

HEALTH DEPARTMENT

TEMPORARY FOOD-SERVICE EVENT DATA SHEET

PLEASE TYPE OR PRINT LEGIBLY

By providing the following information, you will help us in identifying potential food preparation problems that might occur during your event. Please provide this information to the Health Department at least one week before the event.

Name of Event _____ Date of Event _____

Event Location _____ Times of Event _____

Name of Vendor (booth) _____

Name of Event Coordinator/Primary Food Handlers:

Name	Address	Phone
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Expected number of patrons _____ Expected peak days/times _____

Description of Event:

Date/time of set-up _____

List all menu items you plan to serve

List source of food supply _____

Describe hot/cold holding provisions (refrigeration) _____

Describe cooking facilities _____

Will electricity be provided? _____

Describe toilet facilities and hand washing _____

Describe potable water supply _____

Describe wastewater disposal system _____

Signature _____ Date _____