



**DESCRIBE WAREWASHING FACILITIES FOR UTENSILS AND EQUIPMENT:**

**ON SITE:** \_\_\_\_\_

**OFF SITE:** \_\_\_\_\_

**FOOD PROTECTION:**

DESCRIBE EQUIPMENT AND MEANS OF TRANSPORTING FOOD HOT (140oF OR ABOVE), COLD (45oF OR BELOW):

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**REFRIGERATION:** REQUIRED \_\_\_ NOT REQUIRED \_\_\_

METHOD OF REFRIGERATION/THERMOMETERS:

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**TYPE OF COOKING/HOT HOLDING EQUIPMENT:** \_\_\_\_\_

\_\_\_\_\_

**DESCRIBE MEASURES TO PROTECT FOOD FROM CONTAMINATION DURING PREPARATION, STORAGE AND DISPLAY INCLUDING TYPE OF SANITIZER:**

\_\_\_\_\_

\_\_\_\_\_

**SAMPLING:** VENDOR TO USE SINGLE SERVING CUPS, NAPKINS AND/OR UTENSILS. ALLERGEN ADVISORY TO BE POSTED.

**GARBAGE AND RUBBISH:**

DESCRIBE MEANS FOR STORAGE AND DISPOSAL: \_\_\_\_\_

\_\_\_\_\_

**PERSONNEL AND FOOD HANDLING PRACTICES:**

NUMBER OF FOOD HANDLERS: \_\_\_\_\_

LOCATION OF HANDWASHING FACILITIES:

Next to Storage Trailers (see Coordinator's map) \_\_\_\_\_

LOCATION OF TOILET FACILITIES:

Next to Storage Trailers (see Coordinator's map) \_\_\_\_\_

HAIR RESTRAINTS PROVIDED: YES \_\_\_ NO \_\_\_

DISPOSABLE GLOVES PROVIDED: YES \_\_\_ NO \_\_\_

**Also SUBMIT:**

FOOD PERMIT FOR THE BASE OF OPERATION,

SERVSAFE AND

ALLERGEN CERTIFICATES FOR STAFF.