

**U.S. NAVAL HOSPITAL ROTA
TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION**

Complete this application and submit to the U.S. Naval Hospital Preventive Medicine Department at least 30 days prior to the start of the event(s).

1. **Event(s):** _____
2. **Location(s):** _____
3. **Dates (including set up):** _____ **Set up:** _____
4. **Name(s) of Sponsorship Organization and Phone Number:** _____

5. **Name of Person in Charge:** _____ **Phone Number:** _____
Food Service Training Completed:
 Manager Employee Training Expiration Date: _____

6. **List all foods to be served (include where food will be prepared, who will prepare the items, use an additional sheet as required):**
Food: _____ Prepared by/where: _____
Temperature holding method/equipment: _____

- (Potentially hazardous food must be kept hot, 140°F or above, or cold below 41°F)
7. **If potentially hazardous food is transported to the event, what is the length of time in transport?** _____ **How will be food be transported?** _____
_____. **How will the food be kept hot or cold?** _____

8. **Food Source:** Commissary NEX Other: _____

9. **Hand washing facilities, including location in relation to food service and preparation:** _____

10. **I as the Person in Charge understand and will comply with all of the requirements of NAVMED P-5010, Chapter 1. Failure to comply will result in my permit being revoked any closure of my Temporary Food Establishment.**

Printed Name

Signature

Section below to be completed by Preventive Medicine Authority (PMA)

Approved Disapproved Date: _____

PMA: _____ Signature: _____

Reason for disapproval: _____

Exemptions, Special Restrictions or Requirement: _____

