

**MOULTRIE COUNTY HEALTH DEPARTMENT  
TEMPORARY FOOD SERVICE ESTABLISHMENT  
PRE-OPENING SELF-INSPECTION CHECKLIST**

The following list is to assist you in conducting a daily self-inspection of you stand before you open. If you are missing any of the required equipment, **DO NOT OPEN.**

- ( ) Six sinks, pails or basins for-
  - (a) Washing, rinsing and sanitizing utensils and equipment. (3)
  - (b) Washing hands (1)
  - (c) Wiping cloths for food contact surfaces (1)
  - (d) Wiping cloths for non-food contact surfaces (1)
  
- ( ) A metal-stemmed thermometer (not Glass) accurate to  $\pm 2^{\circ}\text{F}$  for checking food temperatures.
  
- ( ) a thermometer for each mechanical refrigeration unit (refrigerator or freezer) accurate to  $\pm 2^{\circ}\text{F}$ .
  
- ( ) Equipment, utensils, etc. in good and cleanable condition. All equipment and utensils must be cleaned and sanitized before the beginning of the event and as often as necessary, but no less than once a day. Any stand that is found to have food residue built up on its equipment shall be required to disassemble, clean and sanitize such equipment prior to opening.
  
- ( ) Detergent, sanitizer and sanitizer test strips available in each stand where utensils are cleaned.
  
- ( ) Hand soap and paper towels for hand washing.
  
- ( ) Sufficient mechanical refrigeration to hold potentially hazardous food temperature be low  $41^{\circ}\text{F}$  at all times.
  
- ( ) Mechanical hot-holding equipment to maintain hot food temperatures of  $140^{\circ}\text{F}$  or above when required.
  
- ( ) Hair restraints must be available and used by all employees.
  
- ( ) Food prepared in an unapproved location, or obtained from an unapproved source will not be allowed.
  
- ( ) Food stands should be constructed to facilitate cleaning of the food preparation and serving areas. Food stands in a state of repair that could directly contribute to food product contamination may not be allowed to open.
  
- ( ) Windows and other openings should be screened or protected with an approved air curtain to prevent entry of insects. Doors should be self-closing.
  
- ( ) Mobile food service stands should be constructed in compliance with the Illinois Department of Public Health "Temporary Food Service Establishment guidelines."
  
- ( ) Outside grills or cookers are allowed, but must be shielded or covered when possible to reduce the risk of contamination.

**Note: Any potentially hazardous food having temperatures between  $41^{\circ}\text{F}$  and  $140^{\circ}\text{F}$  shall be destroyed.**

SOURCE: Illinois Department of Public Health Food Service Sanitation Code General-Temporary Food Service Establishments. Sections: 750.1610, 750. 1620, 750.1630, 750.1640, 750.1650, 750.1660, 750.1670, 750.1680, 750.1690, and 750.1700.

Moultrie County Health Department  
2 W Adams  
Sullivan, IL 61951  
Phone: (217)728-4114 / Fax: (217)728-2650

Date(s) of Event: \_\_\_\_\_ \$25.00 fee for all for-profit permits

**Permit Application to Operate a Temporary Food Service Facility**

The undersigned herewith makes application for a Temporary food service facility permit.

Deadline for submitting application is 7 days prior to the event

Name of temporary food service facility: \_\_\_\_\_

Phone contact will be made with the applicant once the application is received to discuss ordinance and proper health practices with regard to food safety and sanitation. Please provide a telephone number where a representative can be contacted between 8:30am and 4:30pm, Monday-Friday.

Name of representative making application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Certified food handler (if any): \_\_\_\_\_ Cert # \_\_\_\_\_

Name of festival or event: \_\_\_\_\_

Location of food service facility: \_\_\_\_\_

Prep date & time \_\_\_\_\_ to \_\_\_\_\_

Serving Date & Time \_\_\_\_\_ to \_\_\_\_\_

List of all Foods  
to be Served

Source of Food

Location where food  
will be prepared

1  
2  
3  
4  
5  
6  
7

1  
2  
3  
4  
5  
6  
7

1  
2  
3  
4  
5  
6  
7

Please complete both pages of the application

All potentially hazardous foods must be kept below 41F or above 140F at all times.

Will any restaurants or permitted establishments prepare food for you?  Yes  No

If yes, what restaurant and food item: \_\_\_\_\_

### Cold Storage

Refrigerator  Freezer  Drainable Cooler with Ice  Other: \_\_\_\_\_

### Hot Storage

Oven -Stove  Steam Table  Crock Pot  Elec. Roaster  Other: \_\_\_\_\_

If the food will be transported from a prep area, how will this be done? \_\_\_\_\_

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Do you have a sufficient # of stem therm. To assure temperatures are maintained?  Yes  No

Do you have indicating thermometers +/-2F in all cooling and freezing units?  Yes  No

Do you have hand washing facilities with hand soap and paper towels?  Yes  No

Do you have a 3 compartment sink or other arrangement for dishwashing?  Yes  No

Do you have a test kit for sanitizer to measure proper concentration?  Yes  No

Do you have gloves to handle ready to serve foods?  Yes  No

Do you have hair restraints as needed for individuals with longer hair?  Yes  No

Single service dinnerware provided:  Yes  No

Canopy and flooring provided:  Yes  No

If a grill is being used is it covered?  Yes  No

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I hereby certify that the information submitted herein is correct to the best of my knowledge

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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Application Approved:  Yes  No If no reason: \_\_\_\_\_

Sanitarian Signature \_\_\_\_\_ Date: \_\_\_\_\_