STUDENT ORGANIZATION
FOOD/BEVERAGE HANDLING REQUEST FOR
HEALTH DEPARTMENT APPROVAL

Please submit this request to the Student Life Office, OMU 370, along with the appropriate FACILITY or GAME DAY REQUEST.

PLEASE ALLOW AT LEAST 10 working days for approval.

Student Organization: _____

Student Responsible for Event/Food Handling: _____
Phone Number: _____ E-mail Address: _____

Adviser's Name: _____
Phone Number: _____ E-mail Address: _____

Event: _____
Event Date: _____ Event Time: _____
Event Location: _____ Is Event inside or outside? _____
****<u>All outdoor activities will require a screened tent</u> or only non-potentially hazardous pre-packaged foods will be allowed.**

Will the customers / public be charged money for the food? ☐ Yes ☐ No

List each food/beverage item that will be served. How it will be prepared and packaged?
_____
_____
_____

Are these food/drink items pre-packaged, prepared by a food establishment or prepared by individuals? _____

If prepared by individuals how & where will the food/beverage items be prepared?
_____
_____

Describe how each food item will be stored: _____
_____
_____

Describe what type of hand washing facilities will be available on site.
_____
_____

<u>You MUST have the following items for each person that is serving food.</u>
• Plastic gloves • Hats or hairnets • Food Handler Cards

FOR OFFICE USE ONLY: Date Faxed Request to CCHD: _____

Health Inspector Name: _____ Date of Approval: _____
Special Instructions or Limitations:
_____