|  |
| --- |
| ***Office of Student Life – Environmental Health & Safety*****Temporary Food Event Application** |
|  |
| 5200 N Lake Road, Merced, CA 95343 | EHS: 209.228.2255 | OSL: 209.228.5433 |

**

|  |  |  |
| --- | --- | --- |
| Name of Event:  | Event Location: | Event Date(s):Time(s): |
| Name of Club / Organization / Affiliate  | Name of outside vendor (if being used) |
| Club / Organization / Affiliate-Contact Person: | Email: | Phone( ) |
| ***Description of Items being Prepared / Served, indicate NA if non-applicable, – list additional items on back of this form if needed*** |
| **FOOD ITEM** | **WILL ITEM BE INDIVIDUALLY PACKAGED?** | **WHERE IS FOOD****PREPARED?**(booth/licensed kitchen) | **COOKING PROCEDURE**(i.e. grill/deep fry) | **HOW IS FOOD BEING KEPT HOT/COLD?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Date and Place Where Food/Ingredients Will BePurchased: | Complete Address: |
|  |  |
| Where will food be stored prior to the event? | List Cooking and Storage Equipment: |
| How food product is kept hot/cold during transportation to the food event? | Length of time in transport: |
| Handwashing Facilities: Utensil Washing Facilities: Venue Diagram Attached:* Plumbed Sink ☐ Plumbed Sink ☐ Yes
* 2.5 gal minimum gravity flow container ☐ Washing & Sanitizing Containers ☐ No
 |
| **Your signature on the line below indicates that you and your organization agree to the following:**1. **All individuals who will be working will read and comply with the regulations and guidelines contained in the “*Guidelines for Food Safety at Temporary Events”* brochure.**
2. **No food at the event shall be prepared in a private residence (Exceptions made on a case by case basis).**
3. **The complete form shall be submitted for review and approval at least 10 working days prior to the event.**
4. **This approved permit application must be available on site for review during the event. Event is subject to inspection and any noncompliant foods will be discarded.**

 **Printed Name /Signature of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_ **OSL/EHS Approval - Printed Name / Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_  |

**Page 2 - Temporary Food Event Application**

*List additional food items here:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOOD ITEM** | **WILL ITEM BE INDIVIDUALLY PACKAGED?** | **WHERE IS FOOD****PREPARED?**(booth/licensed kitchen) | **COOKING PROCEDURE**(i.e. grill/deep fry) | **HOW IS FOOD BEING KEPT HOT/COLD?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**For additional information contact either:**

 1. **Office of Student Life at (209) 228-5433**

<http://studentlife.ucmerced.edu/>

2. **Office of Environmental Health & Safety at (209) 228-2255**

jkaur63@ucmerced.edu

This form was prepared by the UC Merced Office of Student Life and Office of Environmental Health and Safety

**Food Safety Checklist**

**FOOD SOURCE, TEMPERATURES AND STORAGE**

* Food is from an approved source (not stored or prepped at home).
* Probe Thermometer is in place to monitor food temperatures.
* Equipment is keeping cold foods at 45° F or colder.
* Equipment is keeping hot foods at 135° F or hotter.
* Food is covered and stored at least 6 inches off the ground.

**HAND WASHING**

* At least 5 gallons of warm water (100° F) is present.
* A spigot providing a continuous stream of water is present.
* Catch basin for wastewater is present.
* Liquid, anti-bacterial soap in a pump dispenser is present.
* Paper towels (not napkins) are present.
* Booth is setup 200 feet away from restroom facility.