

Name of Establishment: _____ Date of Event: _____

1. NAME OF FOOD: _____

List all the ingredients: _____

Where will it be prepared? _____

What temperature will it be cooked to (if applicable)? _____ Will you use a metal-stem thermometer? _____

Will you rapidly cool the food to 45°F. (if applicable)? _____ How? _____

Is the food kept cold (45°F.) at the site (if applicable)? _____ How? _____

Is the food reheated to 165°F. (if applicable)? _____ How? _____

Is the food kept hot (140°F.) during service (if applicable)? _____ How? _____

2. NAME OF FOOD: _____

List all the ingredients: _____

Where will it be prepared? _____

What temperature will it be cooked to (if applicable)? _____ Will you use a metal-stem thermometer? _____

Will you rapidly cool the food to 45°F. (if applicable)? _____ How? _____

Is the food kept cold (45°F.) at the site (if applicable)? _____ How? _____

Is the food reheated to 165°F. (if applicable)? _____ How? _____

Is the food kept hot (140°F.) during service (if applicable)? _____ How? _____

3. NAME OF FOOD: _____

List all the ingredients: _____

Where will it be prepared? _____

What temperature will it be cooked to (if applicable)? _____ Will you use a metal-stem thermometer? _____

Will you rapidly cool the food to 45°F. (if applicable)? _____ How? _____

Is the food kept cold (45°F.) at the site (if applicable)? _____ How? _____

Is the food reheated to 165°F. (if applicable)? _____ How? _____

Is the food kept hot (140°F.) during service (if applicable)? _____ How? _____

Rockland County Health Dept. Use Only: Temporary Food Service Establishment Food Preparation Review

Permit Approved: _____ Not Approved: _____ Reviewed by: _____ Date: _____

Comments: _____