STUDENT ORGANIZATION
FOOD/BEVERAGE HANDLING REQUEST FOR
HEALTH DEPARTMENT APPROVAL

Please submit this request to the Student Life Office, OMU 370, along with the appropriate FACILITY or GAME DAY REQUEST.

PLEASE ALLOW AT LEAST 10 working days for approval.

Student Organization:  ___________________________________________________________

Student Responsible for Event/Food Handling:  _______________________________________
Phone Number: ___________________ E-mail Address: _______________________________

Adviser’s Name:  _______________________________________________________________
Phone Number: ____________________ E-mail Address: ______________________________

Event:  ________________________________________________________________________
Event Date:  ___________________________       Event Time:  __________________________
Event Location: ________________________  Is Event inside or outside?  _________________

**All outdoor activities will require a screened tent or only non-potentially hazardous pre-packaged foods will be allowed.

Will the customers / public be charged money for the food?  □ Yes  □ No

List each food/beverage item that will be served. How it will be prepared and packaged?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are these food/drink items pre-packaged, prepared by a food establishment or prepared by individuals? ________________________________

If prepared by individuals how & where will the food/beverage items be prepared?
______________________________________________________________________________
______________________________________________________________________________

Describe how each food item will be stored:  _________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe what type of hand washing facilities will be available on site.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

You MUST have the following items for each person that is serving food.
    ● Plastic gloves  ● Hats or hairnets  ● Food Handler Cards

FOR OFFICE USE ONLY:         Date Faxed Request to CCHD:  _________________

Health Inspector Name:  ___________________________ Date of Approval:  ______________
Special Instructions or Limitations:
______________________________________________________________________________