



Environmental Health Section
Preventive Medicine Division
Missouri Tech Park, Suite G
Fort Leonard Wood, MO 65473
Fax: (573) 329-8722

Pre-Approval Inspection Form for Businesses wishing to operate a Temporary Food Establishment on Fort Leonard Wood.

This form must be completed and returned to the Environmental Health Section at least 96 hours prior to event / date of first food service in person (Missouri Tech Park, Suite G), by fax (573-329-8722) or by e-mail (GLWACHEHStaff@AMEDD.ARMY.MIL)

Date Submitted

Business / Person-in-Charge / Supervisor Summary

Name of Sponsoring Organization / Unit / Business

Name and Job Title of Person-In-Charge/Main Supervisor of Temporary Establishment

Contact Phone Number of Business / Person-in-Charge/Main Supervisor

Address of Business Providing Temporary Establishment / Catering (if applicable)

Date and Time Details of Temporary Food Service

Date(s) of Service (If only for special event, list event)

Total Time of Storage of Food and Transport of Food Prior to Setup (use 24-hour format, i.e. 1400-1600)

Total Setup Time (use 24-hour format, i.e. 1600-1700)

Total Time Serving (use 24-hour format, i.e. 1700-2100)

Total Numbers of Supervisors and other Staff

Supervisors

Servers

Asst. Managers

Cooks

How will food be served? (Proposed Layout and Volume of Food)

- | | | |
|--|---|--|
| <input type="checkbox"/> Buffet Style | <input type="checkbox"/> Organizational Staff | <input type="checkbox"/> Catering Staff/Restaurant |
| <input type="checkbox"/> Volume: 1-200 Customers | <input type="checkbox"/> Volume: 200-1000 Customers | <input type="checkbox"/> Volume: 1000+ Customers |

Types of Potentially Hazardous Foods to be Served (Please also attach a Proposed Menu to this form)

- | | | |
|--|---|--|
| <input type="checkbox"/> Milk/Milk Products | <input type="checkbox"/> Eggs | <input type="checkbox"/> Meat (Beef, Lamb, Pork) |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Crustacea | <input type="checkbox"/> Heat Treated Plant Foods | <input type="checkbox"/> Raw Seeds / Sprouts |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Sliced Raw Fruits (ex: Melons) | <input type="checkbox"/> Baked / Boiled Potatoes |
| <input type="checkbox"/> Tofu / Soy Products | <input type="checkbox"/> Synthetic Ingredients | <input type="checkbox"/> Cooked Rice or Beans |

How will food be transported to the site?

- | | | |
|--|---|---|
| <input type="checkbox"/> Privately Owned Vehicle | <input type="checkbox"/> Business Owned Vehicle | <input type="checkbox"/> Government Vehicle |
|--|---|---|

Where will food be prepared?

- | | | |
|---|--|--|
| <input type="checkbox"/> Cooked On-Site | <input type="checkbox"/> Cooked Off-Site * | <input type="checkbox"/> Pre-packaged, Uncooked Food |
|---|--|--|

* If cooked off site, see below

Equipment Details

What equipment will be used for storage of food prior to cooking?:

What equipment will be used for preparation/cooking of food?:

What equipment will be used to serve food?:

What equipment is available to clean/sanitize temporary food establishment and utensils?:

* Name of Business Food will be procured from with latest County health inspection date (attach inspection if available)

Approval / Disapproval

By signing this form, the Chief, Environmental Health or appointed representative recommends the following course of action based upon the above information given by the person-in-charge.

Proposed Temporary Food Establishment is **APPROVED**

Date

Proposed Temporary Food Establishment is **NOT APPROVED**

Date