



## HALIFAX COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Post Office Box 10  
15 West Pittsylvania Street  
Halifax, NC 27839  
Phone: (252) 583-6651

Fax: (252) 583-2245

### NOTICE TO FOOD VENDORS

For any festival or event at which you plan to prepare and sell food, the following items shall be completed for you to obtain a permit from the Health Department to operate and sell food at the event.

1. The attached application and fee of \$75.00 shall be returned to us at least **2 weeks** before the event.
2. Upon arrival at the event, your unit shall already be clean and ready to go.
3. **NO** food shall be prepared at home or any location and then brought to the event. All food must be cooked at the event.
4. **NO** water can be brought from home or your place of business to the event. Water is provided at the event. You must bring a food grade hose (usually white).
5. Carefully review all of the attached information.

You are required to apply and pay the fee each time you sell food as a temporary food stand, anywhere in the state of North Carolina. Failure on your part to follow these instructions may result in denial of a permit to prepare and sell food. If we inspect your unit and a permit is denied, you will not be eligible for a refund of the \$75.00 application fee; however, if you are unable to attend the event for any reason, we will refund your money.

Thank you in advance for your cooperation.

Jeff Dillard, REHS  
Environmental Health Supervisor



**HALIFAX COUNTY PUBLIC HEALTH SYSTEM  
ENVIRONMENTAL HEALTH DIVISION**

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**Application for Temporary Food Establishment (TFE)**  
**\$75 fee payable to: Halifax County**

PLEASE NOTE: Rule .2665(d) of the North Carolina Food Service Rules requires all applications to be made **no fewer than 15 calendar days prior to the event.**

1. Establishment Name: \_\_\_\_\_
2. Operator's Name: \_\_\_\_\_  
(Each Operator shall comply with Section 2-201 of the NC Food Code and keep an Employee Health Policy Agreement form for each person involved in food preparation and service.)
3. Operator's Mailing Address: \_\_\_\_\_
4. Operator's Phone Number: \_\_\_\_\_
5. Event Name: \_\_\_\_\_
6. Event Location: \_\_\_\_\_
7. Hours of Operation at Event: \_\_\_\_\_
8. Time that Food Establishment will be ready for Inspection: \_\_\_\_\_
9. Event Organizer Name: \_\_\_\_\_
10. Event Organizer Contact Info: \_\_\_\_\_
11. **BACKGROUND:** Please list the name and location of the most recent event that you operated at as a TFE.

12. **MENU:** List all foods to be prepared or served. (Note: Any changes to the proposed menu must be submitted to the health department at least 3 days prior to the event.)

13: **FOOD SAFETY:** Describe your food handling procedures and include the anticipated food volume and the source of all food.

14. **FOOD EQUIPMENT:** List all food service equipment.

15. **WATER & WASTEWATER:** Describe the water supply to be used and the provisions for handling wastewater.

Layout of booth attached. Please include a sketch or photograph showing the location of all equipment, tables, sinks, food storage, and other relevant features.

I certify the information enclosed to be true and accurate to the best of my knowledge. I understand that providing safe food to the public is my responsibility and will follow all requirements to provide safe food to the best of my ability.

\_\_\_\_\_  
(Signature of Operator)

\_\_\_\_\_  
(Date)

**REQUIRED INFORMATION FOR NON-PROFIT EXEMPTION**

Groups who believe they qualify for an exemption to the T.F.E. permitting requirements must submit proof of exemption status. Please complete the following:

Tax ID#: \_\_\_\_\_

Verification Letter for non-profit status shall be attached.



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## **TEMPORARY FOOD ESTABLISHMENT SANITATION REQUIREMENTS**

On September 1, 2012, new T.F.E. rules and regulations were adopted by North Carolina. The following is a summary of the T.F.E. rules as set forth in the N.C. Foodservice Rules.

### **FOOD**

- A. **Approved Source.** Food must come from approved sources. Be prepared to show invoices or other documentation of your food supply. No food can be prepared at your residence. If food is proposed to be prepared offsite, a "Temporary Food Establishment Commissary" permit must be obtained from the Health Department. Do not begin any food preparation until you receive a T.F.E. permit.
- B. **Ready-to-Cook Meats.** Raw meat, poultry, and fish shall be purchased in ready-to-cook portions.
- C. **Food Protection.** Barriers are required in order to protect food and food contact surfaces from contamination. For outdoor cooking, overhead protection is required. A combination of fans and screens may be necessary in order to keep dust and insects out of the T.F.E. area.
- D. **Ground Covering.** In the absence of asphalt, concrete, or grass, non-absorbent ground covering such as indoor/outdoor carpeting, tarps, etc. will be needed in order to control dust or mud.
- E. **Food Storage.** All food shall be stored above the ground or floor and arranged to prevent contamination.
- F. **RTE Foods & Ice.** Ready-to-Eat foods cannot be stored in direct contact with ice.
- G. **Food Reservice.** Heated food shall not be cooled and re-heated for service on subsequent days.
- H. **Salad Item Restriction.** Ingredients that must be cooked and cooled are not allowed to be prepared in a T.F.E. (I.E. Grilled Chicken); however, these ingredients may be used if bought from an approved source already cooled.
- I. **Cooler Drain Plugs.** Non-mechanical coolers shall have a drainage port.

## **EMPLOYEE HYGIENE**

- A. **Employee Health.** Operators shall be compliant with Section 2-201.11 of the NC Food Code Manual. It is recommend that each employee complete an “Employee Health Policy Agreement” form in order to document compliance.
- B. **Hygiene Requirements.** Employees shall wear clean clothing and use effective hair restraints. Fingernails shall be trimmed and maintained so the surfaces are cleanable and not rough. Anyone wearing fingernail polish or artificial fingernails must use gloves in an approved manner. Except for a plain ring such as a wedding band, food service employees may not wear jewelry including watches or bracelets.
- C. **Handwashing.** Employees shall wash their hands before beginning work, after visiting the restroom, and as often as necessary to remove contamination and keep hands clean.
- D. **Tobacco Use.** Employees shall not use tobacco in any form in a T.F.E.

## **EQUIPMENT & OPERATIONS**

- A. **Clean Equipment.** Equipment and utensils shall be clean. No T.F.E. permit will be issued if equipment is dirty during the inspection. Food service equipment and surfaces shall be cleaned as often as necessary to remove soil and contamination; however, a minimum cleaning frequency of every four hours is required.
- B. **Proper Storage & Handling.** In-use utensils such as spatulas, tongs, serving spoons, etc. shall be stored in such a way as to prevent contamination.
- C. **Hand-Wash Station.** A hand-washing facility consisting of at least a two-gallon container of warm water with an unassisted free-flowing faucet such as a stopcock or turn spout, soap, single-use towels, and a wastewater receptacle is required. This station shall only be used for hand washing!
- D. **Ware-Wash Station.** Three basins of sufficient size to submerge, wash, rinse, and sanitize food service equipment shall be provided.
- E. **Wash Water.** The wash water must be at least 110 degrees F.
- F. **Sanitizing Solution.** The following chemical sanitizer strengths and contact times are required:
  - 1. Chlorine: 50 ppm with a contact time of at least 10 seconds
  - 2. Q.A.C.: Per manufacture’s directions (Typically 150-400 ppm) for 30 secondsNOTE: A testing method such as chemical strips will be required.
- G. **Air-Drying Space.** Adequate area is needed for air-drying equipment and utensils.
- H. **Food Prep Sink.** A food prep sink is required for washing produce.

- I. **Light Shields.** Light bulbs over food storage and prep surfaces shall be effectively shielded.
- J. **Water Supply Hoses.** Only containers and hoses approved for potable water use shall be used.  
No one will be allowed to bring water from an unapproved source on site.
- K. **Wastewater Containers/Hoses.** These devices must be labeled “Wastewater”.
- L. **Garbage Containers.** Sufficient garbage containers, with tight-fitting lids, shall be used.
- M. **Sanitizer Containers.** Buckets and spray bottles containing sanitizer must be labeled. Containers that previously housed a chemical product may not be reused as spray bottles.
- N. **Restroom Access.** Employees must have access to a properly supplied restroom facility.
- O. **Restricted Access.** Public access shall be restricted from the working area of the T.F.E.

Direct all inquiries regarding setup or planning for food service to the Halifax County Environmental Health Division at 252-583-6651. We welcome the opportunity to work with all individuals and ideas.



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## T.F.E. Checklist

### Management and Personnel

	<b>Health Policies.</b> T.F.E. meets employee health policy requirement in Section 2-201.11
	<b>Employee Hygiene.</b> Clean clothes, effective hair restraints, and approved fingernails
	<b>Jewelry.</b> No rings, other than a smooth wedding band, no bracelets, and no watches
	<b>Handwashing.</b> Employees understand when, where, and how to wash their hands
	<b>Tobacco.</b> No tobacco use in any form

### Food

	<b>Approved Source.</b> No prior or unapproved off-site food prep. Invoices if doubtful.
	<b>Ready-to-Cook Meats.</b> Raw meat, poultry, and fish must be in ready-to-cook portions
	<b>Food Protection.</b> Effective barriers. Overhead protection. Screens & fans needed?
	<b>Ground Covering.</b> Required if T.F.E. operates on bare earth or muddy sites
	<b>Food Storage.</b> Food stored above ground. Food arranged to prevent contamination.
	<b>Ice.</b> R-T-E foods shall not be stored directly in contact with ice
	<b>Cook &amp; Serve.</b> No cooling and reheating of previously cooked foods for service
	<b>Salad Item Restriction.</b> No cooking & cooling meats for salads (i.e. Grilled Chicken)
	<b>Cooler Drain Plugs.</b> Non-mechanical coolers must have drainage ports.

### Equipment & Operations

	<b>Clean Equipment.</b> Utensils, coolers, & food prep surfaces shall be clean (4 hour rule)
	<b>Utensil Storage.</b> In-use utensils such as tongs, spoons, etc. shall be properly stored.
	<b>Hand-wash Station.</b> Approved $\geq$ 2 gallon container of water, soap, & paper towels.
	<b>Wastewater Container.</b> Labeled container for wastewater (i.e. 5 gallon bucket)
	<b>Ware-wash Station.</b> 3 basins of sufficient size for wash, rinse, & sanitize method
	<b>Wash Water.</b> Means of providing water temperature of at least 110 degrees F
	<b>Sanitizing Solution.</b> Labeled containers of sanitizer. 50 ppm Cl or 200 ppm Q.A.C.
	<b>Air-Drying Space.</b> Adequate area for air-drying equipment and utensils
	<b>Water Supply Hoses.</b> Approved food-grade water hoses
	<b>Garbage Containers.</b> Adequately sized garbage containers with tight-fitting lids
	<b>Restrooms.</b> T.F.E. personnel must have access to restroom facilities
	<b>Restricted Access.</b> Public access shall be restricted to working areas of the T.F.E.

# Employee Health Policy Agreement

## Reporting: Symptoms of Illness

I agree to report to the manager when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part (such as boils and infected wounds, however small).

## Reporting: Diagnosed Illnesses

I agree to report to the manager when I have:

1. Norovirus
2. Salmonella Typhi (typhoid fever)
3. Shigella spp. infection
4. E. coli infection (Escherichia coli O157:H7 or other EHEC/STEC infection)
5. Hepatitis A

*Note: The manager must report to the Health Department when an employee has one of these illnesses.*

## Reporting: Exposure of Illness

I agree to report to the manager when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.
2. A household member with Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or hepatitis A.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, Shigella spp. infection, E. coli infection, or Hepatitis A.

## Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be excluded\* or restricted\*\* from work.

\*If you are excluded from work you are not allowed to come to work.

\*\*If you are restricted from work you are allowed to come to work, but your duties may be limited.

## Returning to Work

If you are excluded from work for having diarrhea and/or vomiting, you will not be able to return to work until more than 24 hours have passed since your last symptoms of diarrhea and/or vomiting.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, Salmonella Typhii (typhoid fever), Shigella spp. infection, E. coli infection, and/or Hepatitis A, you will not be able to return to work until Health Department approval is granted.

## Agreement

I understand that I must:

1. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
2. Comply with work restrictions and/or exclusions that are given to me.

I understand that if I do not comply with this agreement, it may put my job at risk.

Food Employee Name (please print) \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Manager (Person-in-Charge) Name (please print) \_\_\_\_\_

Signature of Manager (Person-in-Charge) \_\_\_\_\_ Date \_\_\_\_\_