

BALL STATE UNIVERSITY TEMPORARY EVENT FOOD SERVICE FORM

NAME OF EVENT:			
ORGANIZATION:			
DATE SUBMITTED:	_ NUMBER ATTENI	DING:	
		START	END
LOCATION OF EVENT:	DATE(S):	TIME:	TIME:
NAME OF GROUP (OR VENDOR) SERVING FOO			
NAME OF PERSON-IN-CHARGE OF EVENT:		PHONE:	
ADDRESS:		FAX OR EMAIL: _	
MENU (list all food and drinks to be served)	SOURCE OF FOOD (specific grocery, restaurant, etc.)		y, restaurant, etc.)
 A "person-in-charge" must be present 1. What, if any, foods will be cooked at the executed (Potentially hazardous foods must 2. How will food be cooked at the event?	vent? be cooked to the requi apidly heated to 165° F	red temperatures for ser Fprior to serving)	vice)
(Hot foods must be kept at a tempe			
4. How will food be kept cold?		-	
(Cold foods must be kept at a temp	erature below 41º unti	l served)	
5. How will food be transported?			
HOW WILL FOOD BE PROTECTED FROM CON	TAMINATION DUR	ING STORAGE, PREP	ARATION, AND SERVIC
Signature of Person-in-charge:		Date	
Signature of Person-in-charge:		and safety requirements	

You must submit this form at least 7 days in advance of the event(s) to:

Brandon Clidence, Public Health Specialist, Environmental Health and Safety Office, North Service Building, Ball State University, Muncie IN 47306

Phone: 765-285-2825 Fax: 765-285-6607 Email: baclidence@bsu.edu

EHS – Approval / Rejection <u>Conditions:</u>		
Signed:	BSU Environmental Specialist	Date: