



Town of Ipswich-Board of Health  
25 Green Street  
Ipswich, MA 01938  
978-356-6606 x 4; Fax 978-356-6680

### TEMPORARY FOOD EVENT -COORDINATOR'S CHECKLIST

RETURN THE COORDINATOR'S CHECKLIST TO THE LOCAL BOARD OF HEALTH OFFICE **THIRTY (30) DAYS BEFORE THE EVENT**. Please type or print legibly.

By providing the following information, you will assist in identifying potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful and smooth operation. You must notify participants offering food that a Temporary Food Establishment Permit application must be received by the Board of Health no later than **TWO (2) WEEKS PRIOR TO THE EVENT**.

1. NAME OF EVENT: \_\_\_\_\_

2. DATE(s) OF EVENT: \_\_\_\_\_

3. LOCATION OF EVENT: \_\_\_\_\_

4. EXPECTED NUMBER OF PATRONS/DAY: \_\_\_\_\_

5. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE(work, home, cell)</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

6. NUMBER OF ANTICIPATED FOOD BOOTHS: \_\_\_\_\_

7. DATE, TIME, LOCATION OF SCHEDULED MEETING(S) WITH FOOD BOOTH PARTICIPANTS:

	<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>
a.	_____	_____	_____
b.	_____	_____	_____

OVER

8. TIME OF EVENT SET-UP: \_\_\_\_\_

9. DESCRIBE PROPOSED RESTROOM FACILITIES (TYPE, NUMBER, LOCATIONS):

\_\_\_\_\_  
\_\_\_\_\_

10. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS: \_\_\_\_\_ YES \_\_\_\_\_ NO

11. DESCRIBE THE POTABLE WATER SUPPLY AND DELIVERY \_\_\_\_\_

\_\_\_\_\_  
12. DESCRIBE THE WASTEWATER DISPOSAL SYSTEM \_\_\_\_\_

\_\_\_\_\_  
13. DESCRIBE GARBAGE DISPOSAL \_\_\_\_\_

\_\_\_\_\_

14. \_\_\_\_\_  
SIGNATURE TITLE DATE