

APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE



CATERER

Aramark Other Food Organizer (ONLY if Aramark unable to do)

Food Service Provider Name:

Date(s) and Time of Operation:

Operator(s):

Address:

Day Phone:

Cell:

Postal Code:

email:

Name of person responsible for ensuring safe food preparation, display, and serving practices at event:

Address:

Day Phone:

Cell:

Postal Code:

email:

Name of person with current Food Safe Certification:

Day Phone:

Cell:

email:

Copy of Food Safe Certificate Must Be Attached

FUNCTION

Name of Event/Function:

Where is function to be held? Lansdowne Interurban

Please be specific by campus, building, floor, near...outside/inside:

Estimated number of people to be served:

Date(s):

Time:

Event Organizer Name:

Name of Organization:

Day Phone:

Cell:

Fax:

email:

FOOD

Food Item	Hot	Cold	Where Prepared	Preparer's Name	Cooking Method

TRANSPORTATION

How are foods to be handled during transportation from source or supplier?

- In order to track each food product, it is essential that accurate records are kept. Please complete your records using the following table format as a guide.

FOOD TRANSPORTATION LOG FOR CATERED FUNCTION

Delivery Date	Product Description	Product Temperature	Destination	Travelling Time to Destination

As **Event Organizer**, complete this portion of the Application and ensure that an **Approval to Operate** has been issued for each Applicant prior to the event date.

Other Information:

How will food be protected and kept hot/cold while being transported prior to service?	What will be the source of your hot and cold running water?
How will cold food be kept below 4C (40F) and/or hot food be kept above 60C (140F)?	What hand washing/ware washing facilities will be provided?
How will food be served?	How will food preparation surfaces, utensils and equipment be cleaned and sanitized?

<p>Site/Equipment Layout Plan (Assign # ___ and show on Plan): Please attach a sketch (or photograph) showing the location of all equipment, tables, counters, food storage areas, hand washing sinks, washrooms, garbage containers and any other relevant features.</p>	List of Facilities/Equipment:
<p>I certify the information enclosed to be true and accurate to the best of my knowledge. I understand that providing safe food to the Public is my responsibility and will follow all requirements to produce and provide food safely.</p> <p>Signature of Operator: _____ Date: _____</p>	Operator Comments:

I/We hereby undertake and agree to follow guidelines as described in the *Bake Sales & Food Concessions at Camosun College* and *Food Service at a Special Event* brochures published by Camosun College.

Signature of applicant: _____ **Date:** _____ **Position:** _____
Name of Organization: _____

Received by Student Records	Date: _____
Received by Ancillary Services	Date: _____

Conditions of Approval:

1. All food must come from an approved source. All prepackaged food must be individually labeled with the name and address of the person who packaged it, or the place where it was packaged.
2. At all times during the event at least one food handler must be present who has a FOODSAFE Certificate (or equivalent).
3. A Food Safety Plan and a Sanitation Plan for the event must be available on-site during the event.
4. Food, utensils, and work surfaces must be protected from contamination at all times.
5. Food contact surfaces must be smooth, non-absorbent, and easily cleanable.
6. Hot food must be kept hot (60 C/140 F or hotter) and cold food kept cold (4 C/40 F or colder).
Probe-style thermometers must be provided on site in order to monitor and record food temperatures.
7. Food handlers must practice good personal hygiene, wear clean garments, and refrain from smoking while within the food area.
8. A hand wash sink with hot potable/running water with liquid soap and paper towels is required for all concessions. Waste water must not discharge onto the ground or into a storm sewer, but must be disposed of into a sanitary sewer or waste holding vessel.
9. Covered, lined, garbage containers must be conveniently available.
10. Only food handlers are to dispense food items. No self-service is permitted with the exception of pre-packaged food (Self-service condiments shall be either individually packaged items or dispensed for squeeze bottles or pump-type dispensers).
11. Only single service (i.e. disposable) dishes and cutlery are to be used unless otherwise approved.
12. No Animals permitted on site (excluding Guide dogs)

For more information, please contact Island Health at

PHONE: 250.519.3401 FAX: 250.519.3402 EMAIL: gateway_office@viha.ca



**APPROVAL
TO OPERATE**

Event: _____

Date of Issuance: _____

Name of EHO: _____

Pickup Fax Mail email

The information collected on this form is subject to and protected by the provisions of The Freedom of Information and Protection or Privacy Act.

Please submit this completed form to the Camosun College Student Records Office at least 15 business days prior to proposed function. Please ensure all necessary people in your group have a copy prior to submission. Incomplete or late applications may not be processed.

THIS APPROVAL MUST BE DISPLAYED IN A CONSPICUOUS PLACE DURING THE EVENT