

Temporary Event Coordinator Application

This document is intended to support **HP-FS-9064 Temporary Event Coordinator Guide**. This Application must be completed by the Coordinator and submitted for review by the Environmental Health Officer (EHO) well in advance of the event. At least 14 days is required for review. For larger events, a month in advance of the event may be needed.

Supporting documentation, such as *Temporary Food Service Applications* or *Applications for Sale of Higher Risk Food at Temporary Markets*, are to be included for each food premises vendor. Applications for individual vendors can be found on the Interior Health and BC Centre for Disease Control websites:

- Temporary Food Service Guidelines and Applications
<https://www.interiorhealth.ca/YourEnvironment/FoodSafety/Pages/Permits.aspx>
- Temporary Markets Guidelines
http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/EH/FPS/Food/Guidelines%20-%20Sale%20of%20Foods%20at%20Temporary%20Food%20Markets_current.pdf

Please complete the following:

Coordinator Name: _____

Business Name: _____

Business Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Event Name: _____

Event Venue: _____ (select one): Indoors Outdoors

Venue Address: _____

City: _____ Postal Code: _____

Date(s) of Event: _____

Hours of Operation: _____

Opening Time: _____ Estimated Daily Attendance: _____

Venue Contact: _____

Phone: _____ Email: _____

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Event & Venue Details

Note: The venue may provide some requirements below, give name of venue in response if applicable.

Utility/Facility	Requirement	Describe How Requirement is Met
<input type="checkbox"/> Potable Water Supply	Approved water system required. Provide details of hauler on service provider list if applicable.	
<input type="checkbox"/> Water Distribution	Supply lines suitable for potable water. Backflow preventers provided. Operating prior to event start.	
<input type="checkbox"/> Sanitary Facilities	Portable privies may be required, e.g. 12 Units/1,000 people.	
<input type="checkbox"/> Liquid Waste Collection & Disposal	Collected and disposed in sanitary sewer not on the grounds or in storm drains. Provide details of hauler if applicable.	
<input type="checkbox"/> Solid Waste Collections & Disposal	Properly contained and regular removal to prevent nuisance. Provide details of hauler if applicable.	
<input type="checkbox"/> Power Supply	All hook ups ready prior to vendor arrival.	
<input type="checkbox"/> Ice Supply	Approved source and storage. Provide details of supplier.	
<input type="checkbox"/> Outdoor Booth Construction	Canopies provided over food preparation and display areas. Located on hard, level surface.	
<input type="checkbox"/> Food Storage – Refrigeration	Shared space must be mechanically refrigerated, adequate space, light and security.	
<input type="checkbox"/> Food Storage – Dry Goods	Secure enclosure, off of ground and pest proof. Shared space must have adequate space and light.	
<input type="checkbox"/> Utensil Washing & Sanitizing	Commercial dishwasher or two compartment sink supplied with pressurized hot and cold running water and drain boards. Detergent & sanitizer supplied.	How Many:
<input type="checkbox"/> Hand Washing Stations – Organizer may be required to supply.	Pressurized hot and cold running water dispensed so hands free for washing. Soap in pump dispensers and single-use paper towels.	How Many:

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For the services listed below, **indicate the number of each** that will be present at your event.

<p>Temporary Food Services: _____</p> <p>A non-permanent establishment, in operation no more than 14 days a year in which food is processed then served or dispensed to the public and intended for immediate consumption. Examples: hot dogs, burgers, tacos, skewers, noodles, curries, prepared beverages.</p>	<p>Attach all completed temporary food service applications for these categories</p>
<p>Temporary Food Premises: _____</p> <p>A non-permanent establishment, in operation no more than 14 days a year in which food is sampled, sold or dispensed to the public. Examples: retail and giveaways of pre-packaged food and drink, popcorn stands, food sampling booths.</p>	
<p>Mobile Food Premises (Guidelines): _____</p> <p>Issued an annual operating permit, a self-contained cart, trailer or vehicle, that is movable from place to place and equipped to store and prepare food for sale and service to the public.</p>	<p>Separate application not required.</p>
<p>Petting zoo (Guidelines): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Separate application not required.</p>
<p>Personal Services Establishment (Guidelines): _____</p>	<p>Attach details of any proposed Personal Services to be provided on site</p>

Provide an electronic document with business name, business address, contact person, phone number, email and the specific service provided by all vendors. Only those vendors listed will be considered for approval. Also include a site plan showing the location of all service providers at the event and the venue details described on the previous pages.

On site food preparation and service to public shall not commence until temporary food premises have been approved. Advise your vendors to be set up ahead of the opening time. Coordinators shall be available to attend inspections with the Environmental Health Officer.

I understand that completion of the above requirements is necessary to receive approval to operate the temporary services described in this application. Should I fail to meet these requirements, in accordance with Section 6 of the B.C. Food Premises Regulation, I understand that all or part of the event will not receive approval to operate.

Date (dd/mm/yyyy) / /	Event Coordinator Signature	Printed Name
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Please keep a copy of this application for your records and for use as a pre-inspection checklist. Application and supporting documentation may be submitted to your local EHO.

Interior Health office contact information is available at <https://www.interiorhealth.ca/YourEnvironment/AirQuality/Documents/Health%20Protection%20Offices%20Contacts.pdf>

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Application Review - To be completed by Health Officer

Signature of Health Officer _____ Date _____