

REDWOOD-RENVILLE SPECIAL EVENT FOOD SERVICE INFORMATION

Name of Organization: _____

This is our: First Event this year Second Event this year Third Event this year

Contact Person: _____ E-Mail Address _____

Address: _____ Phone: _____

Name of Event or Fair: _____

Date(s) and Time(s) of Event: From: _____ To: _____

Location of Event: _____

City/State/Zip of Event: _____

1. Please complete the chart below.

FOOD OR BEVERAGE TO BE SERVED	NAME OF FOOD SOURCE	PLACE AND DATE OF FOOD PREPARATION	EQUIPMENT USED IN PREPARATION AND COLD OR HOT HOLDING

2. Please describe the hand washing facilities that will be available: _____

3. If transporting cold/hot foods, please describe methods: _____

4. Please describe facilities for washing multi-use utensils: _____

5. Please describe the sanitizer that will be used (i.e. bleach): _____

6. What is your water source? _____

7. Describe liquid and solid waste disposal: _____

Submit completed Food Service Information form to: **Redwood-Renville Public Health Service**
105 S 5 St; Room 119H
Olivia, MN 56277