APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE





CATERER									
Aramark Other Food Organizer (ONLY if Aramark unable to do)									
Food Service Provider N	lame:				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, nearoutside/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	old 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.

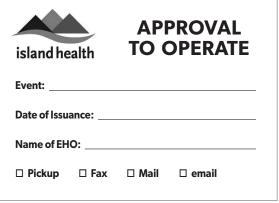
FOOD TRANSPORTATION LOG FOR CATERED FUNCTION								
Delivery Date	Product Description	Product Temperature	Destination	Travelling Time to Destination				

As Event Organizer , complete this portion of the Application and ens	sure that an A j	oproval to Opera	te has been issued for ea	ich Applicant prior to the event date.
Other Information:				
How will food be protected and kept hot/cold while being transprior 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 ke 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?			
		1		
Site/Equipment Layout Plan (Assign # and show on Plan): Please attach a sketch (or photograph) showing the location of all equi storage areas, hand washing sinks, washrooms, garbage containers a				
I certify the information enclosed to be true and accurate to the best of I understand that providing safe food to the Public is my responsibility of to produce and provide food safely.		Operator Comments:		
Signature of Operator:	Date:			
I/We hereby undertake and agree to follow guidlines as described in brochures published by Camosun College. Signature of applicant:				
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 lead 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 FOODS. 3. A Food Safety Plan and a Sanitation Plan for the event must be available on-site during the A Food utensils, and work surfaces must be protected from contamination at all times.	AFE Certificate (or e		island health	APPROVAL TO OPERATE

- 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.
- $7.\ Food\ handlers\ must\ practice\ good\ personal\ hygiene,\ wear\ clean\ garments,\ and\ refrain\ from\ smoking\ while\ within\ the\ food\ area.$
- $8.\,A\,hand\,wash\,sink\,with\,hot\,potable/running\,water\,with\,liquid\,soap\,and\,paper\,towels\,is\,required\,for\,all\,concessions.\,Waste\,water\,hourselfor and\,paper\,for\,all\,concessions.$ $must \ not \ discharge \ onto \ the \ ground \ or \ into \ a \ storm \ sewer, \ but \ must \ be \ disposed \ of \ into \ a \ sanitary \ sewer \ or \ waste \ holding \ vessel.$
- 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



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.