

TEMPORARY FOOD EVENT—COORDINATOR'S CHECKLIST

Please return this form (30) days before the event to:

Multnomah County Environmental Health
3653 SE 34th Avenue
Portland, OR 97202
Phone: 503-988-3400 Fax: 503-988-5844

1. Name of Event: _____ Date(s): _____
2. Location: _____
3. Time of: Event set-up: _____ Event Operation: _____
4. Event Coordinator: Name: _____ #1 Phone: _____
Address: _____ #2 Phone: _____

5. Number of food booths expected: _____
6. Will there be meetings for food booth participants? _____ Yes _____ No
If yes: Date _____ Time _____ Location _____
7. Will electricity be provided for the food booths? _____ Yes _____ No
If yes, what is the source? _____ Public Utility _____ Generator(s)
8. Will equipment/utensil washing facilities be provided for food booth operators? _____ Yes _____ No
If yes, describe: _____

9. Describe restroom facilities: _____
Describe restroom hand washing facilities: _____
10. Describe water supply: _____
11. Describe waste water disposal: _____
12. Describe garbage disposal (including frequency of pick-up): _____

13. Describe refrigeration of food supply: _____

(Print Your Name)

(Your Signature)

(Date)