

Application for Farmer's Market Food Vendors, 2009

This application is based on WAC246-215-191 (Rules and Regulations of the State Board of Health for Food Service)

Applicant Name _____ Daytime Contact Phone _____

Business Name, if applicable _____

Mailing Address _____ City, State, Zip _____

Market Location _____ Date(s) of Market _____

Food Items, check all that apply:

- Hazardous Foods—please list: _____ (continue on back)
- Baked Goods-nonhazardous Popcorn
- Jams/Jellies Fruit and vegetable samples
- Other—please list: _____ (continue on back)

Food Safety Requirements:

Food Handlers are required to make sure that food safety rules are followed. Read the statements below and mark Y (Yes), N (No), or N/A (Not Applicable).

- | Y | N | N/A | |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. At least one person in the establishment will have a valid WA State Food Worker Card . |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. You will enforce an illness and handwashing policy and provide a handwashing facility during food preparation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. You will provide water, ice and food from approved sources . Home storage or preparation is not allowed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. You will use approved barriers including utensils, paper wraps, and gloves(which must be changed when contaminated, ripped, or after changing tasks) to prevent bare hand contact with ready-to-eat foods. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. You will make sure that your employees have accessible restrooms. All employees must wash their hands after using the restroom. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. You will provide an adequate number of clean utensils or a 3- basin dishwash facility. All utensils will be washed in hot soapy water (basin 1),rinsed in clean water (basin 2), sanitized(basin 3) and <i>air-dried</i> before use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. You will store all food, ice, and single-service products off the ground and away from sources of contamination . You will use only food-grade containers for food storage and transport. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. You will make sure all food-contact surfaces are sanitized prior to, and during, food preparation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You will have a food thermometer to check food temperatures. |

After receiving your application, an inspector will review your plan. You may be asked to provide additional information. Once the application is approved, NO changes may be made without Island County Health Department approval. **You must have your copy available for inspection by the market manager and public health personnel at all times. Good for 2009 market season only.**

Signature of Applicant _____ Date _____ Sanitarian Signature _____ Date _____