

Food Premises Orientation Guide

June 2025

Operator Resources Package



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APPENDIX 1 – 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 inform	ation (PRINT IN BLOCK LETTERS)					
Owner Legal Type: Sole Proprietor	artnership	ation						
Legal Name of Company/Partnership/Sole Pro	prietor : (Provide a copy of	certificate of incorporation)	Business Licence # (if available):					
Facility Name: (Trade Name/Doing Business As)			Phone: ()					
			Fax: ()					
Facility Site Address:		Postal Code:	Web site:					
			BC E-mail:					
Director / Owner's Name:			Home Phone: ()					
First Name	Last	Name	Mobile Phone: (
Operator's Name:			Home Phone: ()					
First Name	Las	t Name	Mobile Phone: ()					
THE FOLLOWING	G MUST BE COMPL	ETED FOR OPERATII	NG PERMIT FEE					
Billing Information (Please complete in full):		Invoice Options (choos	e one)					
Legal Name to appear on invoice:		by Mail	e oney					
		by Email						
Address:		Email:						
City: Province: P	ostal Code:							
Phone: () Fax: ()		Permit decals are maile	d to Billing Account Address					
Maximum Seating Capacity:seats E	xempt Facility? Yes	If Yes, Exemption Request	Form must be submitted with this form)					
Secondary Permit? Yes IF YES, Facility #	of Primary Site:	(Secondary Permit o	nly 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, CHEC	CK WHICH MONTHS	YOU ARE OPERATING (Inc	clude whole and partial months)					
		JUL AUG SEP						
Date of Application:		Applicant's Signature:						
THIS BOX MUST BE COMPLETED FOR ALL NE	W APPLICATIONS	Applicant's Name (Print)	:					
	Office U	Ise Only						
Is this a NEW Application or a CHANGE to fac		,	TIVE DATE: /_ / (MMM/DD/YY)					
Type of Change: (if chan	ge box is checked, update	ed info and Effective Date	of change are required)					
a) Facility name change: Old name was:		e) Operator change						
Existing facility # b) □ Facility Address Change/ □ Mailing Address	s Change	 f) Facility type/capacity g) Facility closed (voluments) 	change (may impact on permit fee)					
c) Change in Conditions on Permit		Is there a secondary	permit connected to this facility? Yes No					
d) Owner change – Invoice? Yes		h) Other (specify)						
Facility Information:		y Type (check one)	Conditions on Permit:					
HH Facility #:	☐ FSE1 - Food Service I ☐ Attribute (define)		□ FoodSafe, Food Safety Plan, & Sanitation Plan documentation to be provided within					
Work Area:	□ FSE2 - Food Service I		90 Days					
Eno:	☐ Attribute (define)		□ Restricted Cooking – no grease laden vapours can be generated					
Billing Account Information:	☐ Mobile Food Service ☐ Attribute (define)		☐ Single Service Utensils Only					
Account#:	☐ Mobile Food Service	- Type C	☐ Seating restricted to 16 or less					
Account Work Area:	Attribute (define)		□ Other					
Account Work Area: VIN # Other								

VCH.0419 | Feb. 2022

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	\$229.17	\$75.00
June	\$75.00	\$125.00	\$208.33	\$75.00
July	\$75.00	\$112.50	\$187.50	\$75.00
August	\$75.00	\$100.00	\$166.67	\$75.00
September	\$75.00	\$87.50	\$145.83	\$75.00
October	\$75.00	\$75.00	\$125.00	\$75.00
November	\$75.00	\$62.50	\$104.17	\$75.00
December	\$75.00	\$50.00	\$83.33	\$75.00
January	\$75.00	\$37.50	\$62.50	\$75.00
February	\$75.00	\$25.00	\$41.67	\$75.00
March	\$75.00	\$12.50	\$20.83	\$75.00

Provincial Policy for Permit Fees:

- 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 15th and closes on September 8th is charged for 5 months.
- 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).
- 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.
- Requests for refunds must be made on the appropriate Refund Application form and signed off by the Environmental Health Officer before submission to be billing clerk.

FOR CREDIT CARD PAYMENTS PLEASE COMPLETELY FILL OUT THE SECTION BELOW											
Credit Card Paym	ent Method:	VISA	MASTERCARD	AMERICAN	IEXPRESS						
Card #:			Expiry Da		/						
Permit Fee Amou	nt:			M	M/YY						
(Amount to be cha	arged on the cred	dit card)									
Name on Card:			Signature:								

APPENDIX 2 – 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	Corrective Actions	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	(160°F) at plate level)		
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APPENDIX 3 – SAFE INTERNAL COOKING TEMPERATURE CHART

MEAT, POULTRY, EGGS, AND FISH	TEMPERATURE
Beef, veal and lamb (pieces and whole cuts)	
Medium-rare	63°C (145°F)
Medium	71°C (160°F)
Well done	77°C (170°F)
Pork (e.g. ham, pork loin, ribs)	
Pork (pieces and whole cuts)	71°C (160°F)
Ground meat and meat mixtures (e.g. burgers, sausages, meatballs, meatloaf, casser	oles, mechanically tenderized beef)
Beef, veal (including mechanically tenderized), lamb and pork	71°C (160°F)
Poultry (e.g. chicken, turkey)	74°C (165°F)
Poultry (e.g. chicken, turkey, duck)	
Pieces	74°C (165°F)
Whole	82°C (185°F)
Egg	
Egg dishes	74°C (165°F)
Seafood	
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)
Others	
Others (e.g. hot dogs, stuffing, leftovers)	74°C (165°F)

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

APPENDIX 4 – PROPER COOLING METHODS

ICE WATER BATH



DIVIDE ITEMS INTO SMALL PORTIONS OR SHALLOW PANS



COOLING WAND AND ICE WATER BATH



ADD ICE TO THE RECIPE OR USE A COOLING WAND



APPENDIX 5 – 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 +/- 1°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 +/- 1°C from 0°C.



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

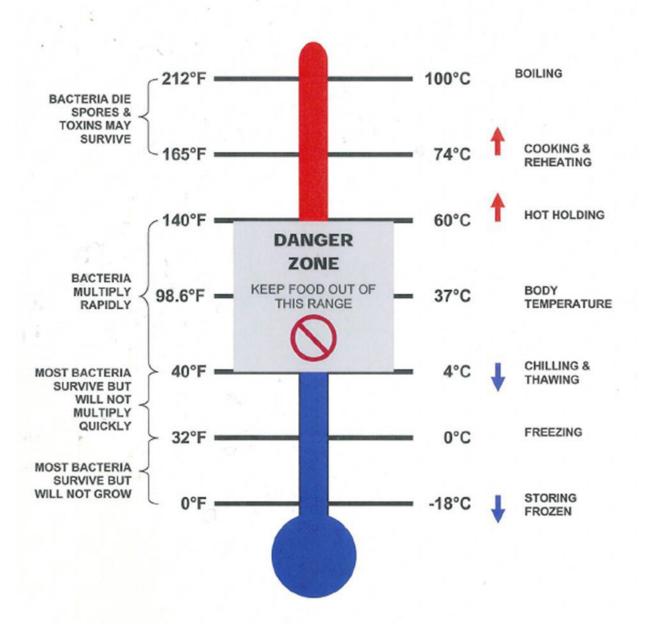
APPENDIX 6 – DANGER ZONE

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



APPENDIX 7 – 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

APPENDIX 8 – STAFF ILLNESS

Every food premises will eventually have a sick employee. Infected food workers are a common cause of illness outbreaks. How you manage the situation can make the difference in whether customers and other employees get sick too. Each operator needs to have a plan for handling sick workers and ensuring staff hygiene practices are maintained. All employees must be trained on the plan and the expectations.

For the operator/manager to take appropriate steps to prevent transmission of illness within the food premises, an **Employee Illness Plan** must instruct staff to:

- Report to the operator/manager if they are experiencing any of the following symptoms:
 - o Vomiting
 - o Diarrhea
 - o Jaundice (yellowing of the skin and/or eyes)
 - o Fever
 - o Respiratory (cough, sore throat, runny nose)
- Report to the operator/manager if they have been diagnosed with any of the following infections:
 - > Norovirus
 - o Hepatitis A
 - Shiga-toxin producing E. coli (e.g. E. coli O157)
 - o Shigella
 - Typhoid Fever or Salmonella typhi
- The operator/manager must ensure that staff do not attend or return to work if they have any of the above symptoms and/or infections to prevent diseases from being passed to customers and colleagues. See below for more details:

Conditions	Action / Return to Work Criteria
Vomiting or diarrhea	Stay home. Do not return to work until 48 hours** after symptoms end.
	If an outbreak is suspected or if directed by Public Health, increase to 72 hours.
Jaundice	Advise employee to seek medical attention. Exclude from work. Contact Public Health for advice & direction.
Fever	Stay home. Do not return to work until 24 hours without fever.
Respiratory only	If no other symptoms (e.g. fever, vomiting, diarrhea) stay home until recovered.
	If mild symptoms and well enough to work, ensure employee is taking precautions including mask wearing, good hygiene and food handling practices.
Norovirus	Same as vomiting or diarrhea
Hepatitis A	Exclude from work. Contact Public Health for advice & direction.
Shiga-toxin producing E. coli (e.g. <i>E. coli 0157</i>)	Exclude from work. Contact Public Health for advice & direction.
Shigella	Exclude from work. Contact Public Health for advice & direction.
Typhoid Fever or Salmonella typhi	Exclude from work. Contact Public Health for advice & direction.

Staff Illness Log Sheet

- Employees are required to notify the Manager/Operator of their symptoms and pathogens that could cause foodborne illness.
- Manager/Operator is required to record all reports of vomiting, diarrhea, jaundice, fever or respiratory symptoms made by employees.

Manager/Operator is required to notify VCH if employees are known to be infected with Hepatitis A, Shiga-toxin producing E.coli (e.g. E.coli 0157), Shigella, Typhoid Fever or Salmonella typhi.

Reported date	Employee name	Employee Position	Vomiting**	Diarrhea**	Jaundice	Fever	Respiratory (Cough, sore throat, runny	Time of Onset (MM/DD/YY)	Actions taken by Management (ex. sent home, advised to stay home, excluded until, called Public Health)	Date returned to work	Diagnosed with a pathogen? (see list above)
01/23/2025	John Doe		Х	Х					Sent home	01/20/25	
_	-										
_											
_											

^{**}Employees with vomiting or diarrhea must stay home. Do not return to work until 48 hours after symptoms end. If an outbreak suspected or if directed by Public Health, increase to 72 hours.

APPENDIX 9 – STAFF HYGIENE

A **Hand Hygiene Plan** 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
- o After handling raw meat/seafood
- o After handling money or garbage
- When changing tasks from cleaning to food handling
- o After touching hair, face, glasses, hats
- After blowing nose, sneezing or coughing
- Before and after using gloves

Personal hygiene is important, and employees are advised to:

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

APPENDIX 10 – FOODBORNE ILLNESS COMPLAINT FORM

NEVER GIVE MEDICAL ADVICE

Client Report Inf										
1. Received:										
2. Forwarded to:	Date:	Managar	Time:		AM P Sent:	M S	Staff name	e:		
2. Forwarded to:		Manager			Sent:					
	Name:				Date			Tim	ie:	AM PM
3. Reported by:					•					
	Name:							Phone 1:		
Address:								Phone 2:		
Contact notes:										
4. Details:	Food premises:			Loca	ntion:					
Meal Date:			Time:			AM P		ners:	# III Diners:	
Diner N	ame	Food & Drink						Symptoms	Onse	
		e.g., appetizer, fruit, be	entrée, sa verages, v		lessert,	e.g., \		diarrhea, nausea, or other(s)	Date	Time
1										
2										
3										
4										-
5										
6										
5. Other Comments:										
6. Referred to Public	Health:	Yes / No	Date/Tir	ne if s	ent:			Sent by:		
						Name				
Vancouver Coastal Hea	th – Health Protection	Offices	<u> </u>					Name:		
vancouver Coastai Meal	an - Health Protection	i Offices								
Coast Garibaldi: Box 1040, 5571 Inlet Ave., Tel 1-604-885-5164, Fax 1-604-885-9725 North Vancouver: Richmond Office: Squamish Office: Squamis										

APPENDIX II – 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 all gaps and holes. Openings that are ¼ inch in diameter or bigger will allow the entry of rodents.
- 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.

APPENDIX 12 – RAW OYSTER CONSUMER ADVISORY

The consumption of raw or undercooked oysters have been the source of sporadic cases and outbreaks of foodborne illness. Bacteria and viruses present in ocean water can accumulate in oysters and cause illness when consumed without adequate cooking, especially in vulnerable people. *Vibrio parahaemolyticus*, *norovirus* and *Hepatitis A* are of specific concern.

To inform the public and help consumers make informed decisions, VCH requires food establishments serving raw oysters to clearly display the following advisory:

"The consumption of RAW oysters poses an increased risk of foodborne illness. A cooking step is needed to eliminate potential bacterial or viral contamination."

- Medical Health Officer

There are several ways in which this information can be provided:

- Print the advisory or insert a label directly in the menu on the same page where the raw oyster item is listed.
- Provide the advisory on the tables using tent cards.





Photo Source: ISSC Website

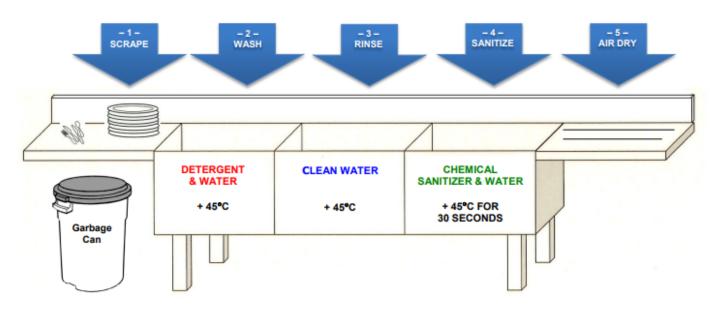
Vancouver Coastal Health advises:

"The consumption of **RAW** oysters poses an increased risk of foodborne illness. A cooking step is needed to eliminate potential bacterial or viral contamination."

Medical Health Officer

APPENDIX 13 – 3-SINK MANUAL DISHWASHING METHOD

THREE SINK DISHWASHING METHOD



CHEMICAL SANITIZERS

CHLORINE SOLUTION - 100ppm

Dilution of 5% bleach:

- 1 tablespoon per Imperial gallon of water
- 1/2 fluid ounce per Imperial gallon of water
- 1/2 teaspoon per litre of water
- 2 mL per litre of water

QUATERNARY AMMONIUM SOLUTION (QUATS) – 200ppm

3) – 200pp

IODINE - 12.5 ppm

Follow manufacturer's instructions for dilution and contact time.

DO NOT MIX CHLORINE WITH DETERGENT
VERIFY SANITIZER CONCENTRATION WITH TEST STRIPS

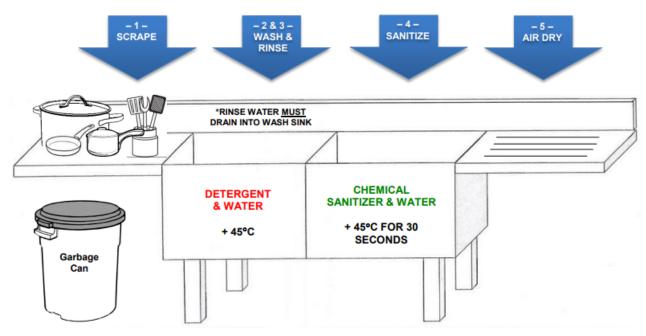




March 2019

APPENDIX 14 – 2-SINK MANUAL DISHWASHING METHOD

TWO SINK DISHWASHING METHOD



CHEMICAL SANITIZERS

CHLORINE SOLUTION - 100ppm

Dilution of 5% bleach:

- 1 tablespoon per Imperial gallon of water ½ fluid ounce per Imperial gallon of water
- 1/2 teaspoon per litre of water
- 2 mL per litre of water

QUATERNARY AMMONIUM SOLUTION

(QUATS) - 200ppm

or IODINE – 12.5 ppm

Follow manufacturer's instructions for dilution and contact time.



DO NOT MIX CHLORINE WITH DETERGENT
VERIFY SANITIZER CONCENTRATION WITH TEST STRIPS



March 2019

APPENDIX 15 – CLOSURE OF FOOD PREMISES

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definition

HEALTH HAZARD

anything that may pose a risk to public health

A food premises may be closed by the EHO when the premises is operating without a valid health permit or approval, or where there is a significant health hazard including:

- Fire
- Flood, including sewage backup
- No electricity
- No running water
- No hot water

- Foodborne illness outbreak
- Improper food storage temperatures
- Improper dishwashing/glasswashing
- Pest infestation
- Unsanitary conditions

You should close your premises immediately if any of the above situations occur and notify your EHO.

If your EHO orders you to close your food premises, you must:

- ◆ Close the food premises immediately.
- Correct the infractions listed on the Closure Order.
- Remain closed until your EHO inspects, determines you are in compliance, and removes the Order.