



Intermittent and Seasonal Temporary Restaurant Operational Plan (OP Plan) Review Application

Coos County Environmental Health
281 LaClair St * Coos Bay OR 97420 * 541-266-6720
<http://www.co.coos.or.us>

Office Use Only:

Date Received: _____

Fee charged: \$ _____

Receipt: # _____

License Approved:
Yes No

By EHS _____

Call 541-751-2431 for current fee schedule.

Applicant Information:

1. **Name of Applicant** (Organization or Individual):
Name _____ Phone _____
2. **Mailing Address:** _____
Street City State Zip
3. **Contact Person** @ serving site:
Name _____ Phone _____
4. **Contact Person's email address:** _____

5. Mark The Type Of License You Wish to Apply For Below. For a single event application go to our [website](#).

Seasonal Temporary Restaurant

Is a food operation at a specific location in connection to an ongoing community event with a single oversight organization. The license is valid for no more than 90 days. The location remains the same and the menu is not altered. Examples: School sport concession or weekly farmer's market.

Complete the Food Event Information Below
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Intermittent Temporary Restaurant

Is a food operation at a specific location in connection with multiple public events with oversight provided by more than one entity. The license is valid for not more than 30 days. The location remains the same and the menu is not altered.

Complete and submit a separate Food Event Information section (see below) for each organization hosting any event(s). Make sure event dates match with the correct hosting organization's food event(s)

OP Plan Review

Submission of a suitable Operational Plan Review (OP Plan) is the first step to be issued an Intermittent or Seasonal Temporary Restaurant License. An approved OP Plan may be used again to renew a license up to 15 months beyond expiration of the license where it was last used. An OP Plan does not transfer between venues. Review of the [Temporary Restaurant Operation Guide](#), available on-line, will be helpful in completing this application.

Food Event Information:

6. **Event Name:** _____ **Event Vicinity** _____
7. **Event Organizer / Sponsor:** _____
8. **Who authorizes food service for this venue? (check one)** Event Organizer Property Owner Other
9. **Contact Person:** _____ **Phone #** _____
10. **Serving Site** (i.e. address, block#, building name) _____
11. **Schedule & Serving Site** (you may attach a separate schedule)

Dates Serving	Saturday 7/1						
Set up time	11:00 am						
Serving time	12:00 pm						
Service ends time	2:00 pm						

- Complete the entire application, if this is an **initial** application (or more than 15 months have passed since your Operational Plan was last used for a license) you will receive a copy of your approved OP Plan. Additional copies are \$.50 a page.
- If this application is for a **renewal**, complete only page 1 of the application while providing a copy of your previously approved

12. **Off-Site Facility**

If off-site facilities are used for food preparation, storage or utensil storage, list all the off-site facilities you will use under this license. Write facility names and contact information in the space below. Add sheets if needed. They must be licensed facilities.

Facility Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. **Menu**

Attach a current menu; or list all menu items (make copies of page if needed). Changes in menu require a new operational review, so be sure to include all menu items.

<u>Food Item</u>	<u>Served</u>	<u>Preparation</u> <u>On-site / off-site</u>	<u>If Cooling Foods</u> <u>Describe Cooling Method</u>
<u>e.g., chicken rice soup</u>	Hot <input checked="" type="checkbox"/> /Cold <input type="checkbox"/>	/ x	<u>2" shallow metal pans in ice bath</u>
_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____
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_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/> /Cold <input type="checkbox"/>	/	_____

14. **Food Temperature Control** (include equipment/devices used for temperature control and monitoring)

a. How will the food be cooked, cooled and held cold?

b. How will food temperatures be maintained during transport?

c. How will food be protected from contamination during transport and at the booth?

d. Will reheating occur off-site in addition to the event site? Yes No

e. How will food be reheated?

f. How will food be kept hot

g. How will you monitor food temperatures? What type of thermometers?

15. **Leftovers** - What will happen to prepared food that is leftover?

16. **Ice Source – Where is it from?** _____

17. **Food Supplier** - Meat, Poultry, Fish, Shellfish, Produce, Dairy

18. **Describe your plan for dealing with ill workers?** _____

19. **Describe how you will train your employees to prevent bare hand contact with ready-to-eat food?**

20. **Booth Construction:**

a. Describe the type of overhead protection provided. _____

b. Describe the type of floor provided to effectively control mud and dust. _____

c. If pests are present, describe how you will protect the booth from pests. _____

21. **Diagram/Pictures:**

Attach a diagram and pictures of the booth’s layout. Include hand washing facilities, food storage, cooking equipment, utensils, food preparation surfaces, utensil/equipment washing facilities, cold/hot holding storage, single service products, and sanitizer. Please use graph paper for diagram.

22. **Provide a copy of worker’s food handler cards.**

23. **Infrastructure:** Does this site provide the following?

Public water yes no Restrooms yes no
Sewage disposal . . yes no Hand washing . . . yes no

24. **If no to any of the above,** how will you address each of these items?

25. **Are there any additional comments regarding your operation?** _____