

**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:
