



BOARD OF HEALTH  
 577 Bay Road, P.O. Box 429  
 Hamilton, MA 01936

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**TEMPORARY FOOD EVENT  
 COORDINATOR'S CHECKLIST**

PLEASE RETURN COMPLETED CHECKLIST TO THE LOCAL BOARD OF HEALTH OFFICE AT LEAST THIRTY (30) DAYS BEFORE THE EVENT.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify the food booth participants that the Temporary Food Establishment Permit application must be received by the Board of Health no later than **30 DAYS PRIOR TO THE EVENT.**

1. NAME OF EVENT: \_\_\_\_\_ DATE(s) \_\_\_\_\_
2. EXPECTED NUMBER OF PATRONS: \_\_\_\_\_
3. EXPECTED PEAK DAYS & NUMBERS OF PATRONS \_\_\_\_\_
4. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:
 

<u>NAME</u>	<u>PHONE</u>	<u>E-MAIL ADDRESS</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
5. NUMBER OF ANTICIPATED FOOD BOOTHS: \_\_\_\_\_
6. NAME, PHONE NUMBER AND E-MAIL ADDRESS OF EACH FOOD BOOTH PARTICIPANT:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
7. WHAT TIME WILL EVENT BE SET-UP AND READY FOR INSPECTION: \_\_\_\_\_
8. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATION): \_\_\_\_\_  
 \_\_\_\_\_
9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: \_\_\_\_\_ YES \_\_\_\_\_ NO
10. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY: \_\_\_\_\_  
 \_\_\_\_\_
11. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM: \_\_\_\_\_  
 \_\_\_\_\_
12. DESCRIBE GARBAGE DISPOSAL: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE

TITLE

DATE