

BALL STATE UNIVERSITY TEMPORARY EVENT FOOD SERVICE FORM

NAME OF EVENT:					
ORGANIZATION:					
DATE SUBMITTED:	NU	JMBER ATTEND	ING:		
			START	END	
LOCATION OF EVENT:	Γ	OATE(S):	TIME:		
NAME OF GROUP (OR VENDOR) SE					
NAME OF <i>PERSON-IN-CHARGE</i> OF E					
		FAX OR EMAIL:			
MENU (list all food and drink served)	s to be	SOURCE OF FOOD (specific grocery, restaurant, etc.)			
 Any attached temporary fo A "person-in-charge" must 					
1. What, if any, foods will be cooked					
(Potentially hazardous	s foods must be co	ooked to the requir	ed temperatures for serv	ice)	
2. How will food be cooked at the					
(Reheated foods must	be must be rapid	ly heated to 165º F	prior to serving)		
3. How will hot foods be kept hot?					
(Hot foods must be kep		ıre above 135º F un	til served)		
4. How will food be kept cold?					
(Cold foods must be ke			served)		
5. How will food be transported?					
HOW WILL FOOD BE PROTECTED	FROM CONTAI	MINATION DUR	ING STORAGE, PREPA	ARATION, AND SERVICE	

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sease transmission)
- Check if you can documen
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ion will be required.
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