



Environmental Health Section  
Preventive Medicine Division  
GLWACH 4430 Missouri Ave.  
Fort Leonard Wood, MO 65473  
Phone # (573) 596-4913  
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## 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 the first food service in person, by fax, or by e-mail  
([usarmy.leonardwood.medcom-glwach.list.eh-staff@mail.mil](mailto:usarmy.leonardwood.medcom-glwach.list.eh-staff@mail.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 set up time (use 24-hour format, i.e 1400-1600)

Total Time Serving (use 24-hour format, i.e 1400-1600)

### Supervisor and staff Information

Supervisor:

Name

Type of Training (Servsafe, food handlers)

Staff: Cooks and Servers

Names

Type of training (Servsafe, food handlers)

**How will the 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 | <input type="checkbox"/> Volume: 200-1000     | <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"/> Crustaceans         | <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 food storage 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 the 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

Proposed Temporary Food Establishment is NOT APPROVED

Date

Date