



HEALTH DEPARTMENT

APPLICATION FOR HEALTH DEPARTMENT APPROVAL

Complete and return this form. Office addresses and fax numbers are provided below.

COMMUNITY SPECIAL EVENTS

Each food vendor **MUST** submit a completed application form to the Durham Region Health Department at least **15 days prior** to the event and applications **MUST** be approved prior to attendance at events. (Photocopies of this form may be made for multiple vendors and can be submitted separately.) Events must comply with applicable sections of the Food Premises Regulation 562/90, under the Health Protection and Promotion Act, R.S.O., 1990 as amended. **Note: Failure to receive prior approval may result in closure of premises, or other legal action if inspection reveals significant public health concerns.**

F O R F O O D V E N D O R S (P A G E 1 O F 2)

EVENT INFORMATION

EVENT NAME:	LOCATION (ADDRESS) & MUNICIPALITY:
DATE(S) OF OPERATION: (DD/MM/YY – DD/MM/YY)	TIME(S) OF OPERATION: (e.g. A.M. – P.M.)

VENDOR INFORMATION

NAME OF TEMPORARY FOOD PREMISES AT EVENT:	OPERATOR NAME(S) & ADDRESS:
LEGAL NAME (i.e. CORPORATION NAME and/or NUMBER):	PHONE:
	OTHER (BUSINESS/CELL):
VENDOR PERMIT #:	FAX:
	E-MAIL:
ARE YOU A FIRST TIME PARTICIPANT OF AN EVENT IN DURHAM REGION? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, other events you have attended in Durham Region: Event: _____ dates: _____	VENDOR SET UP: <input type="checkbox"/> FOOD BOOTH/TENT <input type="checkbox"/> MOBILE TRAILER <input type="checkbox"/> HOT DOG CART <input type="checkbox"/> INDOOR FACILITY

Is the food booth run by one of the following groups? religious organization service club fraternal organization
Will you be claiming an exemption from the Food Premises Regulation at this event? YES NO

PROVIDE THE FOLLOWING INFORMATION:

WHERE WILL FOOD(S) BE PREPARED? <input type="checkbox"/> ONSITE <input type="checkbox"/> OFF SITE If off site, please provide the following: Name of Premise:	FOOD SUPPLIERS* – (Provide Name/Address/Phone #'s of all suppliers) (*Attach separate sheet of paper if more space is required)
Type of Premise (restaurant, church kitchen, community centre, etc.):	1.
Location (Address):	2.
Phone No.:	3.
	4.

Menu Item*	Type of Food Preparation (e.g. grilling, frying, BBQ, etc.)	Food Precooked		Food Cooked On-site		Food Storage On-site	
		Yes	No	Yes	No	Hot 60°C (140°F) or hotter	Cold 4°C (40°F) or colder

*Attach separate sheet of paper if more space is required for food suppliers and/or menu items

FOOD STORAGE/TRANSPORTATION:

How will hazardous food be transported to the event?	<input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Thermal containers <input type="checkbox"/> Other, specify _____
What method(s) will be used to maintain cold foods at 4°C (40°F) or colder during the event?	<input type="checkbox"/> Not required <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Mechanical Refrigeration <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Other, specify _____
What method(s) will be used to maintain hot foods at 60°C (140°F) or hotter during the event?	<input type="checkbox"/> Not required <input type="checkbox"/> Sterno/chaffing dish <input type="checkbox"/> Barbecue/grill <input type="checkbox"/> Propane stove <input type="checkbox"/> Crock pot <input type="checkbox"/> Hot plate <input type="checkbox"/> Oven <input type="checkbox"/> Steam table/unit <input type="checkbox"/> Other, specify _____
What method(s) will be used to reheat food prior to service?	<input type="checkbox"/> Not required <input type="checkbox"/> Microwave oven <input type="checkbox"/> Stove top <input type="checkbox"/> Oven <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Deep fryer <input type="checkbox"/> Other, specify _____
Do you have a probe thermometer to check the internal temperatures of food during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How will foods, including condiments, be protected from contamination during the event?	<input type="checkbox"/> Food grade wrap <input type="checkbox"/> Lids <input type="checkbox"/> Pre-packaged condiments <input type="checkbox"/> Sneeze guard/shield <input type="checkbox"/> Enclosed cabinet/container <input type="checkbox"/> Other, specify _____
Do you have re-supply method for ice during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

COMMUNITY SPECIAL EVENTS

FOR FOOD VENDORS (PAGE 2 OF 2)

SEPARATE HANDWASHING BASIN:

Is there a separate handwashing basin with hot and cold or warm running water provided in the food handling/food preparation area? How many handwashing sinks are provided? Yes – Fixed Sink Yes – Portable Sink How many sinks provided: _____
 No, please explain _____

Do you have supply of liquid soap and paper towels provided for the handwashing sink(s)? Yes No, please explain _____

UTENSIL WASHING:

What type of sink is provided for utensil washing? Two compartment sink Three compartment sink
 None, please explain _____

What type of sanitizer is used for sanitizing utensils? Bleach Other, please specify _____

Test strips provided for sanitizer? Yes No N/A

POTABLE WATER SOURCE:

<input type="checkbox"/> Municipal Supply	<input type="checkbox"/> Commercially bottled	<input type="checkbox"/> Hauled Municipal Water	NAME & PHONE # OF WATER HAULER:
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WASTE WATER & GARBAGE DISPOSAL:

Method of Waste Water/Sewage Disposal: Holding tank Other, specify _____

Number of Garbage Receptacles in Food Preparation Area: _____

Layout of the Temporary Food Premises (Food Preparation Area)

Must Include:

- | | |
|--|---|
| <input type="checkbox"/> Handwashing station with dispensed soap and paper towel | <input type="checkbox"/> Two/three compartment sink |
| <input type="checkbox"/> Adequate refrigeration (method of refrigeration) | <input type="checkbox"/> Food preparation area (i.e. tables, counters, grills/oven, etc.) |
| <input type="checkbox"/> Food storage area | <input type="checkbox"/> Garbage receptacles, waste water container |

I have received and read the Community Special Events information provided. I understand the requirements for food vendors at Special Events and have provided the information to all food handlers.

Print Name: _____ Signature: _____ Date: _____

This report does not purport to set forth all hazards nor to indicate that other hazards do not exist at the time services are rendered. By issuing this report, neither the Durham Region Health Department nor any of its employees makes any warranty, express or implied, concerning the property described in this report. Furthermore, neither the Durham Region Health Department nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection or failure to inspect.

HEALTH DEPARTMENT USE ONLY

APPLICATION APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Subject to Requirements	Inspector's Comments/Requirements: _____ _____ _____
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DATE: _____ Inspector's Name: _____ Signature: _____

Durham Region Health Department – Environmental Health 101 Consumers Drive, 2 nd Floor, Whitby, ON, L1N 1C4 Phone: 905-723-3818 ext. 2188 Fax: 905-666-1887	Durham Region Health Department – Port Perry Office 181 Perry Street, 2 nd Floor, Port Perry, ON, L9L 1B8 Phone: 905-985-4889 or 1-866-845-1868 Fax: 905-982-0840
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Information contained on this form is collected under the authority of the Health Protection and Promotion Act., R.S.O. 1990, Chapter H.7., (as amended) for the purpose of enforcing the Act and Regulations. For information regarding collection, contact the Director of Environmental Health, Durham Region Health Department.