
Registration Form for Special Events Temporary Food Establishments - Form B

Name of Event: _____

Name of Operator (Association, Corporation, Individual, Partnership) _____

Person Directly Responsible for the Temporary Food Facility:

Name: _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Food Service Manager: Same as above , or _____

Phone Number: _____

Does the food service manager possess:

1. Qualifications in food sanitation (i.e. Food Safety Course) approved by the Minister?

Yes No

2. A Certificate in Food Protection (Home Study) issued by a health authority?

Yes No

Foods to be served:

If food is prepared off-site, state where: _____

What form of protection will be provided for perishable (hot and cold) foods?

1. In transit? _____

2. At event site? _____

Type of dishware & cutlery to be used by customers?

Single Service (disposable) Multiple use

Method of cleansing multiple use utensils:

Machine Three compartment sink Portable basins

What handwashing facilities will be provided? _____