



SPECIAL EVENT PERMIT APPLICATION FORM

This application must be submitted no later than 15 days prior to any event. Completed and signed forms can be dropped off or faxed to any Porcupine Health Unit office or emailed to inspections@porcupinehu.on.ca. If you require assistance, please call the Inspection Department at (705)267-1181 (1-800-461-1818).

EVENT INFORMATION

NAME OF EVENT:	
DATE(S) OF EVENT:	HOURS OF OPERATION:
LOCATION OF EVENT:	

CONCESSION OPERATOR INFORMATION

NAME OF APPLICANT:			
STREET AND MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
PERSON IN CHARGE OF FOOD HANDLING: <input type="checkbox"/> Same as above			
STREET AND MAILING ADDRESS: CITY/TOWN:		POSTAL CODE:	
TELEPHONE:	HOME:	WORK:	CELL:
EMAIL:		FAX:	
IS THE FOOD BOOTH RUN BY ONE OF THE FOLLOWING GROUPS? <input type="checkbox"/> Religious organization <input type="checkbox"/> Fraternal organization <input type="checkbox"/> Service club			
WILL YOU BE CLAIMING AN EXEMPTION FROM THE FOOD PREMISES REGULATION AT THIS EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FOOD SERVICE

VENDOR SET-UP: <input type="checkbox"/> Temporary Food Booth <input type="checkbox"/> Street Food Vending Cart <input type="checkbox"/> Mobile Premise <input type="checkbox"/> Indoor Facility	
LOCATION OF FOOD PREPARATION: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	
<input type="checkbox"/> IF ON SITE NUMBER OF FOODHANDLERS EXPECTED TO WORK AT YOUR BOOTH: NUMBER OF CERTIFIED FOOD HANDLERS: DESIGNATED SUPPORT PERSON: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A DESIGNATED MONEY HANDLER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> IF OFF SITE NAME OF PREMISE: TYPE OF PREMISE (i.e., restaurant, church kitchen, community centre, etc.): ADDRESS: PHONE NUMBER:
WHERE WILL THE FOOD BE PURCHASED OR SUPPLIED* FROM?	
NAME:	ADDRESS:

*Attach separate sheet of paper if more space is required for food suppliers.

MENU

MENU ITEM*	TYPE OF FOOD PREPARATION (E.G., GRILLING, FRYING, BBQ, ETC.)	FOOD PRECOOKED		FOOD COOKED ONSITE			FOOD STORAGE ONSITE	
		YES	NO	YES	NO	REHEATING	HOT 60°C (140°F) OR HOTTER	COLD 4°C (40°F) OR COLDER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Attach separate sheet of paper if more space is required for menu items.

FOOD STORAGE/TRANSPORTATION

<p>HOW WILL HAZARDOUS FOOD BE TRANSPORTED TO THE EVENT? <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Thermal containers <input type="checkbox"/> Other (Please specify: _____)</p>
<p>WHAT METHOD(S) WILL BE USED TO MAINTAIN COLD FOODS AT 4°C (40°F) OR COLDER DURING THE EVENT? <input type="checkbox"/> Not required <input type="checkbox"/> Refrigerated truck <input type="checkbox"/> Mechanical refrigeration <input type="checkbox"/> Insulated containers with ice <input type="checkbox"/> Other (Please specify: _____)</p>
<p>WHAT METHOD(S) WILL BE USED TO MAINTAIN HOT FOODS AT 60°C (140°F) OR HOTTER DURING THE EVENT? <input type="checkbox"/> Not required <input type="checkbox"/> Sterno/chaffing dish <input type="checkbox"/> BBQ/grill <input type="checkbox"/> Propane stove <input type="checkbox"/> Crock pot <input type="checkbox"/> Hot plate <input type="checkbox"/> Oven <input type="checkbox"/> Steam table/unit <input type="checkbox"/> Other (Please specify: _____)</p>
<p>WHAT METHOD(S) WILL BE USED TO REHEAT FOOD PRIOR TO SERVICE? <input type="checkbox"/> Not required <input type="checkbox"/> Microwave oven <input type="checkbox"/> Stove top <input type="checkbox"/> Oven <input type="checkbox"/> Grill/BBQ <input type="checkbox"/> Deep fryer <input type="checkbox"/> Other (Please specify: _____)</p>
<p>DO YOU HAVE A PROBE THERMOMETER TO CHECK THE INTERNAL TEMPERATURES OF FOOD DURING THE EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>DO YOU HAVE ACCURATE INDICATING THERMOMETER(S) TO CHECK TEMPERATURE CONTROL UNITS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>HOW WILL FOODS INCLUDING CONDIMENTS BE PROTECTED FROM CONTAMINATION DURING THE EVENT? <input type="checkbox"/> Food grade wrap <input type="checkbox"/> Lids <input type="checkbox"/> Pre-packaged condiments <input type="checkbox"/> Sneeze guard/shield <input type="checkbox"/> Enclosed cabinet/container <input type="checkbox"/> Other (Please specify: _____)</p>
<p>DO YOU HAVE RE-SUPPLY METHOD FOR ICE DURING THE EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

SEPARATE HANDWASHING BASIN

<p>IS THERE A SEPARATE HANDWASHING BASIN WITH HOT AND COLD OR WARM RUNNING WATER PROVIDED IN THE FOOD HANDLING/FOOD PREPARATION AREA? HOW MANY HANDWASHING SINKS ARE PROVIDED? <input type="checkbox"/> Yes – Fixed sink <input type="checkbox"/> Yes – Portable sink <input type="checkbox"/> Yes – Temporary sink How many sinks provided? (_____) <input type="checkbox"/> No (Please explain: _____)</p>
<p>DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please explain: _____)</p>

UTENSIL WASHING

WHAT TYPE OF SINK IS PROVIDED FOR UTENSIL WASHING? Two-compartment sink
 Three-compartment sink None (Please explain: _____)

WHAT TYPE OF SANITIZER IS USED FOR SANITIZING UTENSILS?
 Bleach Other (Please explain: _____)

TEST STRIPS PROVIDED FOR SANITIZER? Yes No N/A

POTABLE WATER SOURCE

Municipal supply Commercially bottled Hauled municipal water (Name/phone number of water hauler: _____)

WASTE WATER AND GARBAGE DISPOSAL

METHOD OF WASTE WATER/SEWAGE DISPOSAL:
 Holding tank Other (Please specify: _____)

NUMBER OF GARBAGE RECEPTACLES IN FOOD PREPARATION AREA: _____

I have reviewed the *Special Events Operating Guidelines*. I understand the requirements for food vendors at special events and have provided the information to all food handlers.

PRINT: _____ SIGN: _____ DATE: _____

THE FOLLOWING CONDITIONS/RECOMMENDATIONS ARE TO BE COMPLETED BEFORE THE EVENT IS ALLOWED TO COMMENCE:

INSPECTOR: _____ DATE SIGNED: _____

FOR OFFICE USE ONLY

O. Reg 562
 Created/entered in Hedgehog as Special Event Vendor.
 If exempted, provided appropriate signage.
 Provided special event permit.

This application is: APPROVED NOT APPROVED

- | | | | | |
|---|---|--|---|--|
| <p><u>Main Office</u></p> <p><input type="checkbox"/> Timmins
 169 Pine St. South
 P.O. Bag 2012
 P4N 8B7

 (705)267-1181 or
 Fax. (705)264-3980</p> <p>1-800-461-1818</p> <p>www.porcupinehu.on.ca</p> | <p><u>Branch Offices</u></p> <p><input type="checkbox"/> Cochrane
 Minto Centre
 P.O. Box 550
 POL 1C0
 (705)272-3394
 Fax. (705)272-4996</p> <p><input type="checkbox"/> Hearst
 Medical Centre
 P.O. Box 2470
 POL 1N0
 (705)362-7808
 Fax. (705)362-7462</p> | <p><input type="checkbox"/> Hornepayne
 247 Third Avenue
 P.O. Box 127
 POM 1Z0
 (807)868-2091
 Fax. (807)868-2225</p> <p><input type="checkbox"/> Iroquois Falls
 58A Anson Drive
 P.O. Box 575
 POK 1G0
 (705)258-2247
 Fax. (705)258-2249</p> | <p><input type="checkbox"/> Kapuskasing
 4 Ash St.
 P5N 2C8
 (705)335-6101
 Fax. (705)337-1895</p> <p><input type="checkbox"/> Matheson
 Bingham Memorial
 Hospital
 P.O. Box 490
 POK 1N0
 (705)273-2954
 Fax. (705)273-2522</p> | <p><input type="checkbox"/> Smooth Rock Falls
 141 Fifth St.
 P.O. Box 388
 POL 2B0
 (705)338-2654
 Fax. (705)338-2250</p> <p><input type="checkbox"/> Moosonee
 38 Revillion Rd
 P.O. Box 730
 POL 1Y0
 (705)336-2294
 Fax. (705)336-2919</p> |
|---|---|--|---|--|

DISPONIBLE EN FRANÇAIS