Special Event Vendor Application

Fax your completed form to 519-823-4905 or email it to PHI.Intake@wdgpublichealth.ca at least 30 days prior to event.

Event Information						
Event Name:	Duration: 1 day 2-3 days 4-7 days					
Date(s) of Event:	Total Attendance: 50 or less 51-100					
Event Location:	Annual Event: Yes No					
Vendor Information						
Contact Name:	Business Name:					
Address:	Phone:					
City/Town: Postal Code:	Business Phone:					
Email Address:	Website:					
Are you an inspected facility? Yes No report.	* If Yes, please attach a copy of your last inspection					
Food Handler Certified? Yes No *If yes, year certified: By what organization:						
Personal Service Setting Booth (piercing, tattoo, manicure, etc.)? Yes No						
Petting Zoo or Animal Exhibit? Yes No						
Type of Vendor/Organization:Religious Organization*Fraternal Organization*Service Club*Food BusinessOther(specify):* If you are a religious organization, fraternal organization or service club and are accepting food from an uninspected facility (e.g. home), you must complete the Food Donor List for Exempt Special Events form.						
Food Information Food Menu Source of Fo	ad					
Food MenuSource of FoodList ALL food to be prepared orName and address of grocer, caterer, restaurant						
	s needed, please attach a separate list.) No home					
please attach a separate list.) preparation per	1 1 1					
Name:						
Address:						
Name:						
Address:						
Name:						
Address:						
Name:						
Address:						
Food Handling & Storage						
How will food be transported to the event?						
Refrigerated truck Thermal unit (e.g., Cambro) Coolers with ice Insulated container/bag						
Other (specify):						
How will temperature be maintained on site?						
Refrigerated truck Thermal unit (e.g., Cambro) Coolers with ice Insulated container/bag						
Chafing dish Other (specify):						
*A probe thermometer must be available on site to ensur-	e proper internal food temperatures.					
Describe your hand washing station: Portable hand washing station Container with turn spout Other (specify):						

What sanitizer will be used Chlorine bleach QUAT	l: Iodine	Other	(cpocify):			
Please provide a floor plar			(specify): an can be ba	and dra	 wn in the snace below	or
attached to this application):		an can be ne		within the space below	01
Two/three compartmer			tation with s			
Food preparation area			waste wate			
Food storage	Adeq	uate refrig	eration (inclu	ide met	hod of refrigeration)	
Multiple Events						
If you are attending more t	han one event in t	the Welling	gton-Dufferin	-Guelp	h region, write the nam	ies
of the events below. Applie						
Event Name:		Eve	ent Name:			
Event Name:		Eve	ent Name:			
endor Signature:			C	Date:		
For Office Use Only						
SR Number:		CID Noti	fied: Yes	No	Date:	
ispector:		Inspectio	on Required:	Yes	No	
	No					
omments:						
ate Reviewed:		PHI Sigr	ature:			
		l i i oigi				
PublicHealth	Fax: 519-823-4	1905		1-8	00-265-7293 ext. 4753	
WELLINGTON-DUFFERIN-GUELPH						
Stay Well.	PHI.Intake@w	مطميناطين مرساه	alth an	14040	w.wdgpublichealth.ca	

www.wdgpublichealth.ca

Special Events Checklist

Did you Forget Anything?

A. Handwashing

Warm running water in food-grade container with turn valve Liquid soap in dispenser and paper towels Catch basin for wastewater

B. Safe Food Handling

Adequate refrigeration/thermal container with ice freezer packs at a temperature of $4^{\circ}C$ ($40^{\circ}F$)

Adequate hot holding at a temperature of 60°C (140°F) Probe thermometers (with means to sanitize probe in between uses) & refrigerator Materials (e.g., plastic wrap, foil) for properly covering foods Provisions to store food 15 cm (6 inches) off the ground Separate cutting boards and utensils for raw and cooked foods Single-use utensils for customers Adequate sets of clean utensils (4 sets recommended per event day) Ice container with a dedicated ice scoop (stored separately)

C. Sanitation

Bleach sanitizing solution (1 tsp. Bleach per 4 cups of water), quaternary compound or iodine available in buckets or labelled spray bottles Supply of clean wiping cloths Supply of clean utensils and equipment An appropriate-sized garbage container with lid

D. Personal Hygiene

Hair covering/restraint (e.g., hairnet, cap, tied back) Clean outer clothing

Questions? Call Wellington-Dufferin-Guelph Public Health at 1-800-265-7293 ext. 4753.



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