

OFF-SITE CATERING PLAN REQUIREMENTS



FOR: _____

Name of Facility

Address

City/State/Zip

Telephone Number

MENU

Attach a copy showing all types of food to be served. You must **identify all Critical Control Points** (CCPs) specific to your menu. See attached Hazardous Analysis Critical Control Point (HACCP) information as a guide.

BASIC INFORMATION

Type of Event(s) _____

Greatest Number of people to be served _____ Will service be County-wide or limited? _____

Length of service: Less than one hour YES / NO If no, explain _____

Will dish and tableware be single-use, disposable? YES / NO If washable, how many settings? _____

Garbage handling containers and method of disposal _____

Insect control method and procedures _____

Explain food preparation to be done at the catered site _____

Will any of the following be done at the catered site?

Cooking: YES / NO If yes, explain _____

Hot-holding: YES / NO If yes, explain _____

Cold-holding: YES / NO If yes, explain _____

Self-Service: YES / NO If yes, explain _____

Potentially hazardous foods: YES / NO If yes, explain _____

Will any menu item(s) be prepared before the event requiring cooling and then re-heating on the day of service:

YES / NO If yes, explain _____

Minimum number of food handlers needed for transport, service, breakdown and clean-up is _____

State all CCP monitoring responsibilities by job title. Who will check what, when, etc... _____

SITE EVALUATION & PREPARATION



Attach an explanation on how you will ensure the site will have necessary facilities for accomplishing CCPs and food handlers' hygiene; such as potable water, wastewater, power, work area, bathrooms and handwash stations, etc....

TRANSPORTATION



Attach an explanation of vehicle(s) type and cargo space. State enough to indicate that conditions are sufficient for cleaning, excluding vermin, and able to fulfill CCPs.

EQUIPMENT



Minimum Requirements:

Thermometers to be used: Number of internal _____ Number of ambient _____

Sanitizer with test strips: Chemical is _____ Container type _____

Number of gloves brought to an event _____

Handwash Station (HWS)



Show a diagram or picture of your self-contained HWS to be used on-site or explain under "Site Evaluation Preparation" the requirement of an already plumbed HWS to be provided by client and verified in a pre-event evaluation.

Attach a list of equipment to be used for achieving CCPs categorized by cookware, utensils, food (ice) containers, cooking refrigeration and any other items needed on-site.

NOTE: Pictures are not required; however, they are encouraged to help show necessary conditions.

Plan Submitted by (Please print)

Date

Operator agrees to follow this plan with any additions or modifications pre-approved by the Clinton County Health Department

Signature

Date

CCHD Reviewed by _____ On _____

APPROVED / DISAPPROVED Reason _____