condiment containers shall be pump type, squeeze containers, or have self- closing covers or lids for content protection. Single service packets or lids are recommended.
6. An adequate number of leak-proof and fly-proof garbage containers shall be provided and serviced as needed. Plastic garbage bags may be used in each booth. Arrangements for cleanup and final disposal of all solid waste must be approved by the Health Department.
7. Water supplied to all sinks must be from an approved source. Liquid waste, including waste from ice bins and beverage dispensing units, must be contained in or drained into a leak-proof container. Liquid waste must be disposed into an approved sewage system and must not be discarded on to the ground.
8. Shellfish tags must be provided for all shellfish to be sold.

B. Food

1. All foods must be from an approved source. (A licensed, inspected facility) NO FOODS MAY BE PREPARED AT A PRIVATE HOME!
2. A list of food sources shall be made available to the Department upon request.
3. Temporary controls shall be provided for perishable (potentially hazardous) foods. Provide stem thermometers to check temperatures.
 - a. Cold foods- maintain food temperature of 41F or below.
 - b. Hot foods- maintain food temperature of 135F or above.
 - c. Food in transit must be protected from contamination and must meet the temperature requirements noted above.

Note: Sufficient equipment is necessary to cook and maintain temperature of all perishable foods (e.g. steam tables, chafing dishes, refrigerators, coolers, etc.

4. No uncovered, unwrapped, unpackaged, or unprotected foods (including condiments, mustard, Ketchup, etc.) shall be displayed for self-service or exposed to the public on counter or table tops.
5. All prepackaged foods must be labeled or have a sign posted with ingredients and manufacturer of the food.
6. All foods shall be stored at least six (6) inches off the ground or floor.
7. All foods and utensils must be protected from contamination.
8. Ice for consumption shall be properly protected and stored separately from ice used for cold holding purpose. All waste water from ice shall not be drained directly onto the ground and must be disposed into an approved sewage system or holding tank for proper disposal later.

C. Personnel/Hygiene

1. All food handlers must wash their hands with soap and water upon entering the preparation area.
2. All handlers must wash their hands with soap and water before preparing food and upon putting on gloves.
3. Toilet and handwashing facilities shall be conveniently available for operations and employees.
4. All food handlers shall wear clean outer garments and suitable hair restraints.
5. All food operators shall maintain a list of persons involved in the food operation.
6. Sanitary food handling techniques must be used at all times. Whenever practical, food handlers shall use tongs or gloves when handling food.
7. Potable water shall be provide for cleaning purposes. Potable water shall be from an approved source and shall be stored in an approved container with a minimum capacity of five (5) gallons. Containers shall have a spigot for dispensing of water.
8. Waste water and grease shall not be drained directly onto the ground and must be disposed into an approved holding sink.
9. Disposable towels shall be provided.
10. Smoking is prohibited in food preparation and service area.

WOODBIDGE TOWNSHIP HEALTH DEPARTMENT

Checklist for Food Concessionaires

- _____ Liquid Soap
- _____ Spray bottle with sanitizing solution
(bleach and water, 50-100ppm)
- _____ 5- Gallon covered container with spigot for clean water
- _____ 1 plastic tub for waste water (from hand washing)
- _____ Paper Towels
- _____ Stem thermometer
- _____ Clean clothes
- _____ Hairnets, hats, or other hair restraints
- _____ Ice- Separate ice for drinks and for cooling foods
- _____ Ice chests
- _____ Serving spoons, spatula's, tongs, etc.
- _____ Plastic wrap for covering food or containers with covers
- _____ Platforms for elevating food 6' off ground
- _____ Adequate numbers of tables with washable surfaces
- _____ Plastic garbage bags, refuse containers
- _____ No Smoking, eating or drinking

**Township of Woodbridge
Temporary Food Facility Application**

Name of Event	Location of Event	Date/Time of Event
Name of Establishment	Name of Booth Operator	Number of Food Booths
Address	City, State, Zip Code	
Phone Number	Fax Number	Email Address
1. Where will food be stored and/or prepared prior to the event?		
2. How will you keep food cold (41 °F)? (examples of cold food are: raw meat, poultry, seafood and dairy products)		
3. How will you keep hot food hot (135 °F)? (examples of hot food are: cooked, ready-to-serve meat, poultry, seafood)		
4. Describe the handwashing facilities in your booth:		
5. How do you intend to sanitize:		
6. List all food and beverages items that will be served:		

7. Please list the employees that will be working in your booth:		

Please sign here to acknowledge you have read and understand all conditions.		

Woodbridge Township Department of Health and Human Services

Division of Environmental Health

Affidavit

Trade Name: _____ Type of Vehicle (food truck): _____

Owner's Name: _____ Color of Vehicle (food truck): _____

Vehicle Plate #(food truck): _____ Driver's License # (food truck): _____

Owner's Address: _____
Street City State Zip

Owner's Phone Number: _____

Affidavit—Base of Operations Information

I, _____ do attest and confirm that _____, trading as _____, is using my premises/establishment as a certified base of operations. This means that the _____ (Individual or corporate office)

vehicle/equipment will be cleaned and maintained upon my premises. All Utensils and equipment relative to the preparation of foods will be sanitized/cleaned chemically or by hot water facilities and that all foods will be stored and/or refrigerated upon my premises. I further verify that my establishment is operating in compliance with Chapter 24 of the New Jersey State Sanitary code and is so posted accordingly.

Date of Declaration/Affidavit _____

Signature _____ Witness _____

Base of Operations Information

Base of Operations Owner: _____
(base of operations owner)

Establishment Name: _____
(base of operations owner)

Establishment Address: _____
(base of operations owner)

Type of Establishment: _____
bakery, restaurant, church

Notary

Name of Notary: _____ Address: _____

Subscribed and sworn (or affirmed) to before me this _____ day of _____ 20, _____ Notary Seal:

/s/ _____ (notary public)

My Commission expires ____ / ____ / ____



Health Department
732-855-0600 ext. 5027



Public Health
Prevent. Promote. Protect.

To all facility Licensees:

To better serve and communicate with you in weather and other emergencies, we are requiring the completion and return of the following for as part of the licensing of your establishment: Thank you.

For your convenience, this form can be sent via fax to 732-855-0944 , mail or by e-mail to healthenv@twp.woodbridge.nj.us

Establishment Information

Name of Establishment: _____

Address (street): _____

Town and Zip: _____

Phone Number: _____

Store's Email Address: _____

Owner Information

Owner Name: _____

Address: _____

Town and Zip: _____

Phone Number: _____

Cell Phone Number: _____

General Manager Contact Information

Contact Name: _____

Contact Cell Phone Number: _____

Contact Email Address: _____

Emergency Contact Information

Contact Name: _____

Contact Cell Phone Number: _____

Contact Email Address: _____

Date: _____