



GRAYS HARBOR COUNTY
DEPARTMENT OF PUBLIC SERVICES
ENVIRONMENTAL HEALTH DIVISION

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OFFICE USE ONLY
 Approved
 Denied
 More information requested

2024 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.**
- ❖ **NOTE: If the product requires temperature control, you must submit a Temporary Food Establishment Application and permit fee.**

Applicant Name: _____

Business Name, if applicable: _____

Phone: _____ **Email:** _____

Mailing Address: _____

City/State/Zip: _____

Event Name: _____

Event Location: _____ **Event Date(s):** _____

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	If applicable, 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.	<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 air dried 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"/>
12	You acknowledge that home food storage and preparation are prohibited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you plan to operate at more than one event during the calendar year, please include the event name, location, date(s) and hours of operation.

Event Name	Event Location	Event Date(s)	Hours of Operation

Incomplete applications will be denied. After receiving your application, a staff member will review your plan of operation. 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.

Failure to submit a Sampling/Tasting Application prior to the event or failure to comply with the Food Safety Requirements identified in this application, may result in the closure of your operation.

Applicant Signature: _____ Date: _____

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Reviewed by: _____ Date: _____