

Porcupine Health Unit – Environmental Health Services
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 Environmental Health Services at (705)267-1181 (1-800-461-1818).

EVENT INFORMATION

NAME OF EVENT:	
DATE(S) OF EVENT:	HOURS OF OPERATION:
LOCATION OF EVENT:	EXPECTED NUMBER ATTENDANCE:

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/Mobile Premise <input type="checkbox"/> Indoor Facility	
LOCATION OF FOOD PREPARATION: <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	
NUMBER OF CERTIFIED FOOD HANDLERS:	
<input type="checkbox"/> <u>IF ON SITE</u> NUMBER OF FOODHANDLERS EXPECTED TO WORK AT YOUR BOOTH: 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"/> <u>IF OFF SITE</u> 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* (INCLUDING PREPACKAGED FOODS)	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, including ingredients.

FOOD STORAGE/TRANSPORTATION

HOW WILL HAZARDOUS FOOD BE TRANSPORTED TO THE EVENT? Refrigerated truck
 Insulated containers with ice Thermal containers Other (Please specify: _____)

WHAT METHOD(S) WILL BE USED TO MAINTAIN COLD FOODS AT 4°C (40°F) OR COLDER DURING THE EVENT? Not required Refrigerated truck Mechanical refrigeration Insulated containers with ice
 Other (Please specify: _____)

WHAT METHOD(S) WILL BE USED TO MAINTAIN HOT FOODS AT 60°C (140°F) OR HOTTER DURING THE EVENT? Not required Sterno/chaffing dish BBQ/grill Propane stove Crock pot Hot plate
 Oven Steam table/unit Other (Please specify: _____)

WHAT METHOD(S) WILL BE USED TO REHEAT FOOD PRIOR TO SERVICE?
 Not required Microwave oven Stove top Oven Grill/BBQ Deep fryer
 Other (Please specify: _____)

DO YOU HAVE A PROBE THERMOMETER TO CHECK THE INTERNAL TEMPERATURES OF FOOD DURING THE EVENT? Yes No N/A

DO YOU HAVE ACCURATE INDICATING THERMOMETER(S) TO CHECK TEMPERATURE CONTROL UNITS? Yes No N/A

HOW WILL FOODS INCLUDING CONDIMENTS BE PROTECTED FROM CONTAMINATION DURING THE EVENT?
 Food grade wrap Lids Pre-packaged condiments Sneeze guard/shield
 Enclosed cabinet/container Other (Please specify: _____)

DO YOU HAVE RE-SUPPLY METHOD FOR ICE DURING THE EVENT? Yes No N/A

SEPARATE HANDWASHING BASIN

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?
 Yes – Fixed sink Yes – Portable sink Yes – Temporary sink How many sinks provided? (_____)
 No (Please explain: _____)

DO YOU HAVE A SUPPLY OF LIQUID SOAP AND PAPER TOWELS PROVIDED FOR THE HANDWASHING SINK(S)? Yes No (Please explain: _____)

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: _____

POWER SUPPLY: not applicable electrical hook-up generator
 Other (Please specify: _____)

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 This application is: APPROVED NOT APPROVED

O. Reg 493/17
 Provided special event permit.
 Entered in HealthSpace as Special Event Vendor.
 Requires an on-site inspection.

Exempted from regulation
 Provided appropriate signage and donor list.

Main Office

Timmins
 169 Pine St. South
 P.O. Bag 2012
 P4N 8B7
 (705)267-1181 or
 Fax. (705)264-3980

Branch Offices

Cochrane
 2-233 Eighth St.
 P0L 1C0
 (705)272-3394
 Fax. (705)272-4996

Hearst
 1030 George St., Unit 2
 P.O. Box 2470
 P0L 1N0
 (705)362-7808
 Fax. (705)362-7462

Hornepayne
 247 Third Avenue
 P.O. Box 127
 P0M 1Z0
 (807)868-2091
 Fax. (807)868-2225

Iroquois Falls
 58A Anson Drive
 P.O. Box 575
 P0K 1G0
 (705)258-2247
 Fax. (705)258-2249

Kapuskasing
 4 Ash St.
 P5N 2C8
 (705)335-6101
 Fax. (705)337-1895

Matheson
 Bingham Memorial
 Hospital
 P.O. Box 490
 P0K 1N0
 (705)273-2954
 Fax. (705)273-2522

Smooth Rock Falls
 141 Fifth St.
 P.O. Box 388
 P0L 2B0
 (705)338-2654
 Fax. (705)338-2250

Moosonee
 38 Revillion Rd
 P.O. Box 730
 P0L 1Y0
 (705)336-2294
 Fax. (705)336-2919

1-800-461-1818
www.porcupinehu.on.ca

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