POTENTIALY HAZARDOUS FOOD – DEFIINITIONS

Potentially hazardous food is defined as any food which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustaccea, raw seed sprouts, heat treated vegetables and vegetable products, or other ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms or the slower growth of C. botulinum. The term does not include foods which have a pH level of 4.6 at 75 degrees or a water activity value of 0.85 or less. The Department of Health may augment or prohibit the sale of certain potentially hazardous food when needed to ensure the service of safe food.

TIME-TEMPERATURE CONTROL

All potentially hazardous foods must be stored below 41 degrees Fahrenheit or above 135 degrees Fahrenheit. The food operator must obtain and utilize a thermometer at all times to monitor food temperatures.

Cold storage of potentially hazardous foods must be in refrigeration units supplied by either a gas or electric generator. If the refrigeration unit requires electric service a diagram must be submitted with the application noting the source of electric service. **Storage of potentially hazardous foods on ice is strictly prohibited.**

All refrigeration units must be provided with thermometers easily visible to the food operator.

All hamburgers must be cooked to 155 degrees Fahrenheit for 15 seconds to ensure that E Coli 157:H7 bacteria are killed. Hamburgers with pink centers are prohibited. Chicken must be cooked to 165 degrees Fahrenheit for 15 seconds. The Fire Department must issue permits for cooking devices (propane etc..). Please call 908-322-5326 for specific instructions.

CROSS CONTAMINATION

Raw or partially cooked potentially hazardous foods must be covered during refrigerated storage and must not be stored above cooked food items or other foods that may be subject to contamination.

When grilling hot dogs, hamburgers and/or other items on a grill, it is essential that cooked items do not come into contact with uncooked items. Raw hamburger cannot be placed on the grill with a utensil that comes into contact with cooked food items. Failure to follow these precautionary measures could result in hazardous bacteria such as E Coli 157:H7 contamination. All food items must be protected from contact with vermin at all times.

UTENSILS

Food vendors are required to use single service utensils and serving containers unless specific approval is granted from the Health Department.

HAND WASHING/FOOD PROTECTIONS

Food vendors may not contact exposed, ready to eat foods with their bare hands and shall use suitable utensils (ie: deli tissue, spatulas, tongs, single-use gloves or dispensing equipment) to handle these foods. When single-service gloves are used, they must be changed each time the employee handles money, eats, touches their hair or face etc... The use of gloves does not excuse the vendor from maintaining available soap, water, disposable towels and instant sanitizer to maintain proper handwashing procedures.

GARBAGE

The applicant must provide or be provided with suitable and sufficient containers to hold all garbage, food waste, and litter between periods of garbage removal on the day(s) of the event.

The above precautionary guidelines are general and may not cover every situation. As such, all food vendors are required to contact the Westfield Regional Health Department at 908-789-4070 Extension 4090 for specific information and approval, prior to attempting to secure a Temporary Food License.

NOTE: <u>A MINIMUM OF TEN BUSINESS DAYS ADVANCE NOTICE</u> IS REQUIRED FOR SUBMISSION, REVIEW AND APPROVAL OF ALL COMPLETED APPLICATIONS – <u>ABSOLUTELY NO EXCEPTIONS</u> WILL BE MADE.

NO LICENSE WILL BE ISSUED PRIOR TO APPROVAL OF THE WESTFIELD HEALTH DEPARTMENT. ONCE APPROVED YOU CAN OBTAIN YOUR FOOD LICENSE BY CONTACTING COLLEEN HUEHN AT FANWOOD BOROUGH HALL, 75 N. MARTINE AVE., FANWOOD NJ 07023 – 908-322-8236 EXTENSION 126.

FOOD OPERATORS ISSUED LICENSES WILL BE SUBJECT TO RANDOM INSPECTIONS CONDUCTED BY THE HEALTH DEPARTMENT ON THE DAY OF THE EVENT. ANY VENDOR FOUND NOT IN COMPLIANCE WITH REQUIREMENTS OF THE HEALTH DEPARTMENT MAY BE SUBJECT TO REVOCATION OR SUSPENSION OF THEIR LICENSE(S) TO SELL FOOD.

FOOD LICENSE APPLICATION BOROUGH OF FANWOOD

A food license is required for every establishment that sells, distributes or serves food/milk/ice cream etc. in the Borough of Fanwood and for food vendors attending special events.

All fees are non-refundable. Licenses are non-transferable.

I hereby make application for 24 hours only) Acream vendor) A	Three day license \$1	150 (3 separate ev	ents in the same y	year)		
1. Licensee Inf	formation					
Please print all inform	ation clearly:					
Name of Applicant			Email Addre	ess		
Name of Owner Corporation or list of the	e Registered New Jersey	(If y Agent)	Corporation plea	ase attach	list of the	Officers of the
Name of Establishment	or Association					
Address		City	State _		Zip	
Home Telephone No		Business Telep	hone No			
Please check one:	_ Partnership Co	orporation	Individually Owne	ed	Non-profit _	
Tax ID Number		OR Social S	ecurity Number _			
Type of Business (ie: fas	st food; restaurant; ice of (Please sign section 3	cream vendor etc.) 3 below; One Day	Vendors fill in se	ection 2 as v	well)	
2. *Temporary (Cfollowing:	One Day OR Three	e events in sar	ne calendar ye	ear) Lice	nse please	complete the
Please list food and/or b	everage to be served: _					
How many trucks or star						-
Food will be prepared (p	please check one) On S	iteComm	ercial Location (sp	pecify)		_
I will keep hot foods abo	ove 140 degrees by the	following method:			-	
	I UNDERSTAN (Storage of potentia	D THAT REFRIC				
I will keep cold foods be	elow 40 degrees by the	following method	(check one)	Generator	oth	ner
If other, please specify _				_		
Se	ee reverse for special in	nstructions pertai	ning to a TEMPO	ORARY LI	CENSE	
I have a current Board o	of Health license in the f	following municipa	ılity in New Jersey	/		
Will you be participating				idence, Ros	elle Park, Sui	mmit, Springfiel
or Westfield? If yes, wh	nen	(Please sign section	on 3 below)			
3. IF A LICENSE IS BOARD OF HEALTH						TIONS OF THI
Date:	Signature					
MAIL CHECK A	MAKE CHECKS F AND COMPLETED AF					, NJ 07023
FOR OFFICE USE	ONLY:					
Licensing Year	License No	Date Is	sued	_Fee Paid	l \$	_Expires