

Public Health Application for Temporary Food Establishment

When inputting the time on this application, insert a colon. Example: for an event starting at 2359 hours, insert a colon to represent 23:59. Please fill out this form in its entirety. Be as detailed as possible in order to expedite the process and avoid the return of your application.

| | | | | |
|------------------------|----------------------------|--------------------------|---------------------------------|----------------|
| Name of Event: | Event Organizer/Alternate: | | | |
| Squadron/Organization: | Organizer E-Mail: | | | |
| Location of Event: | Date of Event: | | | |
| Start Time: | End Time: | No. of People Attending: | Date of Public Health Training: | |
| | | | DSN: | On-Call Phone: |

1. Is the event being advertised outside of your organization?
 2. Please list all food items, to include ingredients, that will be sold/served at the event.
 3. Where will items be purchased/obtained from? *Food items obtained from unapproved locations (i.e. Carrefour, MegaMart) will result in application being denied.*
- Please scroll over the following text boxes prior to typing:*
4. (a) What time will food be picked up? (b) How will food be picked up?
 5. Where will food be held prior to the event?
 6. Where will uncooked foods be stored during the event?
 7. How will frozen food items be thawed?
 8. How will cold items be maintained?
 9. How will hot items be maintained?
 10. Where will cooked foods be stored after preparation?
 11. Where will food-handlers wash their hands? *Hand washing sinks MUST have potable water, soap, and individual paper towels available.*

Temporary operations which do not have adequate potable water shall be restricted to the sale of canned or packaged food, individual-serving canned sodas and juices, and hot beverages, such as coffee, tea, and hot chocolate, provided the water used to prepare the drinks (such as bottled water) is from an approved source.

Any unconsumed potentially hazardous food (leftovers) from a temporary food establishment serving a highly susceptible population is prohibited.

The sponsoring/contracting organization or designated representative shall notify Public Health a minimum of 14 days prior to the scheduled start date for commencement of food-service activities associated with a temporary food establishment, per AFMAN 48-147. Any applications submitted outside of this time-frame will not be accepted.

Signature of Event Organizer

It is the responsibility of the event organizer to ensure that food provided to the consumer is safe and does not become a vehicle in a disease outbreak or in the transmission of communicable disease. This responsibility extends to ensuring that food is unadulterated, prepared in a clean environment, and honestly presented. By signing this form, you acknowledge your responsibility as the event organizer for this temporary food establishment.

Signature of Public Health Representative

This signature is affirmation that the event organizer has completed and submitted all mandatory forms to 379 EMDG/Public Health. The event organizer is now authorized to acquire food from 379 EFSS/FSVS (Independence DFAC).



Squadron Morale BBQ Request Form



All requests **MUST** be submitted **NLT 7 days in advance**. Send request forms to 379EFSS.BBQ.Request@us.af.mil

*Terms of Agreement (POC **MUST** Read)*

1. Plates, napkins, forks, spoons, knives, ice, foil, cling wrap, grilling utensils, serving utensils, coolers, charcoal, and lighter fluid must be purchased at the BX or off base and are not provided by any 379 EFSS entity for Morale BBQs.
2. Cake provided will be a pre-made cake, type/flavor provided is at the discretion of the Pearl DFAC Management
3. AF Form 79s will be completely filled out/returned and any loaned pans will be cleaned/returned to the Pearl NLT 24 after the pick-up date.
4. I understand that failure to follow the above instruction will jeopardize the current BBQ Request, as well as approval of future BBQ Events. I take responsibility for all items issued, and will ensure perishable items are consumed or disposed of within 4 hours of pick-up.

| | |
|---------------------------------|--------------------------------|
| Squadron: | Date of Function: |
| Number of Participants: | Requested Pick-up Time: |
| Squadron First Sergeant: | Contact Number: |

Meat Selection (Choose up to 2)

Each guest is allowed 1 hot dog and 1 type of burger, but no burger or hot dog/sausage option can exceed the amount of guests

Polish Sausages: Hot Dogs: Hamburgers: Turkey Burgers: Veggie Burgers:

Side Order Selection (Choose up to 2)

Chips: Baked Beans: Chili: Salad: Potato Salad:

Beverage Selection (1 per Guest)

Soft Drink: Yes No Preferred Soft Drink:

Condiments

Hamburger Buns: Lettuce: Onions: Mayo: Mustard:
Hot Dog Buns: Tomatoes: Pickles: Ketchup:

Serving Pans (MUST be returned within 24 hours)

Small Serving Pan: Large Serving Pan:

OPTIONAL Ice Cream / Cake Add-on

Ice Cream Flavor: Chocolate: Vanilla:
Syrup Flavor: Chocolate: Caramel:
Cake: Yes No

First Sergeant Signature

EFSS/CC or EFSS/FSV Rep



DEPARTMENT OF THE AIR FORCE
UNITED STATES AIR FORCES CENTRAL COMMAND (USAFCENT)
379TH AIR EXPEDITIONARY WING

BBQ GRILL REQUEST FORM

LOCATION: DATE / TIME:

- 48 hour rental authorized (Grills must be inspected by Rations Team member upon return)
- **Customer must provide ball hitch & vehicle for towing** (If assistance is needed contact LRS)
- Please use the drop downs in the form below to indicate quantities of items being requested.

BBQ permits are no longer required as AUAB 32-2001 has been rescinded. For questions, contact the Fire Prevention Office at: 437-0061, or 379ECES.FirePrevention@us.af.mil.

The following safety precautions will be followed:

- Barbeque grills and other cooking appliances will be placed a minimum of 25 feet from any facility and 50 feet from any tent and/or fabric structure.
- A serviceable fire extinguisher will available within 15 feet of the grilling operation.
- The grill and flame must be monitored at all times.
- Once grilling is complete, ensure coals have been soaked with water (outside of grill) and completely cold before disposal. **Grill will be returned to Rations cleaned and clear of coals/debris.**

| | | | | |
|---|---------------------|---------------|---------------|-------------|
| I acknowledge receipt of and responsibility IAW AFI 23-111 for the items described below and will return them by the return date indicated. | | | | |
| ISSUED TO: SIGNATURE | | DUTY PHONE | ISSUED BY | |
| ISSUED TO: NAME, GRADE, ORGN (Type or print) | | ORGN ACCT NO. | DATE OF ISSUE | RETURN DATE |
| STOCK NUMBER | DESCRIPTION OF ITEM | U/I | QNTY | |
| | Grill | ea | N/A | |
| | Cooler | ea | N/A | |
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RECEIVED ON RETURN BY SIGN/DATE: _____

| | | | | | | | | | | | | | | | |
|--|--------------|----------------------------|----------------------|---|--------------------------------|----------------------------------|--------------|----------------------------------|----------------------|--------------------------------|--------------------------------|------|------------------------------------|----|------|
| HEADCOUNT RECORD | | | | Accounts for meals sold in a dining facility, flight kitchen or field feeding | | | Serial No. | | | | | | | | |
| ORGANIZATION OR DINING FACILITY BBQ Request | | | | | | | DATE | | | | | | | | |
| Meal/Flight Meal Rate For Meal Periods Shown | | B/L/D/M | | \$ 0.00 | \$ 0.00 | Operating Charge for Meals Shown | | | \$ 0.00 | \$ 0.00 | | | | | |
| | | | | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | | | | | |
| COLUMN A | | | | | | COLUMN B | | | | | | | | | |
| <i>NAME</i> | <i>Grade</i> | <i>Meal Period</i> | <i>DoD ID Number</i> | <i>Sales Amount</i> | <i>Op Chg</i> | <i>NAME</i> | <i>Grade</i> | <i>Meal Period</i> | <i>DoD ID Number</i> | <i>Sales Amount</i> | <i>Op Chg</i> | | | | |
| 1. | | | | | | 26. | | | | | | | | | |
| 2. | | | | | | 27. | | | | | | | | | |
| 3. | | | | | | 28. | | | | | | | | | |
| 4. | | | | | | 29. | | | | | | | | | |
| 5. | | | | | | 30. | | | | | | | | | |
| 6. | | | | | | 31. | | | | | | | | | |
| 7. | | | | | | 32. | | | | | | | | | |
| 8. | | | | | | 33. | | | | | | | | | |
| 9. | | | | | | 34. | | | | | | | | | |
| 10. | | | | | | 35. | | | | | | | | | |
| 11. | | | | | | 36. | | | | | | | | | |
| 12. | | | | | | 37. | | | | | | | | | |
| 13. | | | | | | 38. | | | | | | | | | |
| 14. | | | | | | 39. | | | | | | | | | |
| 15. | | | | | | 40. | | | | | | | | | |
| 16. | | | | | | 41. | | | | | | | | | |
| 17. | | | | | | 42. | | | | | | | | | |
| 18. | | | | | | 43. | | | | | | | | | |
| 19. | | | | | | 44. | | | | | | | | | |
| 20. | | | | | | 45. | | | | | | | | | |
| 21. | | | | | | 46. | | | | | | | | | |
| 22. | | | | | | 47. | | | | | | | | | |
| 23. | | | | | | 48. | | | | | | | | | |
| 24. | | | | | | 49. | | | | | | | | | |
| 25. | | | | | | 50. | | | | | | | | | |
| | | | | | | # of SIK Meals from Column B | | Sales Amount from Column B | \$ | 0.00 | Operating Charge from Column B | \$ | 0.00 | | |
| # of SIK Meals from Column A | | Sales Amount from Column A | \$ | 0.00 | Operating Charge from Column A | \$ | 0.00 | # of SIK Meals from Column A & B | | Sales Amount from Column A & B | \$ | 0.00 | Operating Charge from Column A & B | \$ | 0.00 |

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C., Chapter 40; 37 U.S.C., Chapter 9; EO 9397, November 1943

PRINCIPAL PURPOSES: Used to authorize and verify the Subsistence-in-Kind entitlement; record the numbers of people subsisting; and account for cash collected.

ROUTINE USES: Information may be disclosed to the Department of Justice, and to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law.

DISCLOSURE: Disclosure of SSN is voluntary. However, members otherwise entitled to Subsistence-in-Kind will not be provided a meal at no cost without the SSN, since the SSN is used to verify the entitlement.

| COLUMN C | | | | | | | COLUMN D | | | | | | | |
|--|--|--------------------------------|-------------|------------------------------------|-----------------|--------|---|--|------------------------------------|-------------|-------------------------------------|--------------|------------------------|------|
| # of SIK Meals from Column A & B | | Sales Amount from Column A & B | \$ 0.00 | Operating Charge from Column A & B | \$ 0.00 | | # of SIK Meals From Column A, B, & C | | Sales Amount From Column A, B, & C | \$ 0.00 | Operating Charge From Col A, B, & C | \$ 0.00 | | |
| NAME | | Grade | Meal Period | DoD ID Number | Sales Amount | Op Chg | NAME | | Grade | Meal Period | DoD ID Number | Sales Amount | Op Chg | |
| 51. | | | | | | | 72. | | | | | | | |
| 52. | | | | | | | 73. | | | | | | | |
| 53. | | | | | | | 74. | | | | | | | |
| 54. | | | | | | | 75. | | | | | | | |
| 55. | | | | | | | 76. | | | | | | | |
| 56. | | | | | | | 77. | | | | | | | |
| 57. | | | | | | | 78. | | | | | | | |
| 58. | | | | | | | 79. | | | | | | | |
| 59. | | | | | | | 80. | | | | | | | |
| 60. | | | | | | | 81. | | | | | | | |
| 61. | | | | | | | 82. | | | | | | | |
| 62. | | | | | | | 83. | | | | | | | |
| 63. | | | | | | | 84. | | | | | | | |
| 64. | | | | | | | 85. | | | | | | | |
| 65. | | | | | | | 86. | | | | | | | |
| 66. | | | | | | | 87. | | | | | | | |
| 67. | | | | | | | 88. | | | | | | | |
| 68. | | | | | | | 89. | | | | | | | |
| 69. | | | | | | | 90. | | | | | | | |
| 70. | | | | | | | 91. | | | | | | | |
| 71. | | | | | | | 92. | | | | | | | |
| # of SIK Meals from Column C | | Sales Amount from Column C | \$ 0.00 | Operating Charge from Column C | \$ 0.00 | | # of SIK Meals from Column D | | Sales Amount from Column D | \$ 0.00 | Operating Charge from Column D | \$ 0.00 | | |
| Refund Data | | | | | | | Total All Cash Collected | | | | | | | |
| | | | | | | | \$ 0.00 | | | | | | | |
| NAME | | Grade | Meal Period | Meal Type* | Amount Refunded | | Less Refunds | | | | \$ 0.00 | | | |
| N/A | | N/A | N/A | N/A | 0.00 | | | | | | \$ 0.00 | | | |
| a. N/A | | N/A | N/A | N/A | \$ 0.00 | | Cash Overages/Shortages | | | | \$ 0.00 | | | |
| b. N/A | | N/A | N/A | N/A | \$ 0.00 | | Net Cash for Turn-In | | | | \$ 0.00 | | | |
| c. N/A | | N/A | N/A | N/A | \$ 0.00 | | Total All SIK Meals | | Total # of Cash Meals | 0 | Total Discount Rate Collected | 0.00 | Total Operating Charge | 0.00 |
| Explanation for Refunds: | | | | | | | Explanation of overages/shortages | | | | | | | |
| No Refunds | | | | | | | No Overages/Shortages | | | | | | | |
| Signature and Grade of Facility Supervisor | | | | | | | Signature and Grade of Person Making Collection | | | | | | | |

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| | | | | | | | | | | | | | | | |
|--|--------------|----------------------------|----------------------|---|--------------------------------|----------------------------------|--------------|----------------------------------|----------------------|--------------------------------|--------------------------------|------|------------------------------------|----|------|
| HEADCOUNT RECORD | | | | Accounts for meals sold in a dining facility, flight kitchen or field feeding | | | Serial No. | | | | | | | | |
| ORGANIZATION OR DINING FACILITY BBQ Request | | | | | | | DATE | | | | | | | | |
| Meal/Flight Meal Rate For Meal Periods Shown | | B/L/D/M | | \$ 0.00 | \$ 0.00 | Operating Charge for Meals Shown | | | \$ 0.00 | \$ 0.00 | | | | | |
| | | | | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | | | | | |
| COLUMN A | | | | | | COLUMN B | | | | | | | | | |
| <i>NAME</i> | <i>Grade</i> | <i>Meal Period</i> | <i>DoD ID Number</i> | <i>Sales Amount</i> | <i>Op Chg</i> | <i>NAME</i> | <i>Grade</i> | <i>Meal Period</i> | <i>DoD ID Number</i> | <i>Sales Amount</i> | <i>Op Chg</i> | | | | |
| 1. | | | | | | 26. | | | | | | | | | |
| 2. | | | | | | 27. | | | | | | | | | |
| 3. | | | | | | 28. | | | | | | | | | |
| 4. | | | | | | 29. | | | | | | | | | |
| 5. | | | | | | 30. | | | | | | | | | |
| 6. | | | | | | 31. | | | | | | | | | |
| 7. | | | | | | 32. | | | | | | | | | |
| 8. | | | | | | 33. | | | | | | | | | |
| 9. | | | | | | 34. | | | | | | | | | |
| 10. | | | | | | 35. | | | | | | | | | |
| 11. | | | | | | 36. | | | | | | | | | |
| 12. | | | | | | 37. | | | | | | | | | |
| 13. | | | | | | 38. | | | | | | | | | |
| 14. | | | | | | 39. | | | | | | | | | |
| 15. | | | | | | 40. | | | | | | | | | |
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| 19. | | | | | | 44. | | | | | | | | | |
| 20. | | | | | | 45. | | | | | | | | | |
| 21. | | | | | | 46. | | | | | | | | | |
| 22. | | | | | | 47. | | | | | | | | | |
| 23. | | | | | | 48. | | | | | | | | | |
| 24. | | | | | | 49. | | | | | | | | | |
| 25. | | | | | | 50. | | | | | | | | | |
| | | | | | | # of SIK Meals from Column B | | Sales Amount from Column B | \$ | 0.00 | Operating Charge from Column B | \$ | 0.00 | | |
| # of SIK Meals from Column A | | Sales Amount from Column A | \$ | 0.00 | Operating Charge from Column A | \$ | 0.00 | # of SIK Meals from Column A & B | | Sales Amount from Column A & B | \$ | 0.00 | Operating Charge from Column A & B | \$ | 0.00 |

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| COLUMN C | | | | | | | COLUMN D | | | | | | | |
|--|--|--------------------------------|-------------|------------------------------------|-----------------|--------|---|--|------------------------------------|-------------|-------------------------------------|--------------|------------------------|------|
| # of SIK Meals from Column A & B | | Sales Amount from Column A & B | \$ 0.00 | Operating Charge from Column A & B | \$ 0.00 | | # of SIK Meals From Column A, B, & C | | Sales Amount From Column A, B, & C | \$ 0.00 | Operating Charge From Col A, B, & C | \$ 0.00 | | |
| NAME | | Grade | Meal Period | DoD ID Number | Sales Amount | Op Chg | NAME | | Grade | Meal Period | DoD ID Number | Sales Amount | Op Chg | |
| 51. | | | | | | | 72. | | | | | | | |
| 52. | | | | | | | 73. | | | | | | | |
| 53. | | | | | | | 74. | | | | | | | |
| 54. | | | | | | | 75. | | | | | | | |
| 55. | | | | | | | 76. | | | | | | | |
| 56. | | | | | | | 77. | | | | | | | |
| 57. | | | | | | | 78. | | | | | | | |
| 58. | | | | | | | 79. | | | | | | | |
| 59. | | | | | | | 80. | | | | | | | |
| 60. | | | | | | | 81. | | | | | | | |
| 61. | | | | | | | 82. | | | | | | | |
| 62. | | | | | | | 83. | | | | | | | |
| 63. | | | | | | | 84. | | | | | | | |
| 64. | | | | | | | 85. | | | | | | | |
| 65. | | | | | | | 86. | | | | | | | |
| 66. | | | | | | | 87. | | | | | | | |
| 67. | | | | | | | 88. | | | | | | | |
| 68. | | | | | | | 89. | | | | | | | |
| 69. | | | | | | | 90. | | | | | | | |
| 70. | | | | | | | 91. | | | | | | | |
| 71. | | | | | | | 92. | | | | | | | |
| # of SIK Meals from Column C | | Sales Amount from Column C | \$ 0.00 | Operating Charge from Column C | \$ 0.00 | | # of SIK Meals from Column D | | Sales Amount from Column D | \$ 0.00 | Operating Charge from Column D | \$ 0.00 | | |
| Refund Data | | | | | | | Total All Cash Collected | | | | | | | |
| | | | | | | | \$ 0.00 | | | | | | | |
| NAME | | Grade | Meal Period | Meal Type* | Amount Refunded | | Less Refunds | | | \$ 0.00 | | | | |
| N/A | | N/A | N/A | N/A | 0.00 | | | | | | | | | |
| a. N/A | | N/A | N/A | N/A | \$ 0.00 | | Cash Overages/Shortages | | | \$ 0.00 | | | | |
| b. N/A | | N/A | N/A | N/A | \$ 0.00 | | Net Cash for Turn-In | | | \$ 0.00 | | | | |
| c. N/A | | N/A | N/A | N/A | \$ 0.00 | | Total All SIK Meals | | Total # of Cash Meals | 0 | Total Discount Rate Collected | 0.00 | Total Operating Charge | 0.00 |
| Explanation for Refunds: | | | | | | | Explanation of overages/shortages | | | | | | | |
| No Refunds | | | | | | | No Overages/Shortages | | | | | | | |
| Signature and Grade of Facility Supervisor | | | | | | | Signature and Grade of Person Making Collection | | | | | | | |

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