CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
508-991-6199

TEMPORARY FOOD EVENT
COORDINATOR'S PLANNING GUIDE

The New Bedford Health Department has prepared this Temporary Food Event Coordinator's Planning Guide to assist you/your organization through the process of planning and holding a safe and successful community event. This kit includes the following items:

1. **Temporary Food Event Flyer**

2. **Coordinator's Check List for Temporary Food Events: (Due 30 days prior to event)**
   a. Event Coordinator must complete/submit Check List to Environmental Health Division.
   b. Provide a copy of the Certified Food Protection Manager's Certificate for person who will assist with planning and be present at the event.

3. **Guidelines for Temporary Food Event Vendors:**
   a. Provide a copy to each food vendor to post on-site during the event
   b. Food vendors must comply with requirements

4. **Temporary Food Event Permit Application: (Due minimum of 14 days prior to event)**
   a. Each food vendor must complete and submit application, including Floor Plan.
   b. Each food vendor must attach a copy of Worker's Compensation Insurance Affidavit: General Businesses along with workers' compensation policy declaration page showing the policy number and expiration date.

5. **Smoke-Free Workplace Law Signage**
   a. Signage must be posted in visible location at each food vendor station, restrooms, and entrance to dining areas/food courts and main entrances to community event.
   b. Smoking is prohibited in all food prep, food service, dining areas, restrooms and in all enclosed areas or areas capable of being enclosed.

If you or any of your event food vendors do not have the proper three compartments sink required by the Massachusetts Sanitary Food Code for food operations, you may rent one by contacting the Department of Facilities and Fleet Management at 294 Liberty Street @ 508-979-1520. Contact the Department of Public Infrastructure at 1105 Shawmut Avenue @ 508-979-1550 to arrange for pumping and water supply. Please make arrangements several weeks prior to the event.

If you have any questions, call the New Bedford Health Department at **508-991-6199** or visit us at **1213 Purchase Street -1st floor**, Monday through Friday, 8:00 AM to 4:00 PM.

We wish you success with your community event!

Board of Health

CITY OF NEW BEDFORD HEALTH DEPARTMENT
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COORDINATOR'S CHECKLIST FOR TEMPORARY FOOD EVENTS

As the Event Coordinator it is your responsibility to provide the following information, which is required to assess, prevent and address potential public health risks that might occur during the event. Advance planning will help promote and protect public health helping to insure a safe and successful operation.

IMPORTANT REMINDERS:

THIRTY (30) DAYS PRIOR TO THE SCHEDULED EVENT:

1. **RETURN COMPLETED COORDINATOR'S CHECKLIST - (PRINT OR TYPE LEGIBLY)**
2. **ATTACH ALL EVENT FOOD VENDOR PERMIT APPLICATIONS**
3. **NOTIFY FOOD VENDORS THAT THE TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION MUST BE RECEIVED BY THE BOARD OF HEALTH, DIVISION OF ENVIRONMENTAL HEALTH, NO LATER THAN TWO (2) WEEKS PRIOR TO THE EVENT. THE CURRENT PERMIT FEE FOR TEMPORARY FOOD EVENT VENDORS IS $75.00 for the 1st Day + $25.00 for each additional day.**

1) NAME OF EVENT: _____ **DATE (S):** _____

2) EXPECTED NUMBER OF PATRONS: _____ **PEAK DAYS:** _____

3) EVENT LOCATION: _____

4) NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS

NAME **ADDRESS** **DAY TIME PHONE# (Work) / HOME #**

a. _____

b. _____

c. _____

***E-MAIL ADDRESS** _____ **AND/OR FAX #:** _____

5) NUMBER OF ANTICIPATED FOOD VENDORS: _____

6) EVENT'S CERTIFIED FOOD PROTECTION MANAGER'S NAME: _____

(Please provide a copy of the certificate)

7) DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD VENDORS:

a) _____ **b)** _____

8) DATE AND TIME OF EVENT SET UP: _____

9) DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, and LOCATIONS):

_____

10) WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS? _____**YES** _____**NO**

11) DESCRIBE POTABLE WATER SUPPLY: _____

12) DESCRIBE WASTEWATER DISPOSAL SYSTEM: _____

13) DESCRIBE GARBAGE DISPOSAL: _____

_____

14) EVENT COORDINATOR'S SIGNATURE **TITLE** **DATE**

CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
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GUIDELINES FOR
TEMPORARY FOOD EVENT VENDORS

In order to insure a safe and sanitary food supply, your temporary food establishment permit is issued based on the following conditions:

1. Application must be filed at least fourteen (14) days prior to event(s).

2. No permit to operate a Temporary Food Establishment will be issued unless arrangements are made for a pre-opening inspection conducted by the Health Department's Sanitarian.

- **a.** Applicants must contact the Environmental Health Division Office at least forty-eight (48) hours in advance to schedule an inspection.
- **b.** At the time of inspection, booth or cart must be **fully operational** (electricity, refrigeration, running water, etc.)
- **c.** A pre-opening inspection will be conducted Monday through Friday during normal city work hours of operation. If a weekend or an evening inspection is required after 4 p.m., additional fees will be assessed.

3. All permits issued by the Board of Health, PIC Certified Food Protection Manager Certificate and Allergen Awareness Certificate and allergen statement* must be conspicuously displayed on-site.
*Please inform your server if any member of your party contains an allergy

4. Only non-Time and temperature control for safety foods or TCS foods requiring minimal preparation may be served.

- **a**. *Only those foods specifically stipulated on the permit may be served.*

5. Foods including ice must be obtained from an approved commercial source.

- **a.** Proof of source (i.e. boxes, receipts, etc.) must be on-site.

6. Temperature requirements – storage, display and transportation:

- **a.** Units shall be capable of maintaining:
  - ♦Refrigeration at 41° F or below – Freezer at 0° or below
  - ♦Hot storage at 140° or above
- **b.** All time/temperature control for safety foods must be kept either above 140° F or below 41° F.
- **c.** Calibrated metal stem type thermometers must be used to test temperatures and thermometers must be accurate to +/- 2°F with a minimum range of 20 - 170°F
- **d.** Storage of food in contact with water or un-drained ice is prohibited.
- **e.** Wrapped sandwiches or wrapped time/temperature control for safety foods will not be stored in direct contact with ice or direct sunlight.
- **f.** All food and drinks and condiments shall be handled and stored in such a manner so as to prevent contamination; single service pre-packaged items are preferred (i.e. covered & stored in clean containers, kept up off the ground).
- **g.** Trash bags shall not be used to store food.
- **h.** Food handling must be minimized, using tongs, plastic gloves, napkins, etc.

7. Plumbing requirements:

- ☐ Three compartment sinks and a hand-washing sink must be provided for all food preparation operations.
- ☐ Enough potable water must be provided for all food preparation, cleaning and handwashing.
- ☐ Running water with liquid soap and disposable paper towels for hand washing shall be available.
  - ☐ **a.** A portable hand washing sink is preferred; or a three (3) to five (5) gallon container of water with a spout used in conjunction with a dump bucket or retention tank is acceptable to collect liquid wastewater from hand washing. A trash receptacle for disposal of paper towels is required.

8. Structural elements:

- ☐ **a.** Floors must be cleanable and in good repair, i.e. plywood or vinyl flooring, blacktop or hard surface - cannot be on grass or raw dirt surface.
- ☐ **b.** Walls must be constructed to prevent entrance of insects into food prep area.
- ☐ **c.** Ceilings must protect interior food prep area from weather.
- ☐ **d.** Service openings shall be no larger than necessary and be fitted with tight fitting solid or screened doors, windows or air curtains.
- ☐ **e.** Lighting must have protective shields.
- ☐ **f.** Cooking area must be restricted from public access by physical barriers, i.e. counters, temporary fencing, restricted access signage and/or mesh screening as may be necessary to insure public health and employee safety.

9. Sanitation requirements:

- ☐ **a.** All food handlers shall wash their hands before starting work, after utilizing toilet facilities after smoking, before handling food and whenever necessary to maintain sanitary conditions.
- ☐ **b.** All equipment, utensils and containers shall be maintained in a clean and sanitary condition.
- ☐ **c**. Spray sanitizer for food contact surfaces and *a test kit are* required; Quaternary Ammonia at a ratio of 200 parts per million is preferred sanitizing solution (available at restaurant supply and home improvement stores).
- ☐ **d.** Smoking is prohibited in all food service and dining areas; smoking is also prohibited in all food service court areas and/or within fifteen (15) feet perimeter surrounding cart, booth, or food storage area and further distance if smoke migrates into employee work or food service areas.
- ☐ **e.** No smoking signs must be posted in food preparation area and access points visible to consumers.
- ☐ **f**. Garbage must be stored in receptacles with covers or lids and refuse/trash shall be disposed of in a satisfactory and frequent manner. Premises shall be kept clean at all times.

Daily re-inspections will occur unannounced for any multi-day events. If any of these conditions are not met, or violations are found during a re-inspection, your Temporary Food Establishment Permit may be immediately revoked and you will be asked to cease operation and leave the event.

If you have any questions, please contact the New Bedford Health Department at 508-991-6199.

These guidelines are to be on site for reference at all times during period of operation.

_____	_____
Permit Holder's Name	*Date(s) of operation*

Rev- 10/18//2021

FOR BOARD OF HEALTH USE ONLY				
DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT FEE: $_____	PERMIT ISSUED
			ADDITIONAL DAYS: $_____	DATE: _____
_____	_____	_____	TOTAL FEE = $_____	ID#_____

CITY OF NEW BEDFORD
HEALTH DEPARTMENT / ENVIRONMENTAL HEALTH DIVISION

1213 Purchase Street, First Floor New Bedford, MA 02740

For Application Assistance: (508) 991-6199 For Inspectors: (508) 991-6199

TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Fee(s): $75.00 (1st Day + $25 for each additional day) Crafter's Permit = $10.00 per event

	*	*
Name of Establishment / Business	Owner/Operator	Contact Telephone
	*	*
EVENT Name or LOCATION	Date(s) of Event	Hours of Operation

_____

Operator Mailing Address

_____

***E-Mail Address**

1) Before completing this application have you read the "Guidelines for Temporary Food Event Vendors?" ____Yes ____No
If you are **coordinating this event** have you filled out the form entitled "Checklist"?_____Yes _____No

2) MENU: **Attach a menu or list of all items** to be prepared, packaged or served. Any **changes** to this list must be submitted and approved by B.O.H. at least **7 days prior** to the event.

3) Name of person holding a **Certified Food Protection Manager with Allergen Awareness Training:**
_____ (Please provide a copy of the certificates)

4) Will all foods be prepared at the Temporary Food Booth?
_____**YES -** Please **fill out only SECTION B** below.
_____ ***NO -** Please **fill out SECTION A & B** below.
*Please **attach a copy** of the current food establishment permit for the "Commercial Kitchen" used or "Residential Kitchen" used to produce end product as well as commissary letter.

SECTION A - At the approved kitchen:

List any potentially hazardous food item and for each item, check which preparation procedure will occur:

FOOD:	***Thaw***	**Cut / Assemble**	**Cook**	**Cool**	**Cold Hold**	**Reheat**	**Hot Hold**	**Portion Pkg.**
1)								
2)								
3)								
4)								
5)								
6)								

SECTION B – At the booth:

FOOD:	***Thaw***	**Cut / Assemble**	**Cook**	**Cool**	**Cold Hold**	**Reheat**	**Hot Hold**	**Portion Pkg.**
1)								
2)								
3)								
4)								
5)								
6)								

5) List all Food Source(s):_____

_____

Water/ Ice Source: _____ **Storage:** _____

Wastewater Storage:_____ **Disposal:** _____

Garbage Storage:_____ **Disposal:** _____

6) PLAN REVIEW:

A- Below, draw a sketch of your booth/ trailer food prep area. Identify all equipment including hand wash facility, dish wash facility, **ranges, ovens, refrigerators, worktables, food storage, trash receptacle, etc. <u>NOTE – All open flames require a certificate from Fire Dept.</u>**

List of equipment: _____

_____

B- Describe floor, wall and ceiling surfaces:_____

_____

BOARD OF HEALTH COMMENTS:_____

_____

APPLICANT'S SIGNATURE:_____**DATE:**_____

Individual Social Security # :_____ **or FEIN #:**_____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name:_____

Address:_____

City/State/Zip:_____ Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name:_____

Insurer's Address:_____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:_____ Date:_____

Phone #:_____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person:_____ **Phone #:**_____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an ***employee*** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An ***employer*** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required**." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
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