

Public Health - Seattle & King County
Temporary Food Event – Coordinator’s Checklist
2007

RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT

PLEASE type or print legibly

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants of the Health Department requirement: the Temporary Food Permit application must be received no later than TWO (2) WEEKS PRIOR TO THE EVENT.

1. **NAME OF EVENT:** _____ **DATE OF EVENT:** _____

2. **DESCRIBE EVENT LOCATION:** _____

3. **NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:**

	<u>Name</u>	<u>Address</u>	<u>Phone #</u> <u>(work & home)</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

4. **NUMBER OF ANTICIPATED FOOD BOOTHS:** _____

5. **DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD BOOTH PARTICIPANTS:**

	<u>Date</u>	<u>Time</u>	<u>Location</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

6. **TIME OF:** a. **EVENT SET-UP:** _____
 b. **EVENT OPERATION:** _____

7. **DESCRIBE AVAILABLE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS OF BOOTHS (within 200 feet of booth; with flush toilets & hot & cold running water). Letter of availability may be required. (NO PORTABLE TOILET FOR FOOD WORKERS)**

8. **WHO WILL BE SUPPLYING PORTABLE TOILETS FOR THE PUBLIC?** _____
 (Portable toilets are sufficient for public patronage, but not food workers)

9. **WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS?** ρYes ρNo **If yes, describe:** _____

10. **WILL EQUIPMENT/UTENSIL WASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS? ρYes ρNo (If event is over one day dishwashing facilities is required)**

a. **If yes, describe:** _____

b. **If yes, describe water supply:** _____

c. **If yes, describe waste water disposal:** _____

11. **HOW WILL GARBAGE BE DISPOSED? (i.e., available dumpsters, schedule for garbage removal, etc.):**

12. _____

(Signature)	(Title)	(Date)
NORTHSHORE 10808 NE 145th St. Bothell, WA 98011 206-296-9791	DISTRICT HEALTH CENTERS DOWNTOWN 401-5 th Ave, 11 th Floor Seattle, WA 98104 206-296-4632	ALDER SQUARE 1404 Central Ave. S., Ste 101 Kent, WA 98032 206-296-4708