



COUNTY OF BERGEN
DEPARTMENT OF HEALTH
Division of Environmental Health
Office of Consumer Health
220 East Ridgewood Avenue • Paramus, New Jersey 07652-4895
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HEALTH DEPARTMENT REQUIREMENTS FOR TEMPORARY FOOD EVENTS

Operations must be in full compliance with NJAC 8:24 "*Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations*". Home prepared foods are prohibited except as regulated by NJAC 8:24, Subchapter 11 – *Cottage Food Operator Permit*.

Pre-Screening

- All vendor food activities require Health Department oversight. Food prepared prior to the event must be in a licensed, inspected kitchen. Documentation of this oversight must be provided. (see attached application for details)
- Certification in a food safety course is expected.
 - o Registration for future classes:
<https://www.co.bergen.nj.us/consumer-health/food-safety-program>



- All foods must be obtained from an approved source (a food facility that is licensed by either the local health authority, FDA, USDA or state as a wholesale food supplier). Receipts are required.

Food Temperatures

Proper food temperatures must be maintained at ALL times during transport, on display and in storage.

- **COLD FOODS MUST BE 41°F OR BELOW**
- **HOT FOODS MUST BE 135°F OR ABOVE**
- Raw animal foods must be cooked to their proper temperature
- Potentially hazardous foods that require **reheating** must be cooked to **165°F**
- Sternos, steam tables or other hot-holding equipment may not be used to reheat

potentially hazardous foods.

- Food testing/probe thermometer required for potentially hazardous foods
- Refrigeration thermometers required for cold holding units.
- Maintain a sufficient supply of ice

Personal Hygiene

A means for **hand-washing** **MUST** be provided. A portable hand-wash station is the best and most preferred method.

- Provide soap and paper towels.
- Hand sanitizers may be used to follow handwashing but shall not be approved as a sole method of cleaning hands (except in the case of pre-packaged foods only).

Bare hand contact with ready-to-eat foods **must be eliminated**. The use of gloves, tongs, deli paper, etc. must be utilized. If gloves are used, they must be properly changed in between activities (i.e. handling raw meats, ready-to-eat foods, soiled equipment/utensils, smoking, eating/drinking, handling money etc.)

Food handlers must wear hair restraints.

Any vendor or worker with signs/symptoms of illness may not participate in the event.

Equipment and Warewashing

Prevent Cross Contamination

- Separate utensils must be utilized for raw foods and ready-to-eat foods.

Ice used for storage must be separate from ice used for consumption.

- Ice for consumption must be handled with a scoop and stored in a clean, self-draining container protected from contamination

Wash, Rinse and Sanitize method needed for warewashing.

- The following method may be used in the absence of fixed plumbing or a 3 comp sink:
 - o Set up three buckets or large containers. Fill the first with soap and water. Fill the second with water only. Fill the third with bleach and water (50-100 ppm / one half ounce bleach per gallon of water).
 - o Wash item in the first bucket; rinse it off in the second; dip it in the third bucket for one minute and allow to air dry.

All items must be off the ground and protected (Food, beverages, utensils etc.)

Single use, disposable items should be utilized wherever possible.

Equipment used for transport & storage (coolers etc.) must be clean and in good repair.

EAST RUTHERFORD HEALTH DEPARTMENT
TEMPORARY FOOD EVENT APPLICATION

1 DAY EVENT - \$50.00

2-3 DAY EVENT - \$75.00

4 DAYS OF MORE - \$100.00

NON-POTENTIALLY HAZARDOUS FOODS ONLY - \$25.00

EVENT INFO

Event Name:		Date of Event:
Time Vendor will be set up for inspection:		Time Frame of Event:
Event Address:		
City:	State:	ZIP:
Event Coordinator Name/Organization:		
Event Coordinator Email:		Event Coordinator Phone:

VENDOR INFORMATION

Business Owner/Entity Name:		
Mailing Address:		
City:	State:	ZIP:
Phone:	Email:	
Onsite Operator:	Phone:	
Site set up: <input type="checkbox"/> Food Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Table <input type="checkbox"/> Tent <input type="checkbox"/> Other: _____		

FOOD PREPARATION

PLEASE NOTE: ANY FOOD PREPPED BEFORE THE EVENT MUST BE PREPARED IN A LICENSED, INSPECTED KITCHEN

Where is food purchased? (maintain receipts for inspection):			
Where will food be prepared?:			
If food is prepared at a commissary please fill out the following information:			
Commissary Name:		Commissary Address:	
City:	State:	ZIP:	Phone:

MENU INFORMATION

Menu Items to be served: _____

PRE-SCREENING DOCUMENTATION REQUIRED

Copies of the following items must be submitted with your application prior to the event:

1. Business License and Certificate of Insurance
2. Food Safety Program Certification
3. Last Inspection report
4. Commissary License – if applicable
5. Commissary Inspection report – if applicable
6. Photos of truck equipment and sinks – if applicable for truck or trailer

All stages of food activities require Health Department oversight. Commissary kitchen paperwork in another business name will not be accepted.

FEES

1 DAY EVENT - \$50.00

2-3 DAY EVENT - \$75.00

4 DAYS OF MORE - \$100.00

NON-POTENTIALLY HAZARDOUS FOODS ONLY - \$25.00

I certify to the best of my knowledge that all information supplied is true and correct. I have received, read and understand "Requirements for Temporary Food Events." I understand that event participation approval is based on Health Department application review and vendor pre-screening.

Signature: _____

Date: _____

For Office Use Only
Reviewed and Approved by:

Name:	Date:
Fee:	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check CK# _____
Fee paid by:	<input type="checkbox"/> Promoter <input type="checkbox"/> Directly