



SPECIAL EVENT FORM

Please complete and submit this form at least 30 days prior to the event to
Region of Waterloo Public Health, Public Health Inspector

Kitchener-Waterloo, Wilmot, Wellesley, Woolwich Area Events mail to:
PO Box 1633, 99 Regina Street South, 3rd Floor, Waterloo, ON N2J 4V3
or Fax to: 519-883-2226

Cambridge, North Dumfries Events mail to:
150 Main St. Cambridge, ON N1R 6P9
or Fax to: 519-622-1235

Event Name: _____

Event Location/Address: _____

Event Date(s): _____

Expected Attendance: _____

Is this an Annual Event? Yes No

Contact/Vendor Name: _____

Booth Name (if applicable): _____

Mailing Address: _____

Phone Number: (H) _____ (W) _____

Type of Food Premise at Event:

Preparation/Serving Kitchen

Temporary Booth

Mobile Catering Truck or Cart

Other _____

Type of organization: Religious organization *

Fraternal organization *

Service club *

Food Business

Other

* If you are a religious organization, fraternal organization or service club and are accepting food from an un-inspected facility (e.g. home), you must also complete the "Donors of Potentially Hazardous Food" list. See attached.

Food Menu List ALL food to be prepared or served (if more space is needed, please attach separate list)	Source of Food Name and address of grocer, caterer, restaurant (if more space is needed, please attach separate list)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

How will food be transported to event:

- Refrigerated truck
- Thermal unit (eg. Cambro units)
- Other _____
- Coolers with ice
- Insulated container/bag

How will temperature be maintained on site:

- Refrigerated truck
- Thermal unit (eg. Cambro units)
- Insulated container/bag
- Coolers with ice
- Chafing dish
- Other _____

* A probe thermometer must be available on site to ensure proper internal food temperatures.

Describe your hand washing station:

- Portable hand wash station
- Other _____
- Container with turn spout

* Liquid hand soap in a dispenser and paper towels must be available for use.

What sanitizer will be used:

- Chlorine bleach
- Iodine
- QUAT
- Other _____

_____ Name of Contact/Vendor (Please Print)	_____ Signature of Contact/Vendor
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Office Use Only:

Date Received: _____ PHIMA: _____

Premise exempted Yes No If yes, number of signs provided _____
 (as per ASPHIO guidelines)

If a visit to an exempted premise is conducted, complete the MOHLTC "Visits to Exempted Food Premises" form and forward to MOHLTC (DOCS #358845). Forward copy to Food Safety Manager.

Inspection Required Yes No Inspector _____

Inspection criteria: Food offered to the public, > 750 people, and serving potentially hazardous foods

- Educational material provided e.g. Food Safety Information for Special Events

Comments: _____

Date Reviewed: _____ Signature of PHI: _____