



Columbia County Department of Health

325 Columbia Street, Suite 100, Hudson, NY 12534
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Victoria McGahan, MS
Public Health Director

COLUMBIA COUNTY DEPARTMENT OF HEALTH REQUIREMENTS FOR MOBILE FOOD SERVICE ESTABLISHMENTS AND PUSHCARTS

1. Food supplies must be obtained only from approved sources that comply with all laws relating to food and food labeling. The use of food prepared in any place that is not operated under jurisdiction of an appropriate regulatory agency and having a current license or permit to operate, if required, from that agency is prohibited. **The use of a private home kitchen or similar location for food preparation is prohibited.**
2. Pushcarts may perform only limited food preparation. Foods such as hot dogs, Italian ice, or soft ice cream. Mobile food establishments may serve foods under pre-approved conditions that assure it can be protected from contamination. All foods to be served must receive prior approval by the health authority and be listed on the permit. The foods served are limited to those listed on the permit.
3. Disposable gloves, deli papers, napkins or other suitable utensils must be provided and used for the preparation and service of all ready to eat foods. (Section 14-4.90)
4. A supply of common household bleach for use as a sanitizing agent used for dishwashing and the wiping of counter surfaces, etc. (Section 14-4.112)
5. Wiping clothes, buckets and sanitizer. One tablespoon of chlorine bleach per gallon of water is a low-cost and effective sanitizing agent. (Section 14-4.115)
6. Potable water for food preparation and cleaning. The water used for culinary and/or consumption purposes must be an approved public water supply meeting the requirements of Part 5 of the NYS Sanitary Code or purchased bottled water from an approved supplier. (Section 14-4.120)
7. Handwashing facilities- potable warm water, soap and individual paper towels. (Section 14-4.140)

NOTE: The use of moistened towelettes such as wet ones may be permitted for handwashing at booths where there is minimal food handling only. Hand sanitizers are not completely effective on soiled hands and are not to be used as a substitute for soap and water. They may be used in addition to soap and water or when limited prepared food is served (i.e., Italian ice, pre-packaged items).

8. Where necessary, adequate refrigeration to maintain the temperature of potentially hazardous food at 45°F or below during storage. Drained ice is

acceptable; also the freezer packs such as "Artic Ice", "Blue Ice", etc. are acceptable provided they can be replenished as needed. Refrigeration is recommended for storage of potentially hazardous foods at events lasting more than one day. Thermometers are required in all refrigeration units. (Section 14-4.51).

9. Equipment: Food contact surfaces are to be smooth and free from cracks or pits and are to be easily cleanable and non-absorbent. All food contact surfaces are to be kept free of soil, grease build-up, food deposits etc. (Section 14-4.101)
10. Insect control- Portable fans should be provided and used to control fly problems (Section 14-4.160). Where other effective methods of fly control, acceptable to the Permit Issuing Official, are employed or at a time of the year when there is no insect problem, the fans and/or booth screening will not be necessary.
11. Provide trash receptacles when necessary and keep covered to control insects.
12. Wastewater from food operations must be properly contained in an adequate holding tank (i.e. RV "Blue Boy") and properly disposed of in public sewerage system or private sewage disposal system acceptable to the permit issuing official. Discharge of wastewater on the ground or into a storm water drain is prohibited.

SANITARY OPERATION OF THE FOOD BOOTH

1. Wash your hands frequently. Minimize the handling of food. Use disposable gloves, tongs or deli papers to prevent bare hand contact with ready to eat foods.
2. Keep food covered in storage. Do not store food or food items on the ground or floor.
3. Clean and sanitize counters and food equipment routinely throughout the day. Keep in use wiping rags in a sanitizing solution containing at least 50 ppm (1 teaspoon of unscented chlorine bleach per gallon of water). Change the sanitizing solution periodically throughout the day.
4. Keep potentially hazardous (temperature controlled for safety) foods hot (140°F or above) or keep them cold (45°F or below). Don't prepare foods ahead during slow periods.
5. Wash your hands whenever they are soiled (after eating, using tobacco, using the restroom etc.) and always use good hygienic practices!



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USE OF COMMISSARY/SHARED KITCHEN AGREEMENT VERIFICATION

All Food Service Establishments must operate out of an approved kitchen. Many food service operations, such as Mobile Food Vendors, Caterers and Temporary Food Vendors utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors with each permit application.

Applicant Information: Business Name: _____
Owner/Operator Name: _____ Title: _____
Address: _____ City: _____ Zip Code: _____
Email: _____ Phone: (____) _____

I, _____, hereby state that the information on this form is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with Chapter 1, Subpart 14-1 of the New York State Sanitary Code. (Note: if the Commissary Agreement is modified or canceled, and a new commissary Agreement is not provided to this office, your permit to operate a food service operation will be subject to suspension or revocation).

Signature of Applicant

Date

Commissary Information: Business Name: _____
Address: _____ City: _____ Zip Code: _____
Commissary Owner Name: _____ Title: _____
Email: _____ Phone: (____) _____

I hereby certify that an agreement exists between (Name of Vendor) _____ and (Name of Commissary) _____ to use my facility as a commissary kitchen. The following services will be allowed for use at the commissary (check all the apply):

- | | |
|---|--|
| <input type="radio"/> 3-Bay Sink | <input type="radio"/> Commercial Refrigeration Space |
| <input type="radio"/> Food Prep Sink | <input type="radio"/> Freezer Space |
| <input type="radio"/> Dry Storage Space | <input type="radio"/> Dry Storage Space |
| <input type="radio"/> Hand Wash Sink | <input type="radio"/> Preparation Table/Equipment |
| <input type="radio"/> Mop Sink | <input type="radio"/> Ice Machine |
| <input type="radio"/> Water Supply | <input type="radio"/> Cooking Equipment |
| <input type="radio"/> Wastewater Disposal | <input type="radio"/> Other: _____ |
| <input type="radio"/> Garbage Disposal | |

I hereby declare that the facility noted above is a commercial kitchen and is currently licensed/permited by (Name of Agency): _____

Provide a copy of the following documents if not permitted by the Columbia County Department of Health, Environmental Health Division;

- Most recent inspection report
- Copy of current license/permit

Signature of Commissary Kitchen Owner/Operator

Date