

 CSUSM SAFETY, RISK & SUSTAINABILITY				<h1 style="margin: 0;">INJURY & ILLNESS PREVENTION PROGRAM</h1>			
TEMPORARY FOOD FACILITY PERMIT APPLICATION: OFF-CAMPUS GROUP/COMMERCIAL VENDOR							
Section: 4E1		Implementation Date: 09/2011		Revision Date: 04/2016		Revised By: SR&S	

BOOTH/VENDOR NAME: _____

BOOTH/VENDOR REPRESENTATIVE (last name, first): _____

PHONE: _____ E-MAIL: _____

COUNTY OF SAN DIEGO TEMPORARY FOOD FACILITY PERMIT #: _____

NAME OF EVENT: _____ DATE OF EVENT: _____

TYPE OF BOOTH:

PREPACKAGED FOODS
 UNPACKAGED FOODS
 MOBILE FOOD FACILITY (COUNTY PERMIT #) _____

LIST FOOD AND BEVERAGES TO BE SERVED (COMPLETE MENU)

WHERE WILL THE PRE-MADE OR PRE-COOKED FOOD(S) BE OBTAINED? (include names, addresses and phone numbers):

Business Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Phone #: _____	Business Name: _____ Contact: _____ Address: _____ City: _____ State: _____ Phone #: _____
--	--

DESCRIBE FOOD PREPARATION, HANDLING, AND SERVING ACTIVITIES: (ex. Grilling, assembling, scooping, pouring, customer self-serve, etc)

TYPES OF FOOD PROTECTION EQUIPMENT THAT WILL BE USED TO ENSURE POTENTIALLY HAZARDOUS FOODS ARE KEPT HOT OR COLD DURING HOLDING TIME (check all that apply):

None
 Ice Chest
 Ice Bath
 Hot Plate
 Rice Cooker
 Sterno Tray
 Coffee Pot
 Chafing Dish
 Others: _____

UTENSIL WASHING SINK (3 COMPARTMENT) VENDOR PROVIDED
 ORGANIZER PROVIDE
 NOT REQUIRED

HANDWASHING STATION VENDOR PROVIDED
 ORGANIZER PROVIDED
 NOT REQUIRED

FIRE EXTINGUISHER VENDOR PROVIDED
 ORGANIZER PROVIDED
 NOT REQUIRED

PLEASE SUBMIT TO jralph@csusm.edu OR FAX TO (760) 750-3208.

FOR ADDITIONAL INFORMATION REGARDING THIS FORM PLEASE CONTACT: Jennifer Ralph, REHS at 760-750-4502.

For SR&S Use Only: APPROVED By: _____ Date: _____