



**GRAYS HARBOR COUNTY
DEPARTMENT OF PUBLIC SERVICES
ENVIRONMENTAL HEALTH DIVISION**

**100 W Broadway, Suite 31
Montesano, WA 98563
360-249-4222 Phone
360-249-3203 Fax**

OFFICE USE ONLY
 Approved
 Denied
 More information requested

2023 Sampling/Tasting Application

This application is based on WAC 246-215-08305, Rules and Regulations of the State Board of Health for Food Service.

- ❖ **Submit this application if you are sampling commercially prepared food that is opened.** Some examples include beef jerky, popcorn, candy, fudge, BBQ sauces, jam, jellies or honey.
- ❖ **NO FEE REQUIRED!**
- ❖ **Applications must be received by our office 8 calendar days prior to the event to allow adequate review time.**
- ❖ Incomplete applications will be denied. Failure to submit a Sampling/Tasting Application prior to the event or failure to comply with the Food Safety Requirements identified on this application may result in the closure of your operation.
- ❖ **NOTE:** If the product requires temperature control, you must submit a Temporary Food Establishment Application and permit fee.

Business/Organization Name: _____

Primary Contact: _____ **Phone:** _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

FOOD ITEMS SOLD OR SAMPLED:

FOOD SAFETY REQUIREMENTS

Food workers are required to make sure that food safety rules are followed. Read the statements below and check Yes (Y), No (N), or Not Applicable (N/A).

		Y	N	N/A
1	Submit a copy of your WSDA Food Processing License.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	At least one person in the booth will have a valid Washington State Food Worker Card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	You will enforce an ill food worker policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Water, ice and food will be provided from approved sources. Home storage and preparation is prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	You will enforce a handwashing policy <u>and</u> provide a handwashing station that is set up and in use <i>prior</i> to food preparation and service. A temporary handwashing station shall include a 5-gallon insulated container with a continuous flow spigot, 5-gallon catchment bucket, water 100 – 120°F, soap, and paper towels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	You will prevent bare hand contact with all ready-to-eat foods by using approved barriers such as gloves, utensils, and/or paper wraps. Samples will be protected by sneeze guards or individually handed out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	You will provide an adequate number of clean utensils or a three basin dishwashing station. All utensils will be washed in hot, soapy water (1 st basin), rinsed in clean water (2 nd basin), sanitized (3 rd basin), and <i>air dried</i> before use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	You will ensure all food-contact surfaces are sanitized prior to and during food preparation. An open container of sanitizer solution, test strips, and a wiping cloth are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	All fruit and vegetable items will be rinsed before use in an approved designated food preparation sink.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	All food, ice, and single-service products will be stored off the ground and away from sources of contamination. Only food-grade containers will be used for food storage and transport.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Employees will have access to restrooms and will wash their hands after using the restroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all events you plan to operate at in 2023 – be sure to include the event date(s) and hours of operation.

<u>Event</u>	<u>Event Date(s)</u>	<u>Hours of Operation</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

After reviewing your application you may be asked to provide additional information. Once the application is approved, no changes may be made without approval from the Environmental Health Division. Please be sure to contact our office at the beginning of each calendar year for a new application.

APPLICANT SIGNATURE: _____ DATE: _____

REGULATORY AUTHORITY SIGNATURE: _____ DATE: _____