#### PUTNAM COUNTY DEPARTMENT OF HEALTH

1 Geneva Road, Brewster, NY 10509 ■ 845-808-1390 www.putnamcountyny.gov/health

A PHAB-ACCREDITED HEALTH DEPARTMENT

MaryEllen Odell COUNTY EXECUTIVE

Michael J. Nesheiwat, MD
COMMISSIONER OF HEALTH

January 25, 2022

Dear Temporary Food Operator,

To qualify for a Temporary Food Permit please submit: a completed application, the required NYS Worker Compensation and Disability documents and the appropriate fee (if applicable). **An incomplete application cannot be processed.** 

Please visit "https://forward.ny.gov" for Covid-19 guidance that may apply to your business activities.

Submit a check, money order or certified check (preferred payment), payable to the "Putnam County Department of Health", or you may pay by credit card in person at our office or over the telephone. Any returned check will result in an additional \$35 penalty fee. There is no permit fee for a tax exempt organization (e.g., charitable, philanthropic, religious, municipal); however the late fee may be applicable.

#### **Permit Fee Schedule:**

1 day event\$	50.00
2 – 14 days\$1	00.00
* Late Fee\$	50.00

(Late fee if application is submitted less than 5 days prior to event)

#### If you *do not* have employees:

Obtain and submit the "Certificate of Exemption" (form CE-200). The CE-200 form can be completed by using the internet and printed. Ensure the form is signed and dated. This may take time, so please allow extra time for processing. For questions regarding workers compensation and disability call (518) 485-5000 extension 6.

#### If you *have* employees:

Call your insurance agent and obtain proof of Worker's Compensation and Disability Benefits (WC/DB) coverage. Inform the agent the "Entity requesting Proof of Coverage" is the Putnam County Department of Health, located at 1 Geneva Road, Brewster, NY 10509. See page 2 of the application for the forms that are required to be submitted. "Acord" forms are not acceptable".

Please call me at (845) 808-1390 ext. 43162 if you have any questions. Other contacts are Mitchell Lee ext. 43163, Lesliann Piraino ext. 43236 or Andrea DeMarchi at ext. 43254.

Sincerely,

Lisa Seymour

Public Health Sanitarian II

Lisa Seymour

## **Putnam County Department of Health** Section A: Owner / Operator Information Fee enclosed: \$ Operation Name or Corporation: Person in Charge: \_\_\_\_\_ First M.I. Last Mailing Address: (Operator) City State Legal Address: (If different) E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell Phone #: Phone #: Other Name to print on permit: Section B: List all events for which permits are needed. Attach a sheet if additional space is needed. **Event Name Event Address Date(s) / Hours of Operation** Rain date if applicable: Section C: List each food served at the event, excluding pre-packaged foods. See pg.3 if need additional space Describe where and how food is: prepared, **Supplier of Ingredients** Name of Food transported (if applicable), served & kept hot/cold Yes □ No □ Will all food preparation be at the concession? If not, please describe: Permit # Assigned:

Application for Permit(s) to Operate a Temporary Food Service

Page 1 of 2

	or Permit(s) to Op nty Department of	-	orary Food Service		
Section D:		 sation & Disab	oility Insurance	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Submit copies Compensation A.	of the following documentation with the application to document compliance with the Workers' Law:  Workers' Compensation & Disability Insurance Coverage is PROVIDED				
11.	Form C-10 Form SI-12 GSI-105.2  AND Disability Benefits DB-120.1	sation: 05.2 – Certificate 0.3 – Certificate 2 – Certificate o – Certificate of	e of Workers' Compensation Instof Workers' Compensation Instof Workers' Compensation Self It Participation in Workers' Compensation Instof Workers' Compensation in Workers' Compensation Self-Instof Workers' Compensation Instof Workers' Compensation In	urance <u>or</u> arance <u>or</u> nsurance <u>or</u> pensation Group Self Insurance	
В.	<ul> <li>Workers' Compensation &amp; Disability Insurance Coverage is NOT PROVIDED</li> <li>Form CE-200 – Certificate of Attestation of Exemption from NYS Worker's Compensation and/ or Disability Benefits coverage.</li> </ul>				
Please return o	competed application	1 Gene Brewst	n County Department of Healt va Road er, NY 10509 08-1390 Fax # (845) 278-792		
Section E:	Signature of Indiv	~~~~~~ vidual Operator	or Authorized Office	~~~~~~~~~~~~~~~~	
without a valid			may delay issuance of your perm Sanitary Code. False statements		
Signature:					
Print Name: _			Title:	Date:	
~~~~~~~	~~~~~~~~	For (	Office Use Only:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
* Water from a * Hand washing * Thermometer * Sanitizing solu * Gloves & uter	imited to the items lis Health Department ap g facilities w/soap, wat s to measure hot (i.e., ation of bleach & water	oproved source or ter and paper towe "stem-type") & co er to be present an	plication and pre-packaged foods.  If purchase bottled water/packaged icels to be present and in use during of pold temperatures of foods to be present in use during operation.  In particular operation operation on tact and foods served to be present on the present operation.	peration. ent and in use during operation.	
Permit Issuance l	Recommended?	Yes □ No	Permit Effective Date:	Expiration Date:	

Signature:

## Optional Form for Additional Space

#### Foods to be served (complete for each food item at the event, excluding pre-packaged foods)

Name of Food	(purchased from)	Describe location of food preparation and how food will prepared, transported (if applicable), served & kept hot or	
Operation Nam	ie:		
Person in Char	ge:		
Cell Phone #:_		Phone #:	

## New York State Workers Compensation / Disability Benefits Insurance Coverage Requirements

# **Certificate of Attestation of Exemption Application Instructions for Form CE-200**

Starting December 1, 2008, **ONLY** applicants eligible for **exemption** must file a **new CE-200** for each and every new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant.

Form CE-200 is the Certificate of Attestation of Exemption from New York State Worker's Compensation and/or Disability Benefits Insurance Coverage. This certificate must be completed by entities with no employees and/or out-of-state entities obtaining contracts, licenses or permits from government. (Employers or corporations must file Form C105.2 and U-26-3, which can be retrieved from the WCB web site.)

Business owners can use the new electronic process on-line. The applicant requesting a permit, license or contract from a government entity must complete the form on-line by answering a series of questions. Upon successful completion of the questions, the applicant will be instructed to print the CE-200 "Certificate of Attestation of Exemption". Once the certificate is printed, the applicant submits the computer generated CE-200 Certificate form to the government entity (Putnam County). \*\*The certificate MUST say "Permit or Contract with Government Agency – County of Putnam.

Filling out the electronic Form CE-200 on the internet is very easy. The applicant will create a pin and password so that they can access their information. Once an applicant enters his/her basic information on the Board's web site, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

To apply on line for the CE-200 "Certificate of Attestation of Exemption" log on to:

### https://www.wcb.ny.gov/icexempt/index.jsp

Follow the instructions, complete the 11 page easy questionnaire and print your certificate.

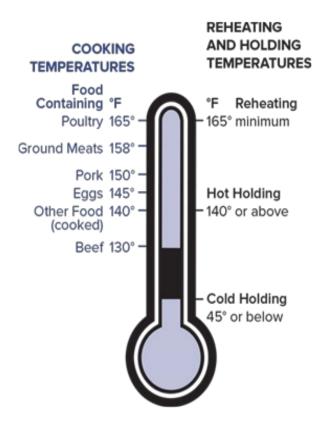
If you have difficulties logging onto the above site, log on to: <a href="www.wcb.state.ny.us">www.wcb.state.ny.us</a>. At the top of the page, click on Forms, click on List All Common Worker's Comp Bd. Forms, Scroll down ½ way to form CE-200 (right hand column, use the first one for on-line application), click on Request for WC/DB Exemption, click on Access Web-based Application at bottom of page, start on-line process.

If you do not have internet access, please contact the Worker's Compensation / Disability Board (866) 890-5863 for them to send you the application. Using the paper application and mailing it for review and approval will take approx. 4 weeks for completion.

## Food Service Vendors: General Guidance for Temporary Food Service Establishments at Events

Below is information about New York State requirements for Temporary Food Service Operators at events. The complete regulatory requirements for Temporary Food Service Establishments can be found in <u>Subpart 14-2</u> of the New York State Sanitary Code.

### Requirements for Food Preparation and Storage



- Food must be prepared on site or in a health department-approved kitchen.
- Home prepared foods are not allowed.
- On-site food preparation should be limited to seasoning and cooking.
- All food must be kept covered while in holding or on display.
- During any transport, proper hot/cold holding temperatures must be maintained.
- All food must be stored at least 6 inches off the ground and placed in food safe containers.

#### **Food Cooking/Holding Temperatures**

A food thermometer (accurate to  $\pm$  2°F) must be on site and used to check cooking temperatures and hot/cold holding temperatures. Typical thermometers read from 0°F - 220°F.

#### **Food Cold Storage**

Cold holding must be 45°F or below.

- Cold storage food must be kept in refrigerators and coolers.
- Accurate thermometers (± 2°F) must be in all refrigerators and coolers.
- Ice being used to chill foods cannot be used in beverages.

#### **Drinking Water**

All water used for drinking, preparing food, and making ice (potable/consumable) must be from these sources:

- · a municipal public water supply,
- a NYS or county approved water supply, such as from a restaurant, or
- · certified bottled water.

All physical connections to a water supply must maintain adequate backflow prevention, such as a vacuum breaker.

#### **Waste Water**

All waste water must be disposed of in a sanitary sewer, an approved septic system, or in a holding tank.

#### **Keep Area Clean**

- The ground within the food preparation and food storage areas must be kept clean, and measures should be taken to prevent build-up of dust or mud.
- Place all garbage into trash containers with plastic bag liners.

#### **Hand Washing**



- All food handlers must be free of illness, infections, open cuts, or sores.
- Hand washing facilities must be available, conveniently located on site, and include warm water, soap, and disposable paper towels as shown.

#### **Wash Hands**

- Before starting work
- Before putting on single service gloves
- After touching raw, fresh, or frozen beef, poultry, fish, or meat
- After using the bathroom
- After smoking, eating, sneezing, or drinking
- After mopping, sweeping, removing garbage, or using the telephone
- After touching anything that might result in contamination of hands



#### **Glove Use**

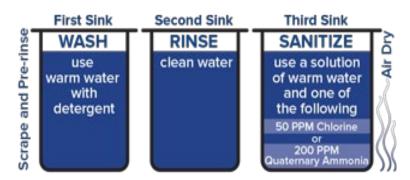
Use gloves, utensils, deli paper, waxed paper, or napkins to prevent bare hand contact with all foods ready to be served to the public.

Always change gloves if they get ripped, torn, or contaminated. Contamination can occur after using the bathroom, smoking, coughing, sneezing, and in between preparing raw and cooked foods. Food workers' hands must be washed thoroughly and be cleaned before wearing new gloves.

#### **Dishwashing**

A dishwashing station should be set up using the three sink method and sanitizing solution as shown.

Sanitizing solution for dishwashing 1 teaspoon of household bleach per 1 gallon of water. Use chlorine test strips to ensure the concentration is 50 - 100 parts per million (ppm).



- First sink- warm water with detergent
- Second sink- clean water
- Third sink- warm water and either 50 PPM chlorine or 200 PPM quaternary ammonia

#### **Tips to Remember**

- Check with the Putnam County Department of Health early in your event planning to review all requirements.
- Follow all food handling, preparation, and storage requirements.
- Make sure food is cooked to code specified cooking temperature requirements
- Follow proper procedures to keep food hot or cold.
- Use food thermometers to check cooking and holding temperatures.
- Be sure to use an approved water supply source when preparing food.
- Hand hygiene is important! Wash your hands often, wear your gloves, and change gloves when needed.
- Follow dishwashing procedures.
- Keep garbage in lined containers.
- Keep floors, food preparation, and storage areas clean.

For More Information call the Putnam County Department of Health at (845) 808-1390 or visit the NYS Dept. of Health website at: <a href="https://www.health.ny.gov/tempfood">www.health.ny.gov/tempfood</a>

### **Event Guidelines**

Choose a contact person to work with the Health Department and be responsible for proper food handling throughout the entire event. The contact person is responsible to train and oversee the staff on proper food handling procedures before and during the event. Ensure this person takes food temperatures frequently during the event to ensure minimum temperature requirements are met.

#### **Pre-Event**

- Water from a Health Department approved source or purchased bottled water and/or packaged ice.
   Keep receipts for purchased bottled water or packaged ice and have available for inspection.
- Food is required to be limited only to items listed on your application. All food must be from an "approved source"; homemade foods are not permitted.
- All persons handling food are to be free from infections, contagious or other communicable disease. Also, free of any symptomatic signs of illness such as: diarrhea, vomiting, fever, sore throat, and abdominal pain.
- Provide a calibrated metal-stem thermometer that has a range of 0°F to 212°F.

#### **Pre-Event**

- Transport and store all perishable foods at or below 45°F. Cold holding units (e.g., coolers and ice)
- Hand washing facilities are to be available in the food preparation area. Use potable warm water, soap, and paper towels. A large container (jug or coffee urn) with a spigot and filled with warm water can be used if sinks are not present. Catch wastewater in a container that can be properly disposed in the septic/sewer system.
- Single service articles to be provided to the public if utensils and dishes cannot be washed, rinsed, and sanitized.
- Adequate sanitizing solution to be available for sanitizing surfaces and utensils. Label sanitizing container and all cleaners- store away from food.
- Facility is to be clean, insect and rodent free.
- An adequate number of garbage bags and covered garbage cans.
- Have an adequate supply and of latex gloves, deli paper, or utensils to avoid bare hand contact with cooked and ready to eat food.

#### **During the Event**

- Maintain hot food at 140 ° F.
- Reheat food to 165° F anytime food falls below 140° F.
- Store all potentially hazardous either below 45° F or above 140 ° F.
- Protect food from contamination. If outside use tents and canopies. Cover food with plastic wrap or food covers.
- Store raw meat, fish, and eggs away from ready to eat foods (foods that are not going to be cooked).
- Store all cleaners, medicine, and chemicals away from food, utensils, dishes, and food containers.
- Store dry foods and paper products off the ground.
- Thoroughly wash hands for 20 seconds before preparing or serving food. Wash hands before putting on latex gloves. Wash hands and change gloves whenever the potential for contamination occurstouching face, hair, coughing, sneezing, or handling raw food.
- Use latex gloves or utensils to avoid bare hand contact with cooked and ready to eat food.
- Provide accurate refrigerator thermometers in all cold holding units.
- **Provide and use stem thermometer to monitor hot foods.** Temps: Pork = 150° F; Ground Beef = 158°F; Eggs and foods that contain it = 145° F; Poultry =165° F; Fish = 140° F; Reheating =165° F; Hot Hold = 140°F.
- Sanitize food contact surfaces with a solution of bleach and water (one tablespoon of unscented bleach into one gallon of water). Sanitize thermometer after each use.
- Empty and remove trash frequently.