



STATE OF RHODE ISLAND PROVIDENCE PLANTATIONS  
**DEPARTMENT OF HEALTH**  
*Safe and Healthy Lives in Safe and Healthy Communities*

**QUESTIONNAIRE FOR TEMPORARY FOOD SERVICE  
ESTABLISHMENT**

*Application must be submitted 4 weeks prior to the event.*

*Out of state vendors, include a copy of your license and latest inspection report from your local regulatory agency.*

**Name of Applicant:**

**Address:**

**Telephone #:**

**Date of application submission:**

**FSV (Food Service) License:**

**1. Name of Certified Food Manager:**

**2. Name of Event(s)/Address/Date(s):**  
(Attach a separate sheet if necessary)

**3. MENU IS REQUIRED**

**Must notify RIDOH-Food Protection Office if menu changes prior to event.**

**4. Name of licensed vendors for food and ice purchases.**

**5. Will all foods be prepared at the event site?**

**YES**

**\*If yes, describe on a separate sheet food items, thawing, prep, cold holding, cooking, hot holding procedures.**

**NO**

**\*If no, the operator must provide a copy of the current license for the permanent food establishment where the food will be prepared.**

**LICENSES MUST BE POSTED**

**6. Describe how food is protected from elements. (i.e. umbrella, truck, tent)**

**7. Describe how (frozen, cold, hot) foods will be transported to the temporary event:**

**Frozen**

**Cold**

**Hot**

**8. Describe the type of equipment used for hot transport.**

**9. Describe the type of equipment used for cold transport.**

**\*If ice is used for cold holding, how is ice supplied/replenished?**

**10. Equipment List:**

**YES**

**NO**

- a. Hand sink w/ hot water**
- b. 3-bay sink**
- c. Refrigeration to maintain temperature at 41 or below**
- d. Self-draining coolers**
- e. Hot or cold holding units**
- f. Grill**
- g. Oven**

Equipment List continued:

YES NO

- h. Thermometers (to monitor food and refrigeration temperatures)**
- i. Electric**
- j. Generator power**
- k. Propane tank**
- l. Water holding tank**

If yes, identify source of the potable water supply:

**\*If non-public water supply is to be used, provide results of most recent water tests.**

**11. Describe where utensil washing will take place:**

**12. Describe how and where garbage and wastewater will be collected, stored, and disposed:**

**NON-LATEX, SINGLE USE GLOVES OR OTHER SUITABLE SUBSTITUTE (UTENSILS, SPATULAS, TONGS, DELI TISSUE) REQUIRED FOR READY-TO-EAT FOOD HANDLING.**

**Name of Applicant:**

**List Menu Items:**