

Tazewell County Health Department
TEMPORARY APPLICATION SUPPLEMENT

HOG ROAST CHECK LIST

(Note: This supplement must be completed, and approved by TCHD before a temporary permit can be granted)

I. FOOD SOURCE

1. Is the hog to be purchased from an approved retail establishment?
Yes No ?

1a) If yes, list this retail establishment and full address.

2. If the hog was not purchased from an approved retail establishment, it must be processed by a federal or state licensed meat processing facility. List the name, address, and establishment number of this facility. (Proof by receipt will be required at the time of the inspection).

II. DELIVERY

1. How will the hog be divided prior to delivery?
2. Describe fully how the hog will be transported to the cooking site. Include: a) packaging b) temperature control c) transport and d) approx. delivery time.

III. PREPARATION

1. Describe the site the hog will be cooked. Include: a) full address b) prep surfaces c) the cooking unit d) temperature monitoring devices e) sanitizing agents f) utensils and g) hand washing facilities.

2. Will any rubs, glazes, seasonings, or marinades be used in this process? If so, list and describe below.

IV. COOKING

1. List the names of any food service and sanitation managers responsible for the hog roast with their license numbers, expiration dates, and contact numbers.

2. If no FSSM is involved, list the name, address and contact number of the individual responsible for the hog roast.

3. Detail, as a time line, the full cooking process beginning with the estimated time the hog will be placed in the cooking unit, and ending when the hog is ready to be served. Include in this time line all temperature monitoring and cook procedures that are planned.

4. Will the cooking location also be the site the hog is served?
Yes No ?

4a) If no, detail how the food is to be delivered safely to the service site.

V. HOT HOLDING

1. Detail the process in which the hog is to be removed from the cooking unit and safely held for service. Include: a) holding units b) temperature control and monitoring c) surface sanitation d) three-compartment sink usage and e) hand washing.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior written permission from TCHD may nullify this plan approval.

Name (please print) _____ Signature (please sign) _____
Date: _____