

APPENDIX A FOOD EVENT PERMIT APPLICATION

Submitted by:		Submitted date:	
Event Name:		Event Date:	
Event Location:		Event Hours:	
Host Dept. or Organization:		Phone No.:	
Food Coordinator:		Phone No.:	
Campus Address:		Email:	
Type of event: <input type="checkbox"/> catered <input type="checkbox"/> bake sale <input type="checkbox"/> food sale <input type="checkbox"/> food give away <input type="checkbox"/> Other:			
Food(s) to be prepared and/or served			
This column is completed by the person submitting the request		Reviewer Comments	
Non-hazardous foods:			
Source(s):			
Potentially Hazardous Foods: (list)			
Source(s):			
How will the food be transported (by car, delivered, etc.):			
Handling practices during transport: <input type="checkbox"/> Coolers with ice <input type="checkbox"/> grocery bags <input type="checkbox"/> other:			
Names of all food handlers and servers (please print):			
Check all food safety practices to be used:			
<input type="checkbox"/> Disposable gloves		<input type="checkbox"/> Disposable utensils	
<input type="checkbox"/> Hair restraint (cap or hair net)		<input type="checkbox"/> Reusable utensils	
<input type="checkbox"/> Disposable apron		<input type="checkbox"/> Disposable plates, silverware	
<input type="checkbox"/> Hand washing station		<input type="checkbox"/> Individual packs of condiments	
<input type="checkbox"/> Food thermometer		<input type="checkbox"/> Condiment dispensers	
<input type="checkbox"/> Food temperatures logged every 60 min. (see Food temp. & Sanitizer record)			
<input type="checkbox"/> Sanitizer effectiveness checked at least every 2 hours.			
<input type="checkbox"/> I request the use of a food preparation kit. (Kit includes: calibrated food thermometer, 3 portable basins for equipment cleaning, hand washing supplies, sanitizing agent and test strips, disposable aprons, hats or hairnets, and gloves.)			
Signature of food event contact:		Date:	
<input type="checkbox"/> Approved. The event contact is responsible to ensure that all guidelines in the food event safety policy and applicable University financial and business policies are followed. Return the completed food temperature record to Administration & Finance Department within 5 days following the event.		<input type="checkbox"/> Not approved. Your request is not approved for the comments identified above and/or below: <input type="checkbox"/> Lack of information <input type="checkbox"/> Transportation <input type="checkbox"/> Food Source <input type="checkbox"/> Handling/Servers <input type="checkbox"/> Type of food <input type="checkbox"/> Other _____ <input type="checkbox"/> Requires use of University Dining Services catering	
Reviewed by:		Date:	
00000This permit must be posted at the food event site.00000			