



Public Health & Social Services Department  
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## 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.**