

APPENDIX I

Temporary Food Service Event - Organizer Application Form

Event Information

Name of Event:		
Event Organizers Name:	Phone#	Cell #
Alternate Contact Person:	Phone#	Cell #
Event Date(s):	Time(s) of Operation:	
Event Location (Address):		
Expected Number of Vendors:	Diagram of Event Layout Provided: <input type="checkbox"/> Y <input type="checkbox"/> N	
Expected Total Attendance:		
Venue Type: <input type="checkbox"/> Public Park <input type="checkbox"/> Street Festival <input type="checkbox"/> Mall		
<input type="checkbox"/> Other (specify) _____		

Water Supply

Potable water supplied to vendors:		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Commercially Bottled <input type="checkbox"/> N/A
<input type="checkbox"/> Hauled Municipal Water (provide hauler name & cell #) _____		
Water lines: Food-grade material <input type="checkbox"/> Y <input type="checkbox"/> N Backflow devices provided: <input type="checkbox"/> Y <input type="checkbox"/> N		
Ice supplied to vendors: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify ice source _____		

Waste Water

Method of waste water/sewer disposal:

Utensil Washing

Sinks provided to booths for utensil washing? <input type="checkbox"/> Y <input type="checkbox"/> N		
Type and Number: 3 compartment sink <input type="checkbox"/> Number? ____	2 compartments sink <input type="checkbox"/> Number? ____	
1 compartment sink <input type="checkbox"/> Number? ____		

Washroom facilities

Will washroom facilities be made available to the public? <input type="checkbox"/> Y <input type="checkbox"/> N

Garbage

Garbage cans/bins available: Yes, specify number _____ No
 Will garbage be removed from the site daily? Yes No

Power

Electricity available: Yes No Back-up power available: Yes No
 Refrigerated truck available: Yes No

Vendor Information (use a separate page if more room is required)

Vendor Name	Food Booth Name	Business/Group Represented:	Vendor's Phone Numbers, (business and/or cell)	Vendor Mailing/Email Address

The information I have provided is complete and accurate to the best of my knowledge. I agree to comply with the provisions of the Food Service in Temporary Setting Technical Guideline, *The Food Safety Regulations*, and any other instructions I receive from the Public Health Inspector.

Comments:

_____ _____ _____

Date Applicant Name (please print) Applicant Signature

Public Health Inspection
 150 Independent Street
 Yorkton, SK S3N 0S7

Phone: (306) 786-0600 Fax: (306) 786-0620
 Email: PublicHealthInquiries@shr.sk.ca



APPENDIX II

Temporary Food Service Event – Vendor Application Form

Event Information

Name of Event:	
Event Location (Address):	
Event Date(s):	Time(s) of Operation:
Number of Days in Operation:	Expected Total Attendance:

Vendor Information

Name of Food Booth:	
Operator /Business Name(s):	Contact Person:
Mailing Address:	Phone #: Fax #:
Email:	Cell #
Alternate Contact Person:	Cell #:
Alternate Contact Person:	Cell #:

Type of Facility

<input type="checkbox"/> Food Booth/Tent	<input type="checkbox"/> Hot Dog Cart	<input type="checkbox"/> Mobile Catering Vehicle
Is the facility constructed with a roof? <input type="checkbox"/> Y <input type="checkbox"/> N Flooring? <input type="checkbox"/> Y <input type="checkbox"/> N		
Electricity available at booth: <input type="checkbox"/> Y <input type="checkbox"/> N		Back-up electricity available? <input type="checkbox"/> Y <input type="checkbox"/> N

Hand washing

Describe your hand washing station:	<input type="checkbox"/> Fixed sink with <input type="checkbox"/> hot running water <input type="checkbox"/> cold running water
	<input type="checkbox"/> Portable sink with <input type="checkbox"/> hot running water <input type="checkbox"/> cold running water
	<input type="checkbox"/> 20 litre container with a spigot with <input type="checkbox"/> hot water <input type="checkbox"/> cold water
Other (specify): _____	
NOTE: Liquid soap in a dispenser and paper towels are also required.	

Potable Water Source

Municipal Well Commercially Bottled Other: _____
 Hauled Municipal Water (provide hauler name & cell #) _____
 Water lines: Food-grade material Y N Backflow devices provided: Y N
 Identify ice source: _____

Waste Water and Garbage Disposal

Method of waste water/sewer disposal: Municipal Waste water receptacle
 Other (specify): _____
 Number of garbage receptacles in food preparation area: _____

Food Menu

Please list all types of foods that will be offered for sale and how/where they will be prepared.

Note: Please attach a separate sheet of paper if more space is required.

Menu Item	Describe Food Preparation (e.g. grilling, frying, BBQ, etc.)	Is Food Pre-cooked?	Is Food Cooked Onsite?	Is Food Storage On-Site?	Hot Holding On-site?	Cold Holding On-site?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Food Preparation off Site

If foods are being prepared off-site, please provide the following:
 Name of Food Premise #1: _____
 Location of Food Premise: _____
 Facility Contact Person: _____ Phone Number #: _____
 Is this an inspected facility? Y N
 If yes, what Regional Health Authority: _____

Name of Food Premise #2: _____

Location of Food Premise: _____

Contact Person: _____ Phone Number #: _____

Is this an inspected facility? Y N

If yes, what Regional Health Authority: _____

Name of Food Premise #3: _____

Location of Food Premise: _____

Contact Person: _____ Phone Number #: _____

Is this an inspected facility? Y N

If yes, what Regional Health Authority: _____

Foods

Source of Foods: Wholesale Retail Grocery Store Meat shop/Slaughterhouse

Name/Location: _____

Name/Location: _____

Name/Location: _____

Food Storage and Transportation

Where is food stored? _____

How will food be transported to the event? (please check all that apply)

Refrigerated Truck Coolers with Ice Packs Insulated Thermal Unit

Other (specify): _____

How will food be kept cold at the event? (please check all that apply)

Refrigerated Truck Mechanical Refrigeration Coolers with Ice Packs

Other (specify): _____

How will food be kept hot at the event? (please check all that apply)

Steam Table Chafing Dish Enclosed Warming Unit Insulated Thermal Unit

Other (specify): _____

Utensil Washing

Is there a three compartment sink for utensil washing? Y N

If no, explain: _____

What type of sanitizer will be used? Bleach & Water Quaternary Ammonia and Water

Other (explain): _____ Are test strips available to test sanitizer? Y N

Food Handlers

Number of Food Handlers:	Number of Food Handlers with Training:
Names of Food handlers with Training:	

The information I have provided is complete and accurate to the best of my knowledge. I agree to comply with:

- the provisions of the Food Services in Temporary Settings Technical Guideline;
- *The Food Safety Regulations*; and
- any other instructions I receive from the Public Health Inspector.

I understand that:

- failure to operate in accordance with the above requirements may affect my ability to operate at a temporary food service event;
- I may not receive approval to operate if the application is incomplete or not submitted at least two weeks prior to the event; and
- I cannot operate without approval from the local health authority.

Date Applicant Name (please print) Applicant Signature

For health region use only:
