

Special Event Information

Special Event Food Provider Application

Please complete and submit this application, one per each concession, at least thirty (30) days prior to the event. **Food Provider Applications submitted less than 30 days prior to the event may not be approved.** Food Providers who fail to obtain approval from the Haldimand-Norfolk Health Unit may face closure or other legal action. All food providers must comply with applicable sections of the Ontario Food Premises Regulation 562/90, under the Health Protection and Promotion Act, R.S.O., 1990 as amended.

If applying from outside of Haldimand or Norfolk counties, please include a recent food safety inspection report with your application. Applications can be sent to the Haldimand-Norfolk Health Unit using the contact information found at the bottom of this page.

	<u></u>			
Name of event:				
Event dates:				
Event location (addres	ss or intersection, including the	e city)		
Set-up date and time:				
Food Provider Inform	<u>nation</u>			
Name of concession:				
Contact person:				
Home phone:	E	Business/Cell phone:		
Mailing address:				
Email:				
*Please ensure to review the Food Provider Information Package before completing the sections below.				
Menu Items (Please L	•			
All food items must be obtained from an approved source, or prepared at a facility inspected by an appropriate government agency.				
Foo	d Served	Food (i.e. Sobeys, Costco)		
1	1			
2	2			

3	3	
4	4	
Attach additional li	sts/menus as necessary.	
Food Handling / Transportation		
1. Describe how potentially hazardous foods (i.e. m the event below 4°C/40°F, or above 60°C/140°F.	neat, seafood, diary products, etc.) will be transported to	
2. Describe how potentially hazardous foods will be 60°C/140°F.	kept out of the temperature danger zone of 4°C/40°F to	
3. Describe the types of food handling that will occureheating).	ur on site during the event (i.e. cooking, hot holding,	
4. Describe how food items will be protected from pguard, food-grade wrap, covering, etc.)	ootential contamination during the event (i.e. sneeze	
Vendor Set-up Information (Either option A or B	<u>)</u>	
A. Food Premises or Mobile Premises/Food Truck/Trailer	B. Temporary Booth or BBQ	
☐ Hot and cold running water (potable)	Temporary Handwashing station with	
☐ Handwashing sink with Liquid soap and paper towels	cooler or coffee urn with spigot to hold warm clean water	
Two compartment sink for utensil washing	└─ liquid soap and paper towels container to collect waste water	
☐ Holding tank for waste water	Two sinks or containers for dish washing	
☐ Mechanical refrigeration with internal indicating	Canopy or a covering over the booth	
thermometers	☐ Mechanical refrigeration or a cooler with internal indicating	
☐ Hot holding storage unit	☐ thermometers	
☐ Probe thermometer		
☐ Multiple sets of clean serving utensils	☐ Hot storage unit	
· ·	☐ Hot storage unit☐ Probe thermometer	
Sanitizer (bleach/chlorine, quats/quaternary		
ammonium, or iodine) and sanitizer test strips	☐ Probe thermometer ☐ Multiple sets of clean serving utensils ☐ Sanitizer (bleach/chlorine, quats/quaternary ammonium,	
	☐ Probe thermometer ☐ Multiple sets of clean serving utensils	

Waste Water Collection Method:				
☐ Holding tank ☐ Grey water containers ☐ Municipal ☐ Other				
Garbage and grease disposal:				
Garbage receptacle(s) provided Disposal method:				
☐ YES ☐ NO				
Grease receptacle(s) provided: ☐ YES ☐ NO				
All person(s) involved in the handling and selling food to the public are strongly encou certification course. Please contact the Haldimand-Norfolk Health Unit to discuss train 905-318-6623				
Food provider name (please print)				
Food provider signature	Date			
By signing, the food provider certifies that they understand and will comply with the coprovider found not to be compliant may be subject to the provisions of the <i>Health Prot</i> est or applicable by-laws.				
For office use only:				
Date reviewed by PHI:				
Application approved Application not approved				
Comments:				
Name of reviewing PHI				
Signature of reviewing PHI				

Please complete and submit the <u>Special Event Food Provider Application</u> at least thirty (30) days before the start of the special event. There is no fee for this application process. Applications can be submitted via email to <u>specialevents@hnhu.org</u>, by fax at 519-426-9974, online at <u>hnhu.org/health-topic/special-event-food-provider-application</u> or it can be dropped off in person at either of the addresses listed below.

Simcoe:

Haldimand-Norfolk Health Unit P.O. Box 247, 12 Gilbertson Drive Simcoe, Ontario N3Y 4L1 519-426-6170 Caledonia:

Haldimand-Norfolk Health Unit 282 Argyle Street South Caledonia, Ontario N3W 1K7 905-318-6623 Norfolk County Administration Building 50 Colborne Street South Simcoe, Ontario N3Y 4H3 519-426-5870