FORM I.1

CITY OF NEW BEDFORD
JONATHAN F. MITCHELL, MAYOR

HEALTH DEPARTMENT
BOARD OF HEALTH
PATRICIA L. ANDRADE, M.D.
ATHENA XIFARAS, M.D.
CRAIG LONGO, M.D.
DIRECTOR OF HEALTH
BRENDA K. WEIS, M.S.P.H, PH.D

COORDINATOR'S CHECKLIST FOR TEMPORARY FOOD EVENTS

As the Event Coordinator it is your responsibility to provide the following information, which is required to assess, prevent and address potential public health risks that might occur during the event. Advance planning will help promote and protect public health helping to insure a safe and successful operation.

IMPORTANT REMINDERS:

THIRTY (30) DAYS PRIOR TO THE SCHEDULED EVENT:

1. **RETURN COMPLETED COORDINATOR'S CHECKLIST - (PRINT OR TYPE LEGIBLY)**
2. **ATTACH ALL EVENT FOOD VENDOR PERMIT APPLICATIONS**
3. **NOTIFY FOOD VENDORS THAT THE TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION MUST BE RECEIVED BY THE BOARD OF HEALTH, DIVISION OF ENVIRONMENTAL HEALTH, NO LATER THAN TWO (2) WEEKS PRIOR TO THE EVENT. THE CURRENT PERMIT FEE FOR TEMPORARY FOOD EVENT VENDORS IS $75.00 for the 1st Day + $25.00 for each additional day.**

1) NAME OF EVENT: _____ **DATE (S):** _____

2) EXPECTED NUMBER OF PATRONS: _____ **PEAK DAYS:** _____

3) EVENT LOCATION: _____

4) NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS

	NAME	ADDRESS	DAY TIME PHONE# (Work) / HOME #
a.			
b.			
c.			

***E-MAIL ADDRESS** _____ **AND/OR FAX #:** _____

5) NUMBER OF ANTICIPATED FOOD VENDORS: _____

6) EVENT'S CERTIFIED FOOD PROTECTION MANAGER'S NAME: _____

(Please provide a copy of the certificate)

7) DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD VENDORS:

a) _____ **b)** _____

8) DATE AND TIME OF EVENT SET UP: _____

9) DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, and LOCATIONS):

_____

10) WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS? _____ **YES** _____ **NO**

11) DESCRIBE POTABLE WATER SUPPLY: _____

12) DESCRIBE WASTEWATER DISPOSAL SYSTEM: _____

13) DESCRIBE GARBAGE DISPOSAL: _____

_____

14) EVENT COORDINATOR'S SIGNATURE **TITLE** **DATE**