



CALVERT COUNTY HEALTH DEPARTMENT  
 Division of Environmental Health  
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[www.calverthealth.org](http://www.calverthealth.org)

Date Received: _____
Received by: _____
Event Date: _____

**NOTIFICATION FORM FOR AN EXCLUDED ORGANIZATION**

Notation is hereby made to operate a non-profit food establishment in accordance with the Annotated Code of Maryland-Health General Article Governing Excluded Food Establishments.

COMAR 10.15.03.26 states a volunteer fire company or bona fide nonprofit fraternal, civic, war veterans, religious, or charitable organization or corporation that does not serve food to the public more often than 4 days per week, except that once a year an organization may serve food to the public for up to 30 consecutive days. *Written notification must be made to the Department no less than 30 days prior to an event that will serve potentially hazardous food to 200 or more individuals from the public.*

**PLEASE PRINT OR TYPE**

Name of Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Owners Phone# \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Contact Person and Phone #: \_\_\_\_\_

Owner of Organization: \_\_\_\_\_  
 (Please Print)

Applicant's Signature: \_\_\_\_\_

**II. Check Type of Establishment Where Food Storage/Preparation/Cooking Will Take Place:** (Check all that apply)

Kitchen  Mobile Unit  Temporary Event  Other (Please Describe)  \_\_\_\_\_

Water Supply: Public \_\_\_\_ Private (Well) \_\_\_\_ Sewerage: Public \_\_\_\_ Private (Septic) \_\_\_\_

III. Date(s) and Time(s) for Event: \_\_\_\_\_

Location: \_\_\_\_\_

Estimated Number of Individuals to be Served: \_\_\_\_\_

Source of Food: \_\_\_\_\_  
(Name of Supplier, Grocery, Restaurant or Commercial Distributor)

Location of Food Preparation: \_\_\_\_\_

**If any food is prepared off site please provide the following information:**

Name of the Facility Used: \_\_\_\_\_

Explain Procedures for Transporting Food to Event: \_\_\_\_\_

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**IV: Mobile Unit Information (only complete if a mobile unit will be used during the event):**

Mobile Unit: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Tag#: \_\_\_\_\_ Vin#: \_\_\_\_\_

Special Markings (Names, Numbers Etc.): \_\_\_\_\_

Is the mobile unit licensed: Yes \_\_\_ No \_\_\_ If yes, please provide a copy of the food license.

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**OFFICIAL USE ONLY:** Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

## Calvert County Health Department Temporary Food Service Facility Menu Page

**All food should be prepared and cooked at the event. Should any of the menu items served at the event be prepared off-site then please fill in the information below and provide a copy of the facility's food license.**

Name of Licensed Facility: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Facility License # \_\_\_\_\_

Below please list all the menu items that will be served during the event. All foods must be from an approved source and prepared at a licensed food service facility or onsite at the event. No food can be stored, prepared, or cooked at a private home. Should this form not be filled out or received incomplete this may delay the approval of your permit.

Menu Item	Place of Preparation	Method of Cold Holding*	Method of Cooking**	Method of Hot Holding***	Method of Cooling (if applicable)	Method of Reheating (if applicable)
Ex. Chicken	Fairgrounds under tent	In cooler with ice at 41°F or less	On-site, grill with cover or fryer to a temperature of above 165°F	Chaffing pan or warming unit. Product held at 135°F or greater	N/A	N/A

**See next page for proper temperatures**

## **Required temperatures according to COMAR 10.15.03**

\*Cold Holding (minimum): All foods: 41°F or less; 45°F Shell Eggs & Shellfish; Vacuum Packaged Foods: 38°F

\*\*Hot Holding (minimum): All foods: 135°F or greater

\*\*\*Minimum Cook Temps: **SEE TEMPERATURE CONTROL CHART FOR ALL COOK TEMPERATURES**

Poultry: 165°F; Ground Fish/Meats: 155°F; Whole Meat/Pork/Seafood: 145°F;

Fruits, Vegetables & Ready-to-Eat Commercially Processed Foods Cooked for Hot Holding:

135°F; Whole Roast: 130°F for 112 minutes

Describe the method for transporting cold and/or hot foods:

List the methods used for cold holding and hot holding food during the event:

Describe the set-up for warewashing and the type of sanitizer that will be used during the event:

Provide the type of sanitizer that will be used for sanitizing buckets:

*\*Test strips must be provided to measure sanitizer concentration.*

Please check the following items that will be provided during the event:

- Hair Restraints for all food staff
- Stem thermometer (digital or dial that reads temperatures in 2° increments ranging from 0° to 220°)
- Gloves for ready-to-eat foods
- Siding or screening for 3 of the 4 sides of the tent
- Cleaning bucket with soap and warm water for cleaning surfaces prior to sanitizing
- A potable water hose that is NSF approved or equivalent

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### **Utilities**

What is the source of water used for hand washing, warewashing, and food preparation? (*\*Ensure proper backflow protection is provided is direct water connections will be used on-site*)

What is the method of waste water disposal from hand washing and warewashing equipment?

Who will be responsible for refuse disposal and how will it be stored on site?

Provide a drawing of the Temporary Food Establishment. Please include and label the following: location of hand washing station(s), dishwashing location, food preparation tables for ready-to-eat foods and raw meat products, all cooking equipment and any self-service areas for customers. If a truck or trailer will be used for food storage, please ensure that no food is stored on the floor and the area is available for inspection.

A large, empty rectangular box with a thin black border, intended for a drawing of a Temporary Food Establishment. The box is currently blank.