STUDENT ORGANIZATION
FOOD/BEVERAGE HANDLING REQUEST FOR
HEALTH DEPARTMENT APPROVAL

Please email this form to clevelandenvironmental@health.ok.gov

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? _________________

**All outdoor activities will require a screened tent 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.
______________________________________________________________________________
______________________________________________________________________________

You MUST have the following items for each person that is serving food.
   ● 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:
______________________________________________________________________________