

SPECIAL TRANSITORY FOOD UNIT STANDARD OPERATING PROCEDURE WORKSHEET

STFU Name:	License #
Owner:	Date:
Address:	City:
State/Zip:	Phone:
STFU Unit Type:	STFU Dimensions:
List All Support Vehicles:	
List All Off-Site Storage:	
List All Variances Issued:	

Instructions: Answer all questions. Use additional pages if needed. If a question does not apply, mark the section as “N/A”.

1. Personal Hygiene

A. Complete the following – Initial to verify agreement to comply:

Employees will report to work clean and in clean clothes:	
Employees will use proper hair restraints (describe restraint used.)	
Employees will not use tobacco in the food areas.	
Employees will not eat in the food areas.	
Employees will drink only from covered cups with a straw, or equivalent, in the food area.	
Employees will cover all cuts with waterproof bandages.	
Employees will cover cuts on hands with a bandage and a proper glove.	
Employees will not wear nail polish/artificial nails or will cover the nails with gloves. Nails will be kept trimmed and clean.	
Employees will not wear hand/wrist jewelry, with the exception of a plain wedding band.	
Soap, paper towels, waste receptacle and a reminder notice will be provided at each hand washing location	

B. Hand Washing: Indicate how employees will wash their hands, including a description of the hand washing facility.

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C. Employee Health: Describe the method of complying with the below requirements. *(Note: Guidance documents, including posters and forms, are available from the local licensing agency.)*

Employee health information collection, such as using FDA-provided forms or equivalent:	
Employees with a “Big Five” Illness – Norovirus, E. coli, Salmonella Typhii, Shigella, Hepatitis A – will be excluded from the STFU and that the exclusion will be reported to the licensing agency.	
Employees with conditions that can be transmitted to food that are not Big 5 related will be restricted to non-food handling duties.	
Employees who experience vomiting or diarrhea will be excluded from the STFU for at least 24 hours after they are symptom free.	
Describe the procedures for reinstating restricted and excluded employees.	

2. Food

(Note: Any changes to the menu must be submitted and approved by the licensing local agency prior to their service. Approval documents may be required during inspections.)

A. Menu: List all foods proposed to be served.

B. Food Source: List all suppliers.

_____ The use or sale of home-prepared foods is prohibited. Indicate by initialing the line provided that these foods will not be served.

C: Servicing Areas: List all other locations used during or between events to support the STFU, such as commissaries, storage units, or other locations where food or equipment is stored. *(Note: If food is prepared or stored in any of these locations a separate license may be required.)*

Service Area:	Items Stored:

D. Storage: Indicate the method(s) of storage that will be used for all food and food-related items at the event – include location(s).

Raw meats:	Cooked/RTE Products:
Vegetables/Fruits:	Canned Products:
Ice:	Beverages:
Condiments:	Dry goods:
Equipment:	Single Service Items:
In-Use Utensils:	Other items:

E: Food Transportation: List all methods of transporting food during or between events from the suppliers to the STFU. Include description of support vehicles and all details on how food will be handled during transport.

Food To Be Transported	Transportation Method	Duration of Transport
Hot Foods:		
Cold Foods:		
Dry/canned goods:		
Fruit/Vegetables:		
Other Items:		

F: Thawing: List foods that will be thawed by the following approved methods.

Method	Food
Under Refrigeration:	
During Cooking:	
In a Microwave Oven followed by Cooking:	
Under Cold Running Water:	

G. Preparation: The handling of ready-to-eat foods with bare hands is prohibited. Indicate what ready-to-eat foods will be served and how bare hand contact will be avoided (gloves, utensils, deli papers).

Food Type	Barrier Used

H. Cross Contamination Prevention: Raw animal products and unwashed fruits/vegetables must be handled and stored in a manner that prevents cross-contamination of cooked/ready-to-eat foods. Indicate how and where storage and handling will take place.

Unwashed fruits & vegetables:	Eggs:
Whole meat cuts:	Fish/Seafood:
Ground meat products:	Ready-to-eat food
Poultry/stuffing/stuffing containing meats, etc.:	Other:

I. Cooking: Indicate how all foods will be cooked. (NOTE: Please mark foods that are cooked to order with an * and include a copy of the Consumer Advisory.)

Food	Cooking Method/Equipment Used	Final Cooking Temperature

J. Cooling: Indicate what foods will be cooled and how they will be cooled.

Food	Cooling Method	Time to 70°F	Time to 41°F

K. Reheating: Indicate all foods that will be reheated and the reheating method.

Food	Individual (I) or Bulk (B)	Equipment Used	Reheat Temperature	Reheat Time

L. Hot Holding: Indicate what foods will be held at 135°F or higher and the equipment that will be used.

Food	Equipment Used

M. Cold Holding: Indicate the foods/food groups that will be held at 41°F and the equipment used.

Food	Equipment Used

N. Temperature Monitoring: Indicate how cold and hot food temperatures will be monitored during events.

Food	Thermometer Type	Monitoring Intervals	Calibration Method and Frequency	Cleaning/Sanitizing of Thermometer
Hot Foods:				
Cold Foods:				
Cooked Foods:				

O. Time Alone as a Control: List foods where only time, and not temperature, will be used to control the safety of potentially hazardous/TCS food items. Explain the time control for each food item (Note: Foods must be marked when time control is going to expire and foods have to be discarded.)

Food	Initial Temp	Maximum Time out of Temperature	Marking Method	Monitoring Method (Thermometer Type)

P. Date marking: Ready-to-eat potentially hazardous/TCS foods must have adequate date marking as outlined in section 3-501.17 of the Food Code. I

Food	Datemarking Method including number of days items are kept

3. Food Contact Surface Cleaning and Sanitizing

A. Warewashing: Describe how all utensils and equipment (include all clean-in-place equipment) will be cleaned. Include the frequency of cleaning, the facilities used, the procedures used and the chemicals used. *(NOTE: In-use utensils for potentially hazardous foods must be washed, rinsed and sanitized at least every four hours)*

Equipment	Frequency	Location	Procedure	Sanitizer/Concentration

___ Test strips must be provided to monitor concentrations of each type of sanitizer used on site. Indicate by initialing the line provided that test strips will be provided and used.

B. Prep and Cooking Surface cleaning: Describe how food contact preparation surfaces and cooking surfaces will be cleaned and sanitized.

Surface	Frequency	Location	Procedure	Sanitizer/Concentration

C. Chemical Storage: Describe where sanitizers and other chemical will be stored in the STFU or during the event.

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4. Water Supply

(Note: Water must be obtained from approved sources that have completed state or local sampling requirements. Contact the Local Health Department for additional information on non-municipal sources)

A. Water Source and Storage: Indicate how potable water will be supplied to the STFU. Describe how water will be stored on board (i.e. water jugs, holding tank,) and describe in detail any support equipment that will be used to obtain water (i.e. food grade hoses)

Source	Storage	Support Equipment
Type I Municipal Supply: (City Water)		
Type II Non-community Supply: (Well Water)		
Other:		

B. Cleaning and Sanitizing of Water Supply Equipment: List method and frequency that water conveying equipment including holding tanks and food grade hoses will be cleaned and sanitized.

Equipment	Cleaning/Sanitizing Method	Frequency

C. Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided (*examples: carbonator with screened/vented double check valve*).

Equipment	Backflow Prevention Method

5. Sewage Disposal

(*Note: Sewage must be disposed of at an approved sewage disposal site*)

A. Describe how liquid waste generated in the STFU will be held and disposed of: include all sinks, ice makers, ice bins, mop water, carbonators, etc.

Liquid Waste	Holding Area	Disposal Method/Location

B. Backflow Prevention: List equipment that will require backflow prevention and what method of backflow prevention will be provided (*examples: ice machine with an air gap*).

Equipment	Backflow Prevention Method

C. Toilet Facilities: Describe in detail the anticipated toilet facilities and how hand washing after bathroom use will be handled.

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6. Environmental Hazards

A. Pest Control: Describe the methods used to deter the entry of both flying and crawling pest (*example: service windows with air curtains and screening*).

Area of Concern	Method of Pest Control
Service windows:	
Cooking/Grilling/Smoking locations:	
Other equipment exposed to open air:	
Other areas of concern:	

B. Other sources of contamination: Describe how other sources of environmental contamination will be handled (*example: bare dirt surfaces with duck mats as a floor surface under equipment, prep areas and storage*).

Environmental Concern	Method of Control
Dust/Dirt:	
Livestock/Animals:	
Birds:	
Other concerns:	

7. Other Considerations

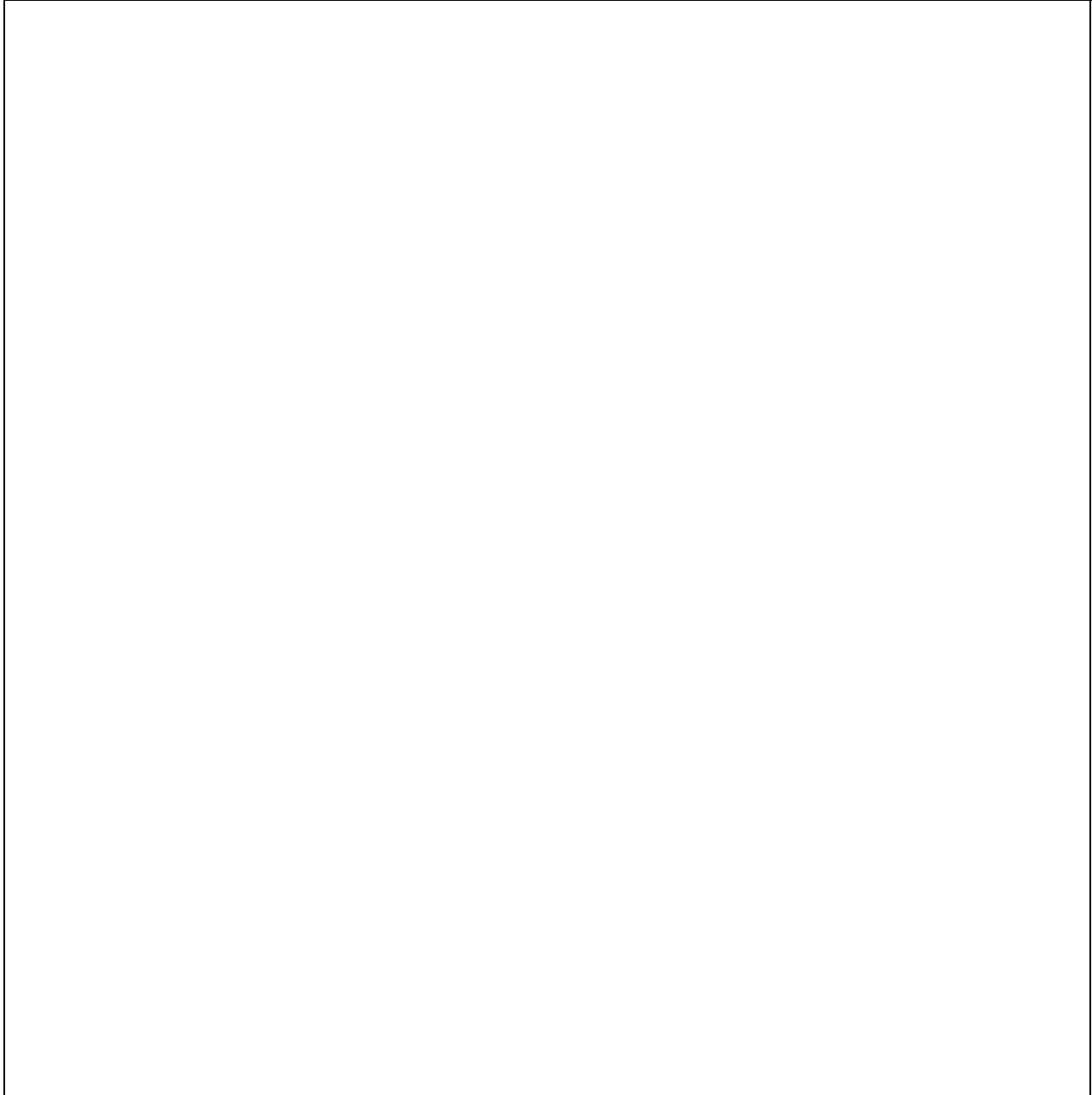
A. Unique Situations: This space is reserved to address circumstances that are specific to your STFU and that are not described anywhere else in the SOP worksheet:

B. Requirements of Michigan Food Law of 2000, as amended:

1. *A copy of the approved Standard Operating Procedures must be kept in the unit and available for review.*
2. *Before serving food within the jurisdiction of a local health department, notify the local health department in writing of each location in the jurisdiction at which food will be served and the dates and hours of service. The license holder shall mail the notice by first class mail or deliver the notice not less than 4 business days before any food is served or prepared for serving within the jurisdiction of the local health department.*
3. *While in operation, request and receive 2 evaluations per licensing year spaced generally over the span of the operating season. A local health department and the Department shall charge a fee of \$90.00 for such an evaluation.*
4. *Send a copy of all evaluation reports to the regulatory authority that approved the license within 30 days after receipt.*
5. *If a license holder fails to comply with any of the requirements of this section or the food code, the food establishment is ineligible for licensure as a special transitory temporary food establishment for the following licensing year and must apply for temporary or other type of food establishment licenses.*

8. Diagram of STFU layout

Please sketch the proposed set-up of the STFU unit, include all inside and outside equipment set-up. In place of a sketched diagram two copies of pictures can be provide: one for local health department use and one to be attached to this SOP worksheet.



It is the intention of the Owner/Operator of this STFU to use the information listed above as the Standard Operating Procedures (SOPs) for this unit. I understand that I am required to maintain a copy of the approved SOPs on-board at all times.

Owner/Representative

Date

Below for Agency Use Only:

_____ The SOP's have been reviewed and determined to be unacceptable. Refer to the attached guidance information for required changes.

_____ The SOPs have been reviewed and determined to be complete and technically-accurate. The SOPs are approved.

_____ The SOPs have been reviewed and have been approved, subject to the following conditions:

_____ The SOP's have been reviewed and determined to be unacceptable. Refer to the attached guidance information for required changes.

Sanitarian/Inspector

Agency

Date

