

Form: Special Event Food Vendor

Event information

Submit form **14 days**
prior to event by fax,
email, mail or drop off

Separate forms
are required for each
event you attend

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Event name _____ Address (911) _____

City or town _____ Province _____ Postal code _____

Event start date (mm/dd/yyyy) _____ Event end date (mm/dd/yyyy) _____

Opening time _____ a.m. p.m. Closing time _____ a.m. p.m.

Date(s) you will be attending the event: _____

For additional food safety information, visit www.hp-ph.ca/SpecialEvents

Vendor information

Submit a recent
inspection report from
your health unit (if
outside Huron or Perth
counties). Name the
document: [Special
Event name] – [Business
name] Inspection report

Have a copy of the
food handler training
certificate(s) available at
the event

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First name _____ Last name _____

Business name _____

Phone _____ Email _____

Address (911) _____

City or town _____ Province _____ Postal code _____

Type of set up at event (*check all that apply*):

Preparation/serving kitchen _____ Mobile vehicle (food truck) or cart _____

Temporary booth/BBQ _____ Other, describe: _____

Will a certified food handler be present at the event? (not applicable if offering low-risk or pre-packaged foods only) Y N Not applicable

Food information

List food items that you are selling (*or attach list*):
Name the document: [Special Event name] – [Business name] Food list

List food suppliers (*or attach list*):
Name the document: [Special Event name] – [Business name] Food supplier list

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†You are required to have a handwashing station if you are offering samples, handling or preparing food

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Food preparation location:

On-site at event

Inspected facility, specify: _____

Not applicable (e.g. prepackaged food or fresh produce only)

Other, describe:

Are you offering samples, handling or preparing food at the event[†]?

Y N

Potable water

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A source of potable (safe) water must be used and available at the event for activities such as handwashing, dishwashing, food preparation, etc.

Indicate source of potable water:

Municipal water

Well water (sampled within past 6 months with proof provided to public health)

Water to be provided by event organizer

Not provided (prepackaged food only and no samples being offered)

Other, describe:

Explain how you will dispose of and/or hold wastewater (from hand and dishwashing) during an event (if applicable):

Food safety

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How will potentially hazardous food be transported to the event (*check all that apply*):

Refrigerated truck

Insulated container/bag

Coolers with ice

Not applicable

Thermal unit (Cambro units)

Other, describe:

How are you keeping food cold and/or hot during the event (*check all that apply*):

Refrigeration/freezer

Crock pot

Coolers with ice

Hot plate

Thermal unit (Cambro units)

Not applicable

Chaffing dishes/steam table

Barbeque/grill

Other, describe:

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You are required to have a handwashing station at your booth if you are offering samples, handling or preparing food

Will you have a thermometer available at the event to check the internal temperature of potentially hazardous foods? Y N Not applicable

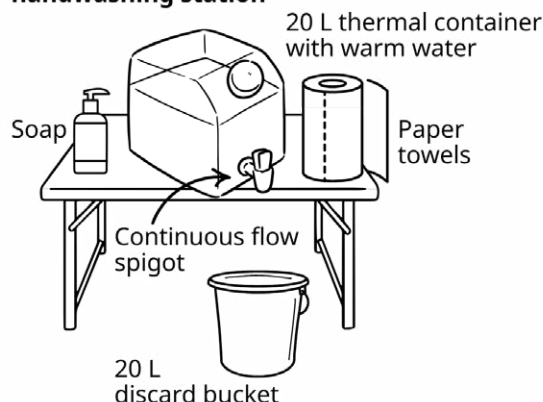
Describe your handwashing set-up. A handwashing station must be available if you are offering samples, handling or preparing food. See photo example:

Fixed sink

Temporary handwash station

Other, describe:

Temporary handwashing station



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How will you ensure a clean supply of service utensils are available at the event?
(check all that apply)

Extra utensils will be available at my booth

Cleaning and sanitizing dishes with a 2 compartment sink at event

Cleaning and sanitizing dishes with a 3 compartment sink at event

Mechanical commercial dishwasher at event

Not applicable (prepackaged food only and no samples will be offered)

What methods of sanitizing will you be using for utensils and/or food contact surfaces (i.e. tables)?

Chlorine (100 ppm)

Iodine (25 ppm)

QUAT (200 ppm)

Other, describe:

Are garbage bins supplied?

Garbage must be disposed of at least daily.

Y N Not applicable

Vendor sign off

All sections of form required

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I acknowledge that I have read and understand the information provided in this form and that the information I have provided in this form is correct.

Enter name and date here

Vendor name _____ Date (mm/dd/yyyy) _____

Personal information

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The personal information on this form is collected under the authority of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H. 7. It will be used for ownership identification and enforcement of the Act and its applicable Regulations.