

# Temporary Food Event - Coordinator's Check List



Return to Environmental Health Office Thirty (30) Days Prior To The Event



*By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful operation.*

Please attach a list of all proposed food vendors and their contact information, an event layout that shows the location and name of each booth, location of restrooms, sewer, water and electrical connections.

- **Name of Event:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_
- **Event Location:** \_\_\_\_\_
- **Name of Event Coordinators / Responsible Persons:**

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
- **Number of anticipated Food Booths:** \_\_\_\_\_ **Event Set Up Time:** \_\_\_\_\_
- **Date / Time / Location of scheduled meetings with participants:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Water Supply** (must be potable): \_\_\_\_\_
- **Waste Water Disposal** (approved method): \_\_\_\_\_
- **Describe Restroom facilities for food service workers of booths** (within 150' of booth with flush toilets, hot & cold running water, soap and approved drying device). Letter of availability may be required. *No portable toilets unless equipped with hand washing facilities.*
- **Who will be supplying toilets for the public?** (portable OK): \_\_\_\_\_
- **Will electricity be supplied to food booths?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe \_\_\_\_\_
- **Will equipment / utensil washing facilities be provided?** \_\_\_\_\_ Yes \_\_\_\_\_ No
- **How will garbage be disposed of?** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

★ Please notify booth managers that alternative sources of hot and cold holding equipment must be available in the event of power outages. ★