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FOR OFFICIAL USE ONLY:
 Accepted By: _____
 Permit #: _____
 Date Processed: _____

Temporary Food Service in Kittitas County: Food Safety Self-Inspection Form

Physical Facilities	YES	NO	Refrigeration (aka Cold Holding)	YES	NO	Hand Washing & Food Workers	YES	NO
Is all food and food equipment off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have food that needs to be temperature controlled (any PHF* such as dairy, meat, etc.)? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a hand washing station with warm water, soap, paper towels, a continuous drip spigot, waste water bucket (when not a directly plumbed sink) and waste basket?	<input type="checkbox"/>	<input type="checkbox"/>
Is there overhead protection of your booth and/or food?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Is food stored separately from personal items, cleaning & maintenance supplies?	<input type="checkbox"/>	<input type="checkbox"/>	Are you keeping PHF* cool at 41°F or below? <i>Include temperatures below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Does all staff wash their hands before handling food, before putting on gloves, after using the bathroom, and any other times that hands are contaminated?	<input type="checkbox"/>	<input type="checkbox"/>
Is all cooking at back of booth (at least 4 feet away from customers)?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have ambient air thermometers for all cold holding units (refrigerators, coolers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation	YES	NO	Cooking & Hot Holding	YES	NO	Hand Washing & Food Workers	YES	NO
Was all food prepared at booth/location? <i>If no, where was additional food prep done:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a metal stem or tip sensitive thermometer that can accurately measure the temperature of ALL your PHF?	<input type="checkbox"/>	<input type="checkbox"/>	When washing hands, does everyone scrub with soap for 10-20 seconds, rinse with warm water, AND turn the faucet/spigot off with paper towels?	<input type="checkbox"/>	<input type="checkbox"/>
Did you use a thermometer to measure the temperatures of your PHF? <i>Include temps in the chart below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Regarding cooked or reheated food that is NOT hot held is the food for immediate consumption?	<input type="checkbox"/>	<input type="checkbox"/>	Does at least one person involved with food service have a valid Washington State Food Workers Card? <i>Attach a copy.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you using proper barriers (such as gloves, tongs, deli paper) to prevent BARE HAND CONTACT with ready-to-eat foods?	<input type="checkbox"/>	<input type="checkbox"/>	Dishwashing & Sanitization	YES	NO	Are there any sick workers at your booth/event?	<input type="checkbox"/>	<input type="checkbox"/>
Have all food contact surfaces and equipment been washed, rinsed AND sanitized before use?	<input type="checkbox"/>	<input type="checkbox"/>	Are you washing all food equipment (utensils, pans, etc.) at least every 4 hours?	<input type="checkbox"/>	<input type="checkbox"/>	Have any workers at your booth/event had diarrhea or vomiting in the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
						Additional Information Required		
						If applicable, where is your commissary kitchen? _____		
						How long is food being prepared and served at your event? _____		

Temperature Log for Potentially Hazardous Food (PHF)

Time	Food	Location	Temperature (°F)	Initials	Time	Food	Location	Temperature (°F)	Initials

**PHF = Potentially Hazardous Food, which includes dairy, meat, cut leafy green, cut tomato, cut melon, "homemade" sauces and salsas, cooked veggies and cooked*