



Boston Inspectional Services

Temporary Food Application Process

1. All temporary food service applications **must** be completely filled out and submitted to the office 10 days prior to your event. **All fees and permits must be paid and picked up before 3:00pm.**
2. The application **must** be signed.
3. Any establishment that is not licensed in the City of Boston **must** attach a copy of their health license from the jurisdiction that they are licensed in.
4. Any food truck/trailer that is not licensed in the City of Boston must get approval from the Boston Fire Department prior to the Health permit being issued.
5. Any vendor that does not have a licensed establishment to operate, must obtain a copy of the Health permit and a letter from the establishment stating they have permission to use the facility.
6. Any vendor doing pre-packaged products **must** pick up the product the day of the event; nothing should be stored at home.
7. **ALL applications must be submitted by the coordinator of the event. Individual applications will not be accepted unless other arrangements have been made between the coordinator and the Health Division.**
8. Applications can be emailed to isdtempevent@boston.gov. If you choose to email the applications, all documents and applications must be emailed as one PDF attachment (no zip drives, multi attachments, etc.).
9. If the event is having TCS foods, an inspector is required. If the event occurs outside of business hours, which are Monday through Friday 8-4pm, an off hours inspection request will need to be completed (last page of the application). The cost for the off hours inspection is \$250 per inspector.
10. No application will be processed unless all criteria are met.



Inspectional Services Department

Temporary Food Service Application

Name of Applicant: _____ Phone: _____
Name of Owner (if different): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Licensed establishment where foods are prepared: _____
Copy of Permit Provided: Yes _____ Pending _____
Email Address: _____
Name of Event: _____
Event Coordinator: _____ Phone: _____
Event Address: _____
City: _____ State: _____ Zip Code: _____
Date/Time of Event: _____
Signature of Applicant: _____

TRANS FAT FOODS CANNOT BE SERVED

List all food/beverages that will be served and the establishment where the food was purchased. If shell stock is utilized, please have copies of tags available for inspection.

ITEMS:	LOCATION PURCHASED:

PLEASE NOTE: TIME TEMPERATURE CONTROLLED FOR SAFETY FOOD PRODUCTS (TCS) ALWAYS REQUIRE A HEALTH INSPECTION ON SITE.

FEES ARE AS FOLLOWS:

1 Day Event- \$30

Example: 1/1/21 - \$30

\$30 for the First day and \$5 for each consecutive day up to 14 days

Example: 1/1/21-1/3/21=\$40

Inspector Cost for Off Hours- \$250 per inspector

1010 MASSACHUSETTS AVE., 4TH FLOOR, BOSTON, MA, 02118 •Tel. (617) 635-5326 •Fax: (617) 635-5388

Email: isdtempevent@boston.gov Website: www.boston.gov/isd

PREPARATION/COOKING FACILITIES:

Onsite: Yes ___ No ___ N/A ___ If Yes, please describe the facilities and equipment:

Offsite: Yes ___ If yes, please describe the location:

Type of Tableware: Paper Products _____ China _____

Describe ware washing facilities for utensils and equipment:

FOOD PROTECTION:

Describe the equipment and means of transporting **COLD** Food (41°F or below) and **HOT** Food (135°F or above): _____

Refrigeration: Required ___ Not required ___

Method of Refrigeration: _____

Type of Cooking/Hot Holding Equipment: _____

Describe measures to protect food from contamination during preparation, storage, and display:

GARBAGE AND RUBBISH:

Describe means for storage and disposal:

PERSONNEL AND FOOD HANDLING PRACTICES:

Disposable Gloves Provided: Yes ___ No ___

Hair Restraints Provided: Yes ___ No ___

Number of Food Handlers: _____

Location of Handwashing Facilities: _____

Location of Toilet Facilities: _____

BOSTON FIRE DEPARTMENT FIRE PREVENTION DIVISION

Instructions for a Food Truck Permit and Food Truck Inspection

- Food Truck Permits must be applied for online through the Boston Fire Department portal at: <https://www.boston.gov/departments/fire-prevention>
- Once the Food Truck Permit has been applied for online through the Boston Fire Department portal you must schedule a Food Truck Inspection with the Boston Fire Department.
- Food Truck Inspections are by appointment only Monday through Friday from 8am-11AM.

To schedule a Food Truck Inspection: Contact Fire Prevention at bfdfireprevention@boston.gov or call 617-343-3628

Boston Fire Department
Fire Prevention Division
Special Hazards Unit

Temporary Food Establishment Operations

Use this guide as a checklist to verify compliance with MA food safety regulations.

Submit a completed temporary food establishment application to the local Board of Health at a minimum of 30 days prior to the event.

Application

FOOD & UTENSIL STORAGE AND HANDLING

<input type="checkbox"/> Dry Storage	Keep all food, equipment, utensils, and single service items stored above the floor on pallets or shelving, and protected from contamination.
<input type="checkbox"/> Cold Storage	Keep TCS foods at or below 41°F. An effectively insulated container with sufficient coolant may be approved by the Board of Health for storage of non-TCS foods, or use at events of short duration.
<input type="checkbox"/> Hot Storage	Use hot food storage units when necessary to keep TCS food at or above 135°F.
<input type="checkbox"/> Thermometers	Use a thermometer to check temperatures of both hot and cold TCS food. Each refrigeration unit shall have a thermometer to accurately measure the air temperature of the unit.
<input type="checkbox"/> Wet Storage	Wet Storage of canned or bottled non-TCS beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
<input type="checkbox"/> Food Display	Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.

1010 MASSACHUSETTS AVE., 4TH FLOOR, BOSTON, MA, 02118 •Tel. (617) 635-5326 •Fax: (617) 635-5388

Email: isdtempevent@boston.gov Website: www.boston.gov/isd

(Rev. 2021)

<input type="checkbox"/> Food Preparation	<p>Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the Health Division to prevent bare hand contact with ready-to-eat food.</p> <ul style="list-style-type: none"> • Protect all storage, preparation, cooking, and serving areas from contamination. • Obtain food from an approved source. TCS foods and perishable items may not be prepared in residential kitchens. • Cooking: TCS'S- Beef 145°F, Pork 145°F, Ground Beef 155°F, Poultry 165°F, and other TCS foods 145°F
--	---

PERSONNEL

<input type="checkbox"/> Person in Charge (PIC)	<p>There must be one person designated in charge at all times responsible for compliance with the regulations. Check with the Health Division's Temporary Food Liaison to see if food protection management certification is required.</p>
<input type="checkbox"/> Handwashing	<p>A minimum two-gallon insulated container with a spigot, basin, soap, and disposable towels shall be provided for hand washing (see attached). The container shall be filled with warm water 100°F to 120°F. A hand washing sign must be posted.</p>
<input type="checkbox"/> Health	<p>The (PIC) must tell food employees that if they are experiencing vomiting and/or diarrhea, sore throat with a fever, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers and hands must be covered and protected with waterproof materials.</p>



Handwashing:

1. An accessible and functional hand washing facility with hot water shall be provided within the perimeter of any business involved in the sale of food. If only pre-packaged food products are sold, hand washing facilities are not required.
2. Handwashing facilities shall not be used for the cleaning of equipment, storage of wiping cloths, or the disposal of liquid waste.
3. All food products, cooking equipment, and serving utensils shall be protected from any splash or spillage involved in the washing of hands.
4. Disposable paper towels shall be provided with each hand washing facility and will be properly disposed of after being used.
5. Any of the following set-ups can be used as a handwashing facility:
 - a. Portable commercial hand sinks that produce water flow 10 seconds of activating a hand pump or opening a dispensing valve. Soap from a sanitary dispenser shall be provided.
 - b. Minimum of 2-5 gallons of potable water will be maintained in a container capable of dispensing water through a valve. This valve shall enable a constant flow of water when opened. The wastewater shall be collected and disposed of to a sanitary sewer. Soap from a sanitary dispenser shall be provided.
6. An accessible and functioning commercial hand sink will accompany any toilet utilized by food handlers. Soap from a sanitary dispenser and disposable single-use towels shall be provided. The sink shall be used for hand washing only. Handwashing facilities shall be checked regularly for adequate soap, towels, and water.

A convenient hand washing facility must be available onsite for employee hand washing whenever handling unpackaged foods. This facility shall consist of a least sufficient warm running water, soap, and individual paper towels. The Board of Health may approve the use of chemically treated towelette in lieu of hand washing facilities if only frankfurters, non-TCS foods and non-perishable foods are served and there is no bare hand contact. Chemically treated towelettes must be made available for use by customers in self-service operations.

1010 MASSACHUSETTS AVE., 4TH FLOOR, BOSTON, MA, 02118 •Tel. (617) 635-5326 •Fax: (617) 635-5388

Email: isdtempevent@boston.gov Website: www.boston.gov/isd



CITY OF BOSTON INSPECTIONAL SERVICES DEPARTMENT

Mayor Michelle Wu

OFF HOUR INSPECTION REQUEST

Date: ___/___/___

FEE: \$250.00

Customer's Name: _____

Address: _____

Reason for Request: _____

Office Use Only:

BLDG: _____

ELEC: _____

HEALTH: _____

MECH: _____

P&Z: _____

Other: _____

ISD Approval: (Reviewed By)

Date: ___/___/___ Start Time: _____ AM PM Anticipated End Time: _____ AM PM

LOCATION OF WORK SITE: _____

Contact Name: _____ (official who will be on site)

Phone: _____ Permit #: _____

Customer's/Contractor's Signature: _____

ON SITE CONFIRMATION OF WORK:

Inspection Date: ___/___/___

Start Time: _____ End Time: _____ Actual Hours Worked: _____

Customer Representative (print): _____ Signature: _____

Inspector Name (print): _____ Signature: _____

Inspector ID#: _____

Use this page for notes

Notes