



**County of Riverside**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

District # \_\_\_\_\_

PR# \_\_\_\_\_

PE# \_\_\_\_\_

SR# \_\_\_\_\_

EHS \_\_\_\_\_

**District Environmental Services**  
**HOST FACILITY PERMITTING FORM**

OCR# \_\_\_\_\_

Host Business Name:		Date:
Physical Address:	City:	ZIP:
Owner Name:		
Email:	Facility Phone:	
Website:	Owner Phone:	

**1. Structural Requirements (Check one):**

- My facility meets all structural requirements for a Host Facility and has been approved by a Plan Check (PC) Specialist from Riverside County Department of Environmental Health (DEH).
- No structural changes have been made since previous PC approval.

**2. Equipment/Utensils (Check when complete) :**

- List all equipment that will be provided by the Host Facility for all contracted Catering Operations (page 3).

**3. Cleaning/Sanitizing Requirements:**

\_\_\_\_\_ I understand that all equipment and utensils must be properly washed, rinsed, sanitized, and air  
 (initial) dried utilizing the 3-compartment sink or other method approved by DEH.

\_\_\_\_\_ Sanitizing will be accomplished using (Check only those that apply):  
 (initial)

- 100ppm chlorine for 30 seconds
- 200ppm quaternary ammonium for 1 minute
- 25ppm iodine for 1 minute
- Other: \_\_\_\_\_

\_\_\_\_\_ Sanitizer test strips for all approved sanitizers will be provided at the Host Facility and will be  
 (initial) used regularly to ensure the sanitizer concentration at the 3-compartment sink and in the sanitizer bucket (if applicable) is maintained.

\_\_\_\_\_ If wiping cloths are used to wipe down surfaces, after use they will be either (1) stored away  
 (initial) separately for laundering by the Catering Operation or (2) stored in an approved sanitizer solution between uses during the Catered Event.

**4. Hot and Cold Holding of Potentially Hazardous Food (Check only those that apply):**

- The Host Facility will not provide any hot or cold holding equipment.
- The Host Facility will provide approved commercial cold holding equipment (with approved, properly calibrated thermometers) capable of holding food at or below 41°F. Information is provided on page 3.
- The Host Facility will provide approved commercial hot holding equipment (with approved, properly calibrated thermometers) capable of holding food at or above 135°F. Information is provided on page 3.
- All hot and/or cold holding equipment will be provided with a reference thermometer.

**5. Food Storage:**

\_\_\_\_\_ All food will be maintained at the Catering Operation's permitted food facility before and after the  
(initial) Catering Operation.

**6. Food Handler Certificates:**

\_\_\_\_\_ All Host Facility staff responsible for handling equipment/utensils, wiping cloths, etc. will  
(initial) maintain a valid Riverside County Food Handler Certificate on-site, and certificates will be available for review.

**7. Catering Operations:**

\_\_\_\_\_ The name, menu, health permit number, and travel distance for all potential  
(initial) Catering Operations that may operate from this Host Facility have been attached.

\_\_\_\_\_ I will update the list of Catering Operations section and obtain approval from DEH prior to  
(initial) utilizing a Catering Operation not previously listed.

**8. Catering Operation Limitations:**

\_\_\_\_\_ I understand that the Catering Operation is only allowed to operate at my Host Facility for up to  
(initial) four (4) hours in any 12-hour timeframe.

**9. Trash/Refuse Disposal (Check one):**

- Trash and refuse will be removed from the Host Facility by a contracted trash removal company at least twice a week, or more when necessary.
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that if I make changes to any of the information on this permitting form or to my operating procedures, I must notify DEH within seven (7) days. Changes will be reviewed for approval. Failure to comply may result in administrative citation; suspension or revocation of the Health Permit; or other legal action.

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

Provide a list of all equipment this Host Facility will be responsible for providing for use by the Catering Operation.

*Attach additional sheets if necessary.*

Equipment Type	Equipment Make / Model (e.g., refrigerators, hot holding equipment)

Provide a list of all Catering Operations that may be contracted to serve food at this Host Facility.

*Attach additional sheets if necessary.*

CATERING OPERATIONS			
Name	Address	Permit Number	Distance from Host Facility
<b>Menu:</b>			
Name	Address	Permit Number	Distance from Host Facility
<b>Menu:</b>			
Name	Address	Permit Number	Distance from Host Facility
<b>Menu:</b>			

<p><b>FOR OFFICE USE ONLY</b></p> <p>Approved By: _____ Date: _____</p>
---