



NON-PERMANENT FOOD FACILITY QUESTIONNAIRE

(702) 759-1258 | WWW.SNHD.INFO | FOODREV@SNHD.ORG

Name of Business (DBA):					
Business Physical Address:					
Person In Charge:				Date:	
RESOURCE MATERIALS					
<p>Resource materials may be accessed at:</p> <p>Food Establishment Resource Library: http://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/</p> <p>Food Handler Safety Videos: https://www.southernnevadahealthdistrict.org/permits-and-regulations/food-establishment-resource-library/food-handler-safety-videos/</p> <p>Food Handler Card Program: https://www.southernnevadahealthdistrict.org/programs/food-handler-safety-program/</p>					
PERSON IN CHARGE					
Have you ever operated a Food Establishment before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
The portable unit has (Check all that apply):					
<input type="checkbox"/> A person in charge that can demonstrate knowledge of food safety practices to prevent the occurrence of food-borne illness. <input type="checkbox"/> A person in charge that is present during all hours of operation, to include evenings, weekends, and breaks. <input type="checkbox"/> A person in charge that is a Certified Food Safety Manager. (Attach copy of certification) <input type="checkbox"/> An employee health policy that excludes or restricts food workers who are ill or have infected cuts or wounds <input type="checkbox"/> All employees have Food Safety Training Cards					
OPERATIONAL PLAN					
Will your portable unit stay at one address or move from place to place?		<input type="checkbox"/> We will operate at one address <input type="checkbox"/> We will drive around from place to place selling food <input type="checkbox"/> We will operate at events			
The location of your portable unit will be: (mark all that apply)			<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		
Commissary Name:					
Commissary Address:					
Does this commissary have a valid business license and health permit to operate as a commissary?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Check all services that your commissary will be used for:		<input type="checkbox"/> Food Preparation <input type="checkbox"/> Cooking <input type="checkbox"/> Cooling <input type="checkbox"/> Food Storage <input type="checkbox"/> Dump Wastewater <input type="checkbox"/> Fill Freshwater <input type="checkbox"/> Wash Equipment or Utensils <input type="checkbox"/> Other:			
How often will you take your portable unit to the commissary?		<input type="checkbox"/> Daily <input type="checkbox"/> Every Other Day <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Never <input type="checkbox"/> N/A			
Number of Employees:		Location of Employee Restroom:		Is there access to the restroom during all hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What size is your freshwater tank?	gal	What size is your wastewater tank?	gal	Do your freshwater and wastewater tanks have measuring gauges?	<input type="checkbox"/> Yes <input type="checkbox"/> No

