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:

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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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- 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.

To request this form in an alternative format, please contact our offices at (360) 867-2667 12/2019