

# FOOD PREMISES ORIENTATION PACKAGE

**RESOURCES : MARCH 2016**

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# AI- FOOD SERVICE PERMIT APPLICATION FORM



HEALTH PROTECTION PROGRAMS

## FOOD SERVICE PERMIT APPLICATION FORM

This form must be completed for all new facilities and for any changes to facility information (PRINT IN BLOCK LETTERS)		
Facility Name: (as it will appear on permit)		Phone: ( ) - Fax: ( ) -
Facility Site Address:	Postal Code:	E-mail:
	City:           , BC	Web site:
Legal (Company) Name: (Proof of Incorporation may be requested)		Business Licence # (if available):
Owner Legal Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (define)		
Owner's Name:	Home Phone: ( ) - Mobile Phone: ( ) -	
Last Name                      First Name		
Operator's Name:	Home Phone: ( ) - Mobile Phone: ( ) -	
Last Name                      First Name		
Type of Change: (if change box is checked, updated info and Effective Date of change are required)		
a) <input type="checkbox"/> Facility Name change: Old Name Was:                      Existing Facility #	e) <input type="checkbox"/> Operator Change	
b) <input type="checkbox"/> Facility Address Change/ <input type="checkbox"/> Mailing Address Change	f) <input type="checkbox"/> Facility Type/capacity change (may impact on permit fee)	
c) <input type="checkbox"/> Change in Conditions on Permit	g) <input type="checkbox"/> Facility closed (voluntarily) Date Effective	
d) <input type="checkbox"/> Owner Change - Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No	h) <input type="checkbox"/> Other (specify)	Is there a secondary permit connected to this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>THE FOLLOWING MUST BE COMPLETED FOR OPERATING PERMIT FEE</b>		
Billing Account (for INVOICE mailing) <input type="checkbox"/> same as facility OR:	Mailing Address: (for NON-BILLING mailing) <input type="checkbox"/> same as facility OR:	
Account Owner (Billing Contact):	Address:	
E-mail:	City:                      Prov/State:                      Postal Code:	
Address:	Phone: ( ) -                      Fax: ( ) -	
City:                      Prov/State:                      Postal Code:	Mail Permit Decal to: <input type="checkbox"/> Facility Address <input type="checkbox"/> Mailing Address <small>(Permit decals are mailed to Billing Account Address unless indicated differently above)</small>	
Phone: ( ) -                      Fax: ( ) -		
Maximum Seating Capacity:    seats    Exempt Facility? <input type="checkbox"/> Yes (If Yes, Exemption Request Form must be submitted with this form)		
Secondary Permit? <input type="checkbox"/> Yes    IF YES, Facility # of Primary Site:    (Secondary Permit only issued if under same roof and same owner)		
Do you wish to have other facilities owned by you rolled up to one invoice? If so, please provide Facility #s here:		
FOR SEASONAL PREMISES, CIRCLE WHICH MONTHS YOU ARE OPERATING (Include whole and partial months)		
<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUG <input type="checkbox"/> SEPT <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC		
Date of Application:	Applicant's Signature:	
THIS BOX MUST BE COMPLETED FOR ALL NEW APPLICATIONS    Applicant's Name (Print):		
<b>Office Use Only</b>		
Is this a NEW Application or a CHANGE to facility information? <input type="checkbox"/> NEW: <input type="checkbox"/> CHANGE:    EFFECTIVE DATE:    /    /    (MMM/DD/YY)		
Facility Information:	Permitted Facility Type (check one)	Conditions on Permit:
HH Facility #:	<input type="checkbox"/> FSE1 - Food Service Establishment - Type 1 <input type="checkbox"/> Attribute (define)	<input type="checkbox"/> FoodSafe, Food Safety Plan, & Sanitation Plan documentation to be provided within 90 Days
Work Area:	<input type="checkbox"/> FSE2 - Food Service Establishment - Type 2 <input type="checkbox"/> Attribute (define)	<input type="checkbox"/> Restricted Cooking - no grease laden vapours can be generated
EHO:	<input type="checkbox"/> Mobile Food Service - Type 2 <input type="checkbox"/> Attribute (define)	<input type="checkbox"/> Single Service Utensils Only
Billing Account Information:	<input type="checkbox"/> Mobile Food Service - Type 3 <input type="checkbox"/> Attribute (define)	<input type="checkbox"/> Seating restricted to 16 or less
Account #:		<input type="checkbox"/> Other
Account Work Area:		

VCH.0419 | AUG.2015

WHITE COPY - FACILITY FILE

YELLOW COPY - APPLICANT



## Permit Fee Pro-Rating Calculations

Month Effective	Mobile Food Service	FSE ≤ 50 seats	FSE > 50 seats	Secondary Permit
April	\$75.00	\$150.00	\$250.00	\$75.00
May	\$75.00	\$137.50	\$229.13	\$75.00
June	\$75.00	\$125.00	\$208.30	\$75.00
July	\$75.00	\$112.50	\$187.47	\$75.00
August	\$75.00	\$100.00	\$166.64	\$75.00
September	\$75.00	\$87.50	\$145.81	\$75.00
October	\$75.00	\$75.00	\$124.98	\$75.00
November	\$75.00	\$62.50	\$104.15	\$75.00
December	\$75.00	\$50.00	\$83.32	\$75.00
January	\$75.00	\$37.50	\$62.49	\$75.00
February	\$75.00	\$25.00	\$41.66	\$75.00
March	\$75.00	\$12.50	\$20.83	\$75.00

### Provincial Policy for Permit Fees:

1. For seasonal establishments, the fee is based on number of months (partial or full) that the operation is open for business. For example, a seasonal concession that opens on May 15<sup>th</sup> and closes on September 8<sup>th</sup> is charged for 5 months.
2. A facility is eligible for a reduced fee secondary permit (multiple permit) if it is BOTH under the same roof as the primary facility AND it's operated by the same owner. The primary facility is always the facility with the highest permit fee (for example, \$250.00 for a full restaurant).
3. The secondary permit fee is not pro-rated, nor refundable. For example, there is no refund or pro-rating for a permit for a seasonal concession that closes down in the winter if it is charged the \$75.00 flat fee. They have the option of being charged the higher annual fee as a primary facility and have it pro-rated.
4. Requests for refunds must be made on the appropriate Refund Application form and signed off by the Environmental Health Officer before submission to the billing clerk.

FOR CREDIT CARD PAYMENTS PLEASE COMPLETELY FILL OUT THE SECTION BELOW

Credit Card Payment Method:  VISA  MASTERCARD  AMERICAN EXPRESS

Card #  Expiry Date:  /   
MM / YY

Permit Fee Amount:   
(Amount to be charged on the credit card)

Name on Card:  Signature:



# A2 – COOLER & HOT HOLDING TEMPERATURE RECORDS

MONTH:

YEAR:

DATE	COOLER (4°C (40°F) or less)								HOT HOLDING (60°C (140°F) or more)				Dishwasher (50 ppm OR 82°C (180°F) at manifold/ 71°C (160°F) at plate level)	Corrective Actions
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
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## A3 – SAFE INTERNAL COOKING TEMPERATURE CHART

MEAT, POULTRY, EGGS, AND FISH	TEMPERATURE
<b>Beef, veal and lamb (pieces and whole cuts)</b>	
Medium-rare	63°C (145°F)
Medium	71°C (160°F)
Well done	77°C (170°F)
<b>Pork (e.g. ham, pork loin, ribs)</b>	
Pork (pieces and whole cuts)	71°C (160°F)
<b>Ground meat and meat mixtures (e.g. burgers, sausages, meatballs, meatloaf, casseroles, mechanically tenderized beef)</b>	
Beef, veal (including mechanically tenderized), lamb and pork	71°C (160°F)
Poultry (e.g. chicken, turkey)	74°C (165°F)
<b>Poultry (e.g. chicken, turkey, duck)</b>	
Pieces	74°C (165°F)
Whole	85°C (185°F)
<b>Egg</b>	
Egg dishes	74°C (165°F)
<b>Seafood</b>	
Fish	70°C (158°F)
Shellfish (e.g. shrimp, lobster, crab, scallops, clams, mussels and oysters) NOTE: since it is difficult to use a food thermometer to check the temperature of shellfish, discard any that do not open when cooked)	74°C (165°F)
<b>Others</b>	
Others (e.g. hot dogs, stuffing, leftovers)	74°C (165°F)

GAME	TEMPERATURE
<b>Chops, steaks and roasts (e.g. deer, elk, moose, caribou/reindeer, antelope, pronghorn)</b>	
Well done	74°C (165°F)
<b>Ground meat</b>	
Ground meat and meat mixtures	74°C (165°F)
Ground venison and sausage	74°C (165°F)
<b>Large game</b>	
Bear, bison, musk-ox, walrus, etc...	74°C (165°F)
<b>Small game</b>	
Rabbit, muskrat, beaver, etc...	74°C (165°F)
Whole	82°C (180°F)
<b>Game birds/waterfowl (e.g. wild turkey, duck, goose, partridge and pheasant)</b>	
Breasts and roasts	74°C (165°F)
Thighs, wings	74°C (165°F)
Stuffing (cooked alone or in bird)	74°C (165°F)

Reference: <http://healthycanadians.gc.ca/eating-nutrition/safety-salubrite/cook-temperatures-cuisson-tbl-eng.php>



# A4 – PROPER COOLING METHODS

ICE WATER BATH



COOLING WAND AND ICE WATER BATH



DIVIDE ITEMS INTO SMALL PORTIONS OR SHALLOW PANS



ADD ICE TO THE RECIPE OR USE A COOLING WAND



# A5 – THERMOMETER CALIBRATION

Calibrate your thermometer to verify the internal temperature of the food is correct. Thermometers must be calibrated against both cold and hot water.

*Note: Some digital or dial thermometers cannot be calibrated. Buy a new one if this is the case.*

## COLD WATER METHOD

- ◆ Fill a container with a mixture of crushed ice and water.
- ◆ Distribute the ice evenly to ensure the mixture is 0°C throughout.
- ◆ Insert the thermometer into the container. Keep the probe at least 1 inch from the bottom and sides of the container.
- ◆ Wait until the thermometer reading stabilizes.
- ◆ Calibrate (adjust) the thermometer if it is not within +/- 2°C from 0°C.



## HOT WATER METHOD

- ◆ Bring the water in the container to a “rolling” boil (100°C).
- ◆ Immerse the thermometer to the appropriate depth. Keep the probe at least 2 inches from the bottom and sides of the container.
- ◆ Calibrate (adjust) the thermometer if it is not within +/- 2°C from 0°C.



*Remember that a thermometer contacts food. Sanitize the thermometer before and after use, and store it in a sanitary manner.*



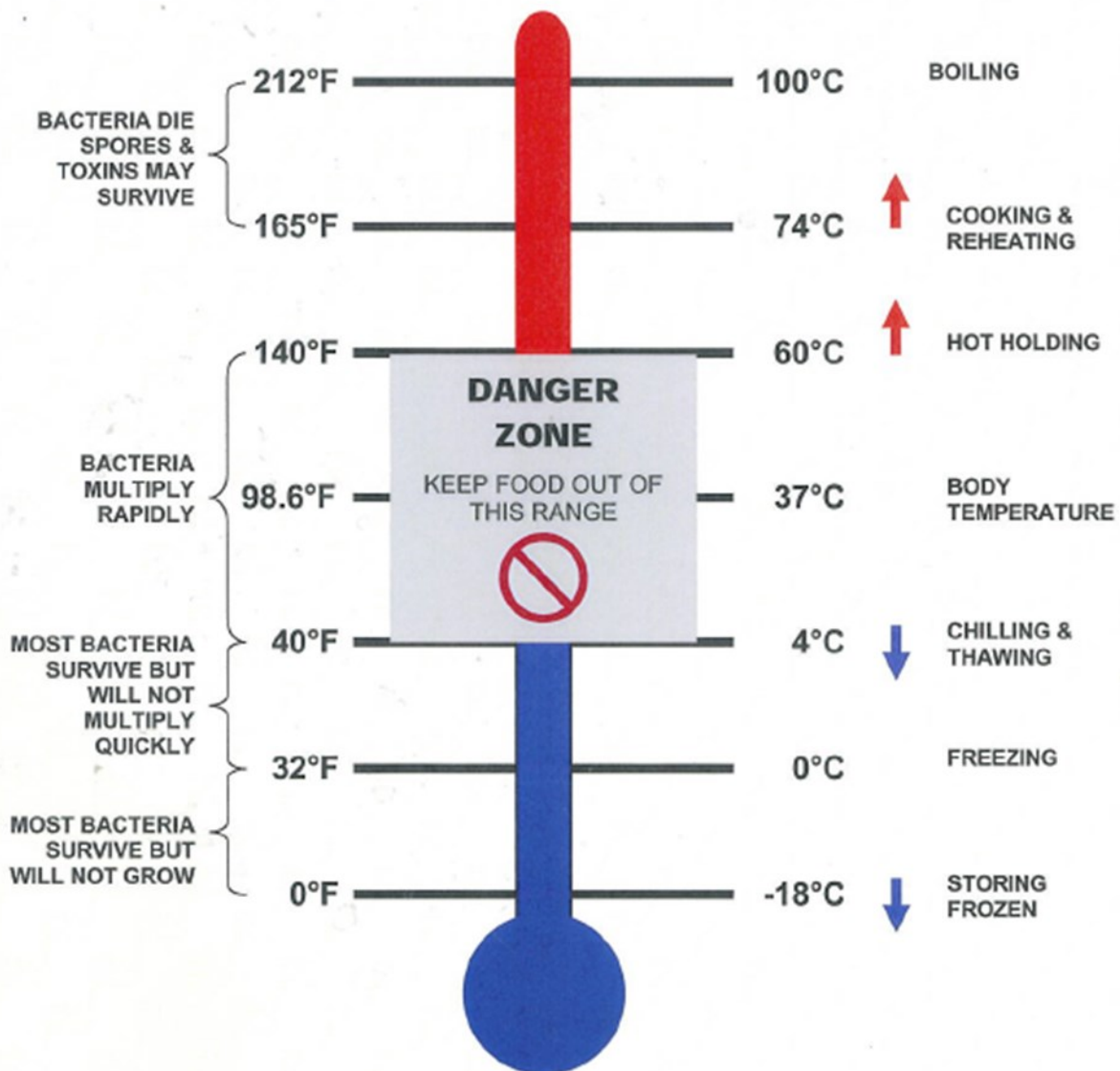
# A6 – DANGER ZONE

## EFFECTS OF TEMPERATURE

When foods contain pathogens and are in the DANGER ZONE temperature range, the pathogens will begin to multiply

## DANGER ZONE

The temperature range between 4°C and 60°C (40°F and 140°F) is the DANGER ZONE. Harmful bacteria can multiply at these temperatures



## A7 – PROPER HAND WASHING



### **HANDS SHOULD BE WASHED:**

- Before handling foods/after handling raw foods
- After using the toilet
- After smoking/using a toothpick
- After touching face, hair, etc...
- After covering a cough or sneeze
- Any time hands may be contaminated

### **PROPER HAND WASHING STEPS:**

- 1) Wet hands
- 2) Apply liquid soap from a pump dispenser
- 3) Rub hands together
- 4) Rinse off soap
- 5) Dry hands with paper towel
- 6) Turn off tap with paper towel



# A8 – STAFF ILLNESS, STAFF HYGIENE AND HAND HYGIENE

Each food premises should have employee illness and hand hygiene guidelines. Infected workers are a common cause of food-borne illness. Ensure all employees are aware of these guidelines.

An **Employee Illness Guideline** must instruct staff to stay home from work if they have vomiting and/or diarrhea, flu-like symptoms, or a cold. This is to prevent diseases from being passed to customers and colleagues.

- ◆ Food handlers must remain off work for 72 hours after their last episode of vomiting and/or diarrhea.
- ◆ Non-food handlers must remain off work for 48 hours after their last episode of vomiting and/or diarrhea.

A **Hand Hygiene Guideline** describes when and how staff must wash their hands. Examples of when hands must be washed include, but are not limited to:

Before starting work After using the washroom After handling raw meat/seafood After handling money or garbage	When changing tasks from cleaning to food handling After touching hair, face, glasses, hats After blowing nose, sneezing or coughing Before and after using gloves
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Personal hygiene is important to maintain and employees are encouraged to:

Tie long hair back and restrain long beards	Wear clean uniforms/clothing
Remove aprons and gloves before using the washroom	Avoid wiping hands on aprons or cloths



# A9 – FOODBORNE ILLNESS COMPLAINT FORM

\*\*\*NEVER GIVE MEDICAL ADVICE\*\*\*

Client Report Information Sheet						
<b>1. Received:</b>		Date:	Time:	<b>AM PM</b>	Staff name:	
<b>2. Forwarded to:</b>		Manager		<b>Sent:</b>		
		Name:	Date	Time:	<b>AM PM</b>	
<b>3. Reported by:</b>		Name:			Phone 1:	
Address:				Phone 2:		
Contact notes:						
<b>4. Details:</b>		Food premises:		Location:		
Meal Date:		Time:	<b>AM PM</b>	# Diners:	# Ill Diners:	
Diner Name	Food & Drink Consumed at Meal		Illness Symptoms		Onset	
	e.g., appetizer, entrée, salad, dessert, fruit, beverages, water		e.g., vomiting, diarrhea, nausea, cramps, or other(s)		Date	Time
1						
2						
3						
4						
5						
6						
<b>5. Other Comments:</b>						
<b>6. Referred to Public Health:</b>		<b>Yes / No</b>	Date/Time if sent:		Sent by:	
					Name:	
<b>Vancouver Coastal Health – Health Protection Offices</b>  Coast Garibaldi: Box 1040, 5571 Inlet Ave., Tel 1-604-885-5164, Fax 1-604-885-9725 North Vancouver: 132 W Esplanade, Tel 604-983-6700, Fax 604-983-6702 Richmond Office: 8100 Granville, Tel 604-233-3147, Fax 604-233-3175 Vancouver Office: 1200, 601 West Broadway, Tel 604-675-3800, Fax 604-736-8651 Squamish Office: Box 220, 1140 Hunter Pl., Tel 1604-892-2293, Fax 1604-892.2327						



# A10 – PEST CONTROL PROCEDURES

Check your food premises regularly for pest activity. Use a flashlight to look for droppings, nesting materials, and chewed packaging and food. Remove these items, then clean and sanitize the affected areas.

The most common pests are:

- Rodents (mice/rats)
- Cockroaches
- Flies
- Birds

To prevent pest infestations, follow your sanitation plan. To handle an existing pest issue, follow these steps:

Cleaning and sanitizing:

- Clean and sanitize food contact surfaces daily, including counter tops, cooking equipment, and cutting boards.
- Clean floors, including under equipment and shelving units.
- Remove grease from cooking equipment.
- Wash all dishware at the end of the day. Do not store dirty dishes or equipment overnight.
- Mop excess or pooled water at the end of the day.
- Sanitize areas affected by pest activity with 1 part bleach and 10 parts water.

Food storage:

- Store food a minimum of 6 inches (15 cm) off the floor.
- Store open food products in a pest-proof container with a tight-fitting lid.
- Remove extra cardboard.

Pest proof the food premises:

- Create a tight seal around the door using weather stripping and a door sweep.
- Seal gaps and holes  $\frac{1}{4}$  inch in diameter or bigger.
- Install screens on windows and back doors if they are kept open.
- Ensure the screen door is in good condition (e.g., not ripped, fits tightly with the door frame).

Garbage, food waste and recycling:

- Dispose of waste in appropriate bins.
- Keep lids closed on waste bins.
- If waste bins are full, increase pick-up frequency with the waste company.

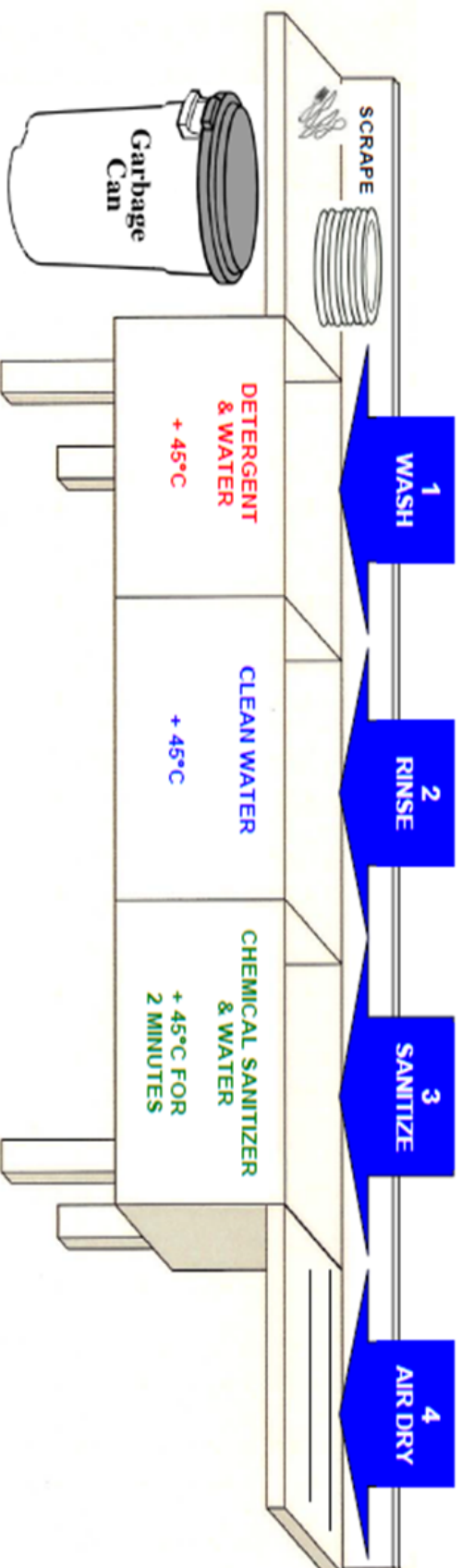
Pest control services can be hired. They will:

- Assess the premises and set up traps
- Leave a written report of the work completed
- Provide recommendations to address pest issues

**NOTE:** *A pest control company will not clean or do preventative maintenance for your food premises. Keep pest control reports on-site for a minimum of 3 months so they can be reviewed by your EHO.*



# A11 – 3-SINK MANUAL DISHWASHING METHOD



## CHEMICAL SANITIZERS

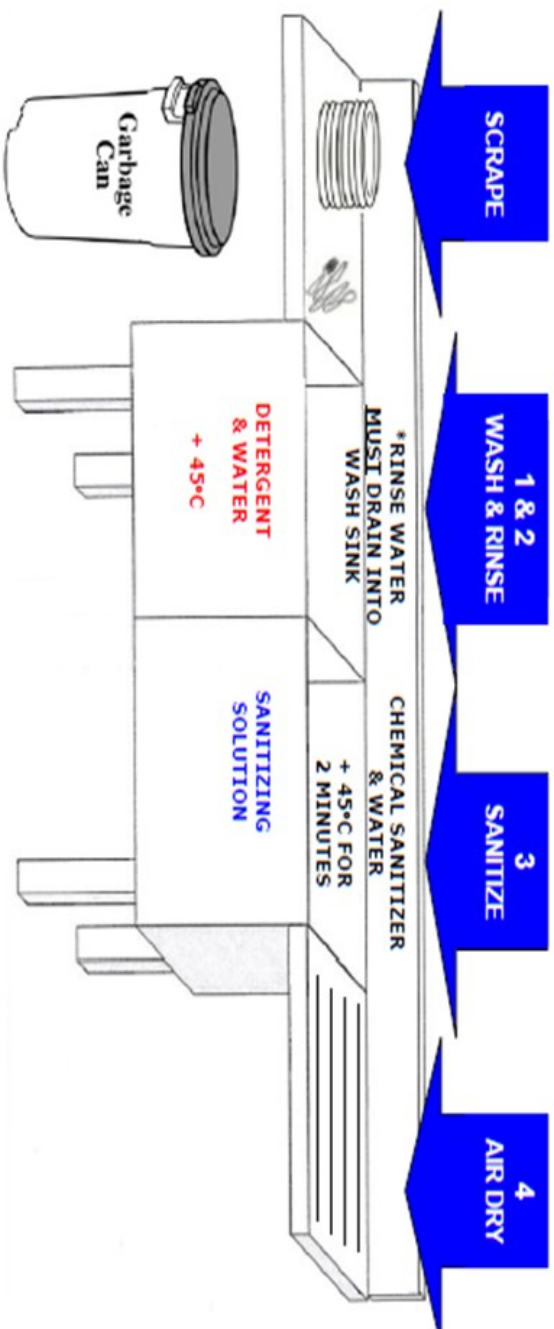
**CHLORINE SOLUTION**  
(100ppm)  
**Use 5.25% Bleach, dilute as follows:**  
1 tablespoon per Imperial gallon of water  
½ fluid ounce per Imperial gallon of water  
½ teaspoon per litre of water  
2 mL per litre of water

**QUATERNARY AMMONIUM SOLUTION**  
(200ppm)  
**Dilution of quaternary ammonium (QUATS):**  
Follow manufacturer's instructions

**DO NOT MIX CHLORINE WITH DETERGENT**  
**USE TEST PAPERS TO CHECK CONCENTRATION OF SANITIZER**

## A12 – 2-SINK MANUAL DISHWASHING METHOD

**For Pots, Pans, Cooking and Service Utensils**  
All implements used to prepare food



### CHEMICAL SANITIZERS

#### CHLORINE SOLUTION (100ppm)

**Use 5.25% Bleach, dilute as follows:**  
1 tablespoon per Imperial gallon of water  
½ fluid ounce per Imperial gallon of water  
½ teaspoon per litre of water  
2 mL per litre of water

#### QUATERNARY AMMONIUM SOLUTION (200ppm)

**Dilution of quaternary ammonium (QUATS):**  
Follow manufacturer's instructions

**DO NOT MIX CHLORINE WITH DETERGENT**  
**USE TEST PAPERS TO CHECK CONCENTRATION OF SANITIZER**

# RESEARCH SHOWS THAT **95%** OF PEOPLE WHO TOOK **FOODSAFE LEVEL ONE** 5 YEARS AGO OR EARLIER WOULD NOT PASS THE EXAM IF THEY WROTE IT TODAY

That's why starting **July 29th 2013**, all FOODSAFE Level 1 certificates issued in BC will have a five-year expiry date.

### Getting up to date

You and your staff can protect your customers from foodborne illness by refreshing your FOODSAFE Level 1 Certificate!

### The FOODSAFE Level 1 Refresher course

All FOODSAFE Level 1 certificate-holders will be able to quickly and easily refresh their knowledge of food safety and recertify in a new 2-3 hour long *FOODSAFE Refresher Course online*. The Refresher course will be offered starting September 2013.

### The Refresher course exam

Students of the FOODSAFE Refresher course must achieve a score of 80% or higher on the computer-generated exam. Those who are unsuccessful will be instructed to retake the full FOODSAFE course before they will be re-certified.

### Validity of current FOODSAFE certificates

Existing FOODSAFE certificates will be *valid until July 29th 2018*, but there's a lot to remember about food safety for five years. You and your restaurant staff will benefit from a review of the FOODSAFE course content sooner rather than later. Your customers will thank you!

### For more information

To learn more about signing up for a FOODSAFE Level 1 Refresher course, visit [www.foodsafe.ca/refresher](http://www.foodsafe.ca/refresher).

If you have any other questions regarding FOODSAFE or the FOODSAFE Refresher course, contact your Regional Health Authority or your local Environmental Health Officer.

## When did *you* last take **FOODSAFE?**

Vancouver  
**CoastalHealth**  
*Promoting wellness. Ensuring care.*





# A14 – INFORMED DINING

## Informed Dining

INFORMATION FOR RESTAURANTS

*"I like the idea that the restaurant cares enough to offer this information."*  
– Consumer Poll, April 2011



### SIGN UP NOW TO RECEIVE

- ✓ Nutrient analysis\*
- ✓ Recipe reformulation support\*
- ✓ Government promotions
- ✓ Marketing opportunities

\*subject to eligibility criteria

 **HealthyFamiliesBC** 

The Informed Dining program is a voluntary nutrition information program developed by the Province of British Columbia.

### PROGRAM REQUIREMENTS

- 1) Display the Informed Dining logo and directional statement on the menu or menu board advising guests that nutrition information is available.
- 2) Provide nutrition information for all standard menu items upon request before or at the point of ordering. Calorie and sodium content of standard menu items must be highlighted.
- 3) Provide information regarding daily calorie and sodium requirements.

### WHAT THE INDUSTRY IS SAYING

*"Once again, the top menu trends are showing an increasing focus on nutrition..."*  
– Garth Whyte, CRFA President and CEO

*"Small business operators will appreciate the value this program brings to their customers."*  
– Ian Tostenson, BCRFA President and CEO

### LEARN MORE

-  Visit: [InformedDining.ca](http://InformedDining.ca)
-  Dial 8-1-1 to speak to a HealthLink BC Dietitian
-  Email: [informeddining@gov.bc.ca](mailto:informeddining@gov.bc.ca)

### ENDORSED BY



Canadian Restaurant and Foodservices Association



BRITISH COLUMBIA RESTAURANT & FOODSERVICES ASSOCIATION



HEART & STROKE FOUNDATION

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# A15 – TRANS FAT REGULATION

British Columbia has a new trans fat regulation.

## How do you measure up?

As of September 30, 2009, all BC food service establishments must meet the following three regulatory requirements for all food located on the premises of, used in preparation, served or offered for sale:

1. Documentation for food is kept on site and provided to the Environmental Health Officer upon request (ingredient lists, Nutrition Facts table or product specification sheet).
2. All soft spreadable margarine and oil meets the restriction of 2% trans fat or less of total fat content.
3. All other food meets the restriction of 5% trans fat or less of total fat content.



For information on the trans fat regulation and how it may be applied to your facility, visit [www.restricttransfat.ca](http://www.restricttransfat.ca) or call 8-1-1 to speak to a HealthLink BC dietitian. 8-1-1 has translation services available.



ActNowBC



To find out if the food in your establishment meets the 2% and 5% trans fat restrictions, use the following steps:

1. Read the ingredients list for the following words: "hydrogenated," "partially hydrogenated," "margarine" or "shortening."

2. If a food has none of these ingredients, it meets the restrictions and can be used in your establishment.

3. If a food has one or more of these ingredients, read the Nutrition Facts table and calculate the percentage of trans fat content as follows:

$$\text{trans fat (g)} \div \text{total fat (g)} \times 100 = \% \text{ trans fat of the total fat content}$$

4. If the food meets the 2% and the 5% trans fat restrictions, you can use the food in your establishment.

Using this Nutrition Facts table, this product meets the 5% trans fat restriction:

$$0.5 \text{ g trans fat} \div 14 \text{ g total fat} \times 100 = 3.57 \% \text{ trans fat of the total fat content}$$

INGREDIENTS: SUGAR, WHOLE EGGS, ENRICHED BLEACHED FLOUR, SOY OIL, WATER, VEGETABLE SHORTENING (PARTIALLY HYDROGENATED SOYBEAN, COTTONSEED AND/OR CANOLA OILS), FOOD STARCH-MODIFIED, CULTURED YOGURT, WHEAT GLUTEN, SALT, MONO-DI-POLYPHOSPHATES, POTASSIUM ACETATE, PHOSPHORIC ACID

Nutrition Facts	
Yogurt Cake	
Serving Size 1 SLUCE (57g)	
Amount	% Daily Value
Calories 250	
<b>Fat 14 g</b>	<b>22%</b>
Saturated 2.5 g	13%
<b>Trans 0.5 g</b>	
Cholesterol 55 mg	18%
Sodium 280 mg	12%
Carbohydrate 29 g	10%
Fibre 1 g	4%
Sugars 17 g	
Protein 4 g	
Vit A 0%	Vit C 0%
Calcium 4%	Iron 6%

For more help in calculating trans fat, visit [www.restricttransfat.ca/trans\\_fat\\_calculator](http://www.restricttransfat.ca/trans_fat_calculator)

