



east central health

**Public Health
Public Health Inspection Program
East Central Health**

Registration Form for Special Event Food Facilities

Booth Name: _____ Event: _____

Ownership (Association, Corporation, Individual, Partnership): _____

Person directly responsible for the Temporary Food Facility:

Name: _____

Title: _____

Address: _____ Postal Code: _____

Telephone Numbers: _____

Food Service Manager: Same as above , or _____

Phone Number: _____

Does the food service manager possess:

1. Qualifications in food sanitation (ie. Food Safe) approved by the Minister? yes no

2. A Certificate in Food Protection (Home Study) issued by a health authority? yes no

Foods to be served: _____

If food is prepared off-site, state where: _____

What form of protection will be provided for perishable (hot and cold) foods?

1. In transit: _____

2. At event site: _____

Type of dishware and cutlery are to be used by customers?

Single service (disposable) Multiple use

Method of cleansing multiple use utensils:

Machine Three compartment sink Portable basins

What handwashing facilities will be provided? _____