

# Registration Form for Temporary Food Facilities (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? \_\_\_\_\_