

# New York State Department of Health

## Requirements for Temporary Food Service Events

Presented by:

Bruce W. Stone, PE - District Director  
Canton District Office  
New York State Department of Health

May 2011



# Purpose of Meeting

- Health Department -Who we are
- Administrative Requirements – Obtaining a Permit
- Technical Requirements – Food Safety Issues



You need the facility, equipment,  
staff and expertise to do what  
you want to do.



Call the Health Department  
as early as possible.



# NYS Department of Health – Who we are.

NYS Health Department

Office of Health Systems  
Management

Office of Public  
Health

Regional Offices

District  
Offices

County  
Health  
Departments



# Mission

Simply Stated:  
Our job is to *protect*  
public health.



# Types of Facilities Regulated by the Canton District Office

- Public Water Supplies
- Swimming Pools and Bathing Beaches
- Hotels, Motels and Campgrounds
- Food Services



# State Sanitary Codes Regulating Food

- SubPart 14-1 - Food Service Establishments  
**Effective Date:** 08/19/1992
- SubPart 14-2 - Temporary Food Service Establishments  
**Effective Date:** 01/08/1997
- SubPart 14-4 - Mobile Food Service Establishments and Pushcarts  
**Effective Date:** 08/19/1992
- SubPart 14-5 - Vending of Food and Beverages  
**Effective Date:** 08/19/1992
- SubPart 5-1 - Public Water Supplies  
**Effective Date:** 11/23/2005



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**Chapter 1**  
**State Sanitary Code**

**Subpart 14-1**

**FOOD SERVICE  
ESTABLISHMENTS**

(Statutory Authority: Public Health Law, § 225)

*Includes Amendments  
Effective January 8, 1997*





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**SUBPART 14-2**

**TEMPORARY FOOD SERVICE ESTABLISHMENTS**

**(INCLUDES AMENDMENTS EFFECTIVE JANUARY 8, 1997**

**(Statutory authority: Public Health Law, section 225 )**

Sec.

14-2.1 Definition of temporary food service establishment and frozen desserts

14-2.2 Permit

14-2.3 Definition and cooking of potentially hazardous food; product thermometers

14-2.4 Definition of contamination

14-2.5 Ice

14-2.6 Equipment

14-2.7 Definition of sanitization

14-2.8 Handwashing facilities

14-2.9 Water

14-2.10 Wet storage

14-2.11 Waste

14-2.12 Toilet facilities

14-2.13 Floors

14-2.14 Walls and ceilings of food preparation areas

14-2.15 Transportation

14-2.16 Personnel

14-2.17 Enforcement provisions

14-2.18 Waiver

14-2.19 Reporting of foodborne disease

14-2.20 Separability



# Administrative Requirements



# Definition of a Temporary Food Service Establishment (TFSE)

14-2.1 Definition of temporary food service establishment and frozen desserts.

(a) A "temporary food service establishment" means a place where food is prepared or handled and served to the public, with or without charge, and which operates at a fixed location in conjunction with a single event or celebration of not more than 14 consecutive days duration.



# Permit Required

14-2.2 Permit.

(a) A temporary food service establishment shall obtain and display a valid permit from an issuing official authorized by the State Commissioner of Health.



# Operations Requiring a Permit

Any temporary food service that prepares or handles food and serves it to the public.

- Hot dog / Hamburger / Sausage Stand
- Cotton Candy Stand
- Lemonade Stand
- Chicken Barbeque
- Chili Cookoffs
- Fund Raising Dinners
- Any operation where food is prepared (mixed, cooked, etc.) and/or handled (cut, sliced, diced, minced, portioned, etc.) and served to the public



# Operations Not Requiring a Permit

- Food Processing Establishments
- Retail Food Stores
- Private Homes
- Covered Dish Suppers:
  - Mutually provided, prepared, served, and consumed by a distinct group
  - Group limited to a congregation, club, or fraternal organization
- Religious, Fraternal, and Charitable Organizations:
  - Operate less often than weekly
  - Operate on their own property
  - Notice of Intent/Letter of Permission
  - Other requirements of the State Sanitary Code apply
- Bake sales



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# Caterers, Commissaries, Temporary Food Mobile Vendors & Frozen Desserts (free-standing) Fee Determination Schedule

NEW YORK STATE DEPARTMENT OF HEALTH

As required by Article 6, PHL, effective 1/1/88

Fee Exemption Requested?  Yes If Yes, complete sections  
A, C and D below and return.  No

#### FOR OFFICE USE ONLY

Cashline # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Received by \_\_\_\_\_

#### INSTRUCTIONS

Print or type the requested information. Determine the correct fee. Make your check payable to the New York State Department of Health. Mail the completed form and your check to the appropriate Department of Health Regional or District Office within 30 days of receipt of this form.

#### SECTION A

1a. Name of Establishment \_\_\_\_\_

b. Federal ID Number \_\_\_\_\_

c. Address (No. & Street, City, State, Zip) \_\_\_\_\_

2. Type of Operation:  Caterer or Commissary  Mobile Vendor  
 Temporary Food  Frozen Dessert

3. Name of Operator \_\_\_\_\_

Title \_\_\_\_\_

#### SECTION B

1. Check the appropriate category to determine the total fee due.

Caterer or Commissary = \$200.00  
 Temporary Food or Mobile Vendor = \$30.00  
 Frozen Dessert (free standing) = \$25.00

TOTAL FEE DUE: \$ \_\_\_\_\_

#### SECTION C - Exemption Request

1. Is this facility used for religious, educational or philanthropic purposes?  Yes  No
2. Is this facility operated by a municipality (city, town, village)?  Yes  No
3. If the answer to questions 1 or 2 is "yes" you may request exemption from payment of the annual registration fee. Please indicate documentation that will be made available upon inspection request.
- Incorporation Papers  Other (specify) \_\_\_\_\_

#### SECTION D - Certification

False Statements on this application are punishable under article 170 of the Penal Law.

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Operator \_\_\_\_\_

Date \_\_\_\_\_

DOH-2225(j) 10/92





## Application for a Permit to Operate

### GENERAL INSTRUCTIONS

Complete all items that apply to your establishment.

All applicants must complete sections A,B,G,& H. If you have any questions, contact the local health department that issues your permit.

### SECTION A: Facility Information

Facility Name, Facility Address, Telephone Number, Fax Number and Municipality: Self explanatory

#### Capacity

- A. Food services: enter actual seating capacity, or enter 00 for take out only.
- B. Recreational vehicle parks, campsites, agricultural fairgrounds and mobile home parks: enter the number of actual sites.
- C. Children's camp: enter the maximum number of campers the camp is approved for at one time.
- D. Temporary residences and migrant farmworker labor camps, swimming pools, bathing beaches, mass gatherings: enter the maximum number of people the facility is approved to hold.
- E. Recreational aquatic spray ground: enter 00.

**Facility Status:** Check either profit or nonprofit. If nonprofit, submission of documentation (incorporation paper) verifying status may be required.

**Facility Type:** From the list below enter the facility type that best describes the main or primary operation of the facility. Some multiple operation facilities may require submission of separate permit application(s). Please consult the health department that issues your permit with any questions.

#### Facility Types

##### Agricultural Fairgrounds

##### Bathing Beaches

Freshwater River  
Impoundment/Pond  
Lake  
Ocean Surf  
Other Saltwater

##### Campground/Recreational Vehicle Park

##### Children's Camps

Day Camp  
Day Camp –  
Developmentally Disabled  
Day Camp –  
Municipal  
Day Camp –  
Traveling  
Overnight Camp  
Overnight Camp –  
Developmentally Disabled  
Overnight Camp –  
Municipal

##### Mass Gathering

##### Migrant Farm Worker Housing

Farm Labor Housing

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##### Mobile Home Parks

##### Recreational Aquatic Spray Grounds

Indoor  
Outdoor

##### Swimming Pools

Indoor  
Outdoor  
Indoor/Outdoor  
Wave Pool – Indoor  
Wave Pool – Outdoor  
Wave Pool – Indoor/Outdoor  
Aquatic Amusement – Indoor  
Aquatic Amusement – Outdoor  
Aquatic Amusement – Indoor/  
Outdoor  
Spa

##### Temporary Residences

Labor Camps other than Migrant  
Interior Corridor – Single Story  
Interior Corridor – Two Story  
Interior Corridor – Three Story  
Interior Corridor – Four or more Story  
Exterior Corridor – Single Story  
Exterior Corridor – Two Story  
Exterior Corridor – Three Story  
Exterior Corridor – Four or more Story  
Cabin or Bungalow Colony

##### Food Service Establishment

Restaurant  
Caterer  
School  
Institution  
State Office for the Aging (SOFA) –  
Prep Site  
State Office for the Aging (SOFA) –  
Satellite Site  
Summer Feeding Program (USDA) –  
Prep Site  
Summer Feeding Program (USDA) –  
Satellite Site

##### Temporary Food

##### Mobile Food

##### Vending Food Machines

##### State Agency Licensed Facilities

State Licensed Inspected Facility  
State Owned Operated Facility  
Day Care Center – Residential  
Day Care Center – Non-Residential

(e) if the system(s) and its  
several establishments (i.e.:

primary or main operation  
each, one indoor and two  
bathing beach, 1 for indoor pool  
multiple operations require  
a separate swimming pool  
application forms).

und, enter 01/01 for opening

or P.M. as appropriate.

on, enter the name of  
provide the name(s) of the

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e sent during an emergency.

### Subpart 14-2 NYSSC

### er Subpart 14-4 NYSSC

e name and address of the  
beverages to be served.

### rt 14-5 NYSSC

Telephone number of each

ing address and telephone  
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trate compliance with the

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y issuance of your permit  
is punishable by fines.

## Application for a Permit to Operate

Fax no. ( )

Profit  Non-profit

### Registration

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al Aquatic Spray Grounds

AM AM  
PM PM

Close

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is a violation of the

Date

Date

ate



**NEW YORK**  
state department of  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

Thank you for your inquiry regarding temporary food service establishment requirements.

I have enclosed for your information and use the following materials:

- 1) Copy of DOH-3915 - Application for a Permit to Operate & Instructions
- 2) Copy of Part 14-2 of the State Sanitary Code

Note: The Workers' Compensation and Disability Benefits (WC/DB) procedures changed in 2009. Workers' Compensation Law requires that applicants for Health Department permits must either be covered by WC/DB insurance or have a waiver from the Workers' Compensation Board (WCB) which indicates that the WC/DB insurance is not required. The 2009 procedural change simply specifies how the applicant documents compliance with the WC/DB requirements.

**Please be aware that we cannot process your permit application until we receive either the required WC/DB information or the Exemption Attestation on the proper form(s) as described below.**

When Workers' Compensation/Disability Insurance is Required:

To document compliance with Workers' Compensation requirements, one of the following forms must be submitted with your permit application:

- Form C-105.2 – Certificate of Workers' Compensation Insurance (issued by the applicant's insurance carrier); OR
- Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); OR
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance, OR
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance;

AND

ents, one of the following forms must

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Self-Insurance

urance is Not Required:

estation of Exemption, must be  
n-line application. Please remember  
nalty of perjury, a felony carrying a  
s on the CE-200 must be true.

and you will get a copy of the

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Access Web-based Application'  
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Leave a voice message with the  
phone number. The CE-200 will be  
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New York State Health  
NYSHD certification

tizer must be available

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e application and required  
r mailing address is:  
NY 13617.

386-1040.



NEW YORK  
state department of  
**HEALTH**

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- 3) Fee Determination Schedule

**Regarding the Application for a Permit to Operate:** Be sure to include the days and hours of operation. After the application is complete, sign and date the application.

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- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance;

AND

one of the following forms **must** be submitted

the applicant's insurance carrier); **OR**  
insurance

**Insurance is Not Required:**

tion of Exemption, **must** be submitted  
tion. Please remember that as an applicant  
y carrying a penalty of four years of jail

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on Board at: [www.web.state.ny.us](http://www.web.state.ny.us),  
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CE-200'.  
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igned copy to this office. Be sure to keep

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e a voice message with the certificate  
The CE-200 will be sent to the business

ch requires limited preparation, such as  
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or human consumption, and obtained  
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# Workers' Compensation & Disability

## **When Workers' Compensation/Disability Insurance is Required:**

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- Form SI-12 – Certificate of Workers' Compensation Self-Insurance, **OR**
- GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance;

## **AND**

To document compliance with Disability Benefits requirements, **one** of the following forms **must** be submitted with your permit application:

- DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- Form DB-155 – Certificate of Disability Benefits Self-Insurance



# Workers' Compensation & Disability

## **When Workers' Compensation/Disability Insurance is *Not* Required:**

An exemption certificate, Form CE-200 – Certificate of Attestation of Exemption, must be submitted with your permit application. The CE-200 is an on-line application. Please remember that as an applicant you are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years of jail time. Accordingly, all statements on the CE-200 must be true.

**Electronically** – This option can be completed quickly, and you will get a copy of the Attestation Certificate within 10 minutes.

- Go on-line and access the Workers' Compensation Board at: [www.wcb.state.ny.us](http://www.wcb.state.ny.us).
- Click on the last box in the bottom line of options (gray box with Form CE-200 in bright yellow letters).
- Click on 'Request for WC/DB Exemption Form CE-200'.
- Click on the bar on the bottom that says 'Select to Access Web-based Application'
- Create your own 4-digit PIN number. You will need to remember this number for future reference.
- Follow the rest of the prompts.
- Print the CE-200 form, sign it, and submit the signed copy to this office. Be sure to keep a copy of the signed form for your files.



# Workers' Compensation & Disability

## If you have difficulty printing the CE-200

- Please call the Workers' Compensation Board's CE-200 Hotline at **(866)546-9322**.
- Press 1 and then press 3,
- leave a voice message with the certificate number, the name of the business, and a contact phone number.
- The CE-200 will be sent to the business address on the CE-200 within one business day.

**For any other Worker's Compensation & Disability questions**

**(518) 486-6307**



# Technical Requirements



# Major Causes of Foodborne Disease Outbreaks

- Infected food handler
- Inadequate refrigeration
- Hand contact with ready-to-eat foods
- Insufficient heating during cooking
- Inadequate hot holding
- Improper cooling





# Technical Requirements – Food Safety Issues

- Only food that requires limited preparation, seasoning and cooking, may be served. Preparation of other potentially hazardous foods is prohibited except if prepared under approved conditions, transported and stored properly (Cold – 45 degrees or less; Hot – 140 degrees or above) in approved facilities, and served without contamination.



You need the facility, equipment,  
staff and expertise to do what  
you want to do.



Call the Health Department  
as early as possible.



# Technical Requirements – Food Safety Issues

- All food must be obtained from an approved source
- All food must be labeled



# Technical Requirements – Food Safety Issues

- Food must be protected from contamination at all times.
- No bare hand contact unless the food will be subsequently heated to 140 degrees or 165 degrees if food is being heated for the second time.
- Metal stem-type thermometers are required.



# Technical Requirements – Food Safety Issues

- Equipment
  - Free from cracks and pits
  - Clean
  - Prevent contamination
- Adequate lighting



# Technical Requirements – Food Safety Issues

- Protect food from contamination
- Maintain temperatures



During all phases of food storage, transportation, preparation and service

# Technical Requirements – Food Safety Issues

- Potable Water
- Ice From Approved Source



- Ice used for storage must be drained

# Technical Requirements – Food Safety Issues

- Handwashing Facilities – warm water, soap, paper towels
- Waste
- Toilet Facilities





# Technical Requirements – Food Safety Issues

- Personnel
  - Healthy
  - Clean Clothes
  - No Smoking
  - Hair Restraint



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Contact:

Canton District Office  
New York State Department of Health  
58 Gouverneur Street  
Canton, NY 13617

Ph: (315) 386-1040

Fax: (315) 386-1043

