

FOOD EVENT APPLICATION FORM

This form is applicable to food sales, non- food sales and food sponsored activities. Please comply with the following steps:

- STEP 1:** Please fill-out part I: Event Information.
- STEP 2:** Please submit requested documents based on part II: Requirement Checklist per Type of Event
- STEP 3:** Please fill out Page 2 of the form and use attachment if necessary. (Form Page 2 must be submitted by each participating Food Stall)
- STEP 4:** Please have the event endorsed by the concerned Unit/ Office/ Adviser before OFSQA assessment by signing Page 3 signing portion.

REMINDERS:

1. All documents needed can be downloaded at: <http://www.ateneo.edu/office-food-safety-and-quality-assurance>
2. Home cooked meals catering to 50 and above number of guests/ consumers is not allowed.
3. OFSQA Assessment and Approval Timeline:
 - Less than 7 food business- 3 working days
 - More than 7 food businesses- 7 working days + FSQA Food Safety Orientation
4. For questions/ inquiries please visit OFSQA OFFICE: Faber Hall 202, Email: fsqa@ateneo.edu . Telephone Numbers: 426-60-01 Loc. 4175 or 4176.

I. EVENT INFORMATION

EVENT ORGANIZER	
NAME OF EVENT: _____	Type of Event: Please check all that applies. <input type="checkbox"/> General Assembly <input type="checkbox"/> Class Project/ Thesis <input type="checkbox"/> Concert <input type="checkbox"/> Food Sales: # of stall: ____ <input type="checkbox"/> Sponsorship/ Sampling # of sponsor: ____ <input type="checkbox"/> Catering: # of caterer: _2_ <input type="checkbox"/> Others, pls. Specify _____
DATE	
TIME/ DURATION	
VENUE	
EXPECTED # IN ATTENDANCE (GUESTS/ CONSUMERS)	

GROUP/ ORGANIZATION INFORMATION

AUTHORIZED REPRESENTATIVE		CLASSIFICATION	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Others: _____
ID #			
CONTACT NUMBER			
CONTACT EMAIL ADDRESS			

II. REQUIREMENTS CHECKLIST

TYPE OF FOOD PROVIDER		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10
A	Food Businesses operated by Ateneo Students	√	√	√	√	√					√
B	Food Businesses operating inside Ateneo	√	√		√	√					
C	Food Businesses NOT operating inside Ateneo <i>Note: If already recognized, no need to submit the Sanitary Permit.</i>	√	√	√	√	√	√				
D	Food Sponsors/Donors / with or without Product Sampling	√			√			√	√		√
E	Food Potluck	√							√	√	

LEGEND:

- R1** Form 1- Food Event Application Form
- R2** Menu List (please fill out page 2 or use attachment if necessary)
- R3** Medical Requirements for 3 or more days event duration (For Students: Stool Exams with Medical Clearance-3 months valid and for Hired Help: Stool and Sputum Exam with Medical Clearance- 3months valid or Health Permit ID's)
- R4** Signed OFSQA Food Safety Mandates for Food Business Operators
- R5** Floor Plan Layout
- R6** Updated Sanitary Permits
- R7** Sponsorship Letter (Should indicate Product Name and Brand, Quantity, Production and Expiration Dates. Please use Company's Letterhead and Signed by Representatives)
- R8** Form 7- OFSQA Waiver of Liability
- R9** Form 8- Food Registration Form
- R10** Others (For products not yet released in the Philippine Market: FDA Certificate of Product Sampling and for Ateneo Student owners: Form 4- Product Listing Form)

Note: For catering event with 300 and above guests/ consumers, we will require the event organizers to provide product samples for retention purposes in case of any untoward incidences. Samples will be gathered during the event by the OFSQA Officer.

ATENELO INSTITUTE OF SUSTAINABILITY (AIS) PACKAGING GUIDELINES

- Acceptable Packaging Materials:** 1) ceramic plates 2) stainless spoon and fork 3) reusable baunans 4) tissue papers 5) brown paper bags 6) parchment papers 7) wooden bbq sticks 8) chopsticks and 9) aluminum foil
- Unacceptable Packaging Materials:** 1) Plastic: plates, boxes, cups, spoon and forks 2) Paper: plates, boxes, cups, spoon and forks 3) Biodegradable: plates, boxes, cups, spoon and forks 4) Wax papers 6) microwavable containers

IMPORTANT REMINDERS

THE OFFICE FOR FOOD SAFETY AND QUALITY ASSURANCE MAY IMPOSE ADDITIONAL REQUIREMENTS TO PROTECT AGAINST HEALTH HAZARD RELATED TO THE CONDUCT OF THE FOOD EVENTS AND MAY PROHIBIT THE SALE OR SERVICE OF ANY IDENTIFIED POTENTIALLY HAZARDOUS FOOD.

THE UNIVERSITY HAS THE RIGHT TO STOP A SELLING/ SERVING ACTIVITY AND MAY BE REMOVED FROM THE LIST OF OFSQA RECOGNIZED FOOD BUSINESSES DUE TO UNSANITARY PRACTICES, POOR MANAGEMENT AND NON- COMPLIANCE TO FOOD SAFETY AND QUALITY ASSURANCE MEASURES.

FOOD EVENT CHECKLIST PER FOOD BUSINESS OPERATOR

Name of Food Business: _____

Reminder: Please compile the following requirements in an orderly manner. Please use attachment if necessary.

Type of Food Providers	Submittals	Yes (√)	Remarks
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		

MENU LIST: For Ateneo Grade School, please indicate the Serving Size and Prices. *(Please use attachment if necessary).*

Food Products	Serving Size	Price	Food Packaging Material	OFSQA Remarks

NOTE: The OFSQA supports the Ateneo Institute of Sustainability (AIS) Packaging Guidelines. Please make sure to comply with the packaging guidelines.

LIST OF FOOD HANDLERS: *(Please use attachment if necessary).*

Name	Remarks

Requirements Status:



Assessed and Approved by:
Name and Signature of the FSQA Officer/ Head

-----Please provide the following information-----

FOR ATENEO GRADE SCHOOL FACILITIES MANAGEMENT AND SECURITY OFFICE

Declaration and Equipment and Wattages (Only electrical equipment are allowed. No LPG tanks)		
Equipment		Wattages
1		
2		
3		
Declaration of Food Cart Size and Electrical Requirements		
Size	With electricity	Without electricity
1		
2		
3		
Declaration of Vehicle Details (Details of the delivery vehicle)		
Vehicle Type:		Vehicle Plate Number:
Name of Driver:		

-----Please provide the following information FOR ALL FOOD EVENT APPLICATION-----

Control No. _____

Event Organizer : _____
 Name of Event : _____
 Authorized Representative : _____
 Classification: : _____
 ID # : _____

Date : _____
 Time : _____
 Venue : _____

For Endorsement of Concerned Unit/ Office/ Adviser	For FSQA Approval
The Proposal is: _____ Name and Signature of Concerned Unit/ Office/ Adviser Date: _____	The Proposal is: _____ Name and Signature of FSQA Officer/ Head Remarks: _____