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Temporary Vendor Plan Review

Business Name:

Business Owner:

Mailing Address:

Phone Number:

E-mail Address:

Commissary Kitchen:

Commissary Kitchen Address:

Please submit the following items:

- **Temporary Vendor Review Questionnaire**
- **Commissary Agreement**
- **Complete Menu**
- **Labels For Packaged Items**
- **$25 Review Fee (must be paid before Plan Review starts)**
- **Partial Year or Annual Permit Application**

Temporary Vendor Review Questionnaire

All information must be completed in its entirety per the Indiana Department of Health, Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-26 and returned to our office.

- This questionnaire is not designed to be used as a complete list of requirements so should be used as a guideline only.
- The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26.
- When completing the questionnaire, please refer to the Title 410 IAC 7-26 section numbers included in parenthesis at the end of each question.

1. Where will your menu ingredients be purchased? **[410 IAC 7-26-155]**

2. Will your ingredients be professionally delivered or will you be transporting them?

3. If the food is being delivered, who will inspect the deliveries?

4. If the food is picked up, how will it be kept temperature safe during transport?

5. List where the following items will be stored until used:

   Menu ingredients **[Section 189 Section 190]**:

   Kitchen tools **[Section 328]**:

   Paper goods **[Section 328]**:

6. In what order will your food items be stored in the cooler to prevent cross contamination? **[Section 175]** List items from top to bottom of cooler.

7. List the approved internal cooking temperatures of the foods on your menu. **[Sections 198 & 199]**

8. What is the acceptable minimum temperature of foods being hot held? **[Sections 206 & 213]**

9. What is the acceptable maximum temperature of foods being cold held? **[Section 213]**

10. List the processes you use to cool your hot foods? **[Sections 211 & 212]**

11. What is an acceptable time frame to bring hot foods down to 41 degrees F? **[Section 211]**

12. Will the food be stored at your commissary kitchen until it is transported to the event?

13. What containers will be used to transport food to its final destination?

14. Will leftovers be kept after the event is over? If so, describe your handling process. **[Section 196]**

15. Describe your procedure for cleaning and sanitizing equipment and utensils. **[Sections 310 to 318]**

16. What type of sanitizer will be utilized? **[Section 282]**

17. What type of sanitizer test strips will be used? **[Section 281]**

18. What is the acceptable ppm concentration of the sanitizer? **[Section 299]**

19. Do you have a hand washing station? Please describe the set up. **[Section 347]**

20. Do you have a food probe thermometer available and calibrated? **[Section 279, Section 302]**

21. How will you protect your food being served, food on display, or single service items from contamination and pests? **[Sections 193 to 195, Section 450]**