



[www.kchd.wv.org](http://www.kchd.wv.org)

**KANAWHA-CHARLESTON HEALTH DEPARTMENT**

108 Lee Street, East / PO Box 927

Charleston, WV 25323-0927

(304) 344-KCHD (5243)

Michael R. Brumage, MD, MPH, FACP  
Executive Director/Health Officer

**TEMPORARY FOOD EVENT – COORDINATOR’S CHECK LIST**

Return to Environmental Health Office 7 Days Prior to the Event

*By providing the following information, you will assist and identify potential public health problems that might occur during your event. Solving these problems in advance will provide the opportunity for a successful operation.*

Please attach a list of all proposed food vendors and their contact information, an event layout that shows the location and name of each booth, location of restrooms, sewer, water, and electrical connections.

- Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_
- Event Location: \_\_\_\_\_
- Name of Event Coordinators/Responsible Persons:
 

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
- Number of anticipated Food Booths: \_\_\_\_\_ Event Set Up Time: \_\_\_\_\_
- Date/Time/Location of scheduled meetings with participants: \_\_\_\_\_
- Water Supply (must be potable): \_\_\_\_\_
- Waste Water Disposal (approved method): \_\_\_\_\_
- Describe Restroom facilities for food service workers of booths. Letter of availability may be required. No portable toilets unless equipped with hand washing facilities.
- Who will be supplying toilets for the public? (portable OK): \_\_\_\_\_
- Will electricity be supplied to food booths?: \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, describe: \_\_\_\_\_
- Will equipment/utensil washing facilities be provided?: \_\_\_\_\_ Yes \_\_\_\_\_ No
- How will garbage be disposed of?: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*Please notify booth managers that alternative sources of hot and cold holding equipment must be available in the event of power outages.\***

Administration		Clinic		Environmental		Epidemiology & Threat Preparedness		Prevention & Wellness	
Phone:	304.348.6494	Phone:	304.348.8080	Phone:	304.348.8050	Phone:	304.348.1088	Phone:	304.348.6493
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**Event Coordinator Responsibilities** The Event Coordinator or designated responsible person shall be available on site at all times during the Special Event. This individual is responsible for all health-related support services as specified on the Event Coordinator application. Support services include, but are not limited to: potable water supply, disposal of wastewater and solid waste, restroom facilities and associated handwashing sinks, power supply and central refrigeration services.

**(A) Water Supply** The Event Coordinator will notify all food vendors in advance of the availability and location of potable water sources or if potable water will not be provided by the Event Coordinator.

- ✓ Non-potable water supplies such as, but not limited to, water trucks for dust control shall not be used at a Special Event where spray or flow may contaminate food. All non-potable water connections and service containers shall be clearly labeled as such.
- ✓ Hoses connected to potable water sources shall be food grade quality and have proper backflow prevention devices.

**(B) Wastewater** All wastewater generated at an event must be discharged to a sanitary sewer. The dumping of waste water into a storm drain or directly on the ground is strictly prohibited. Improper disposal may be subject to citations and/or penalties.

**(C) Solid Waste** The Event Coordinator must provide for the removal of any solid waste on the premises during event activities and that the conclusion of the event. This includes grease and waste cooking oil.

- ✓ An adequate number of leak-proof trash receptacles must be provided in common areas and emptied as often as necessary to prevent excessive accumulation of solid waste.
- ✓ Improper disposal of solid waste may be subject to citations and/or penalties.

**(D) Restroom Facilities** An adequate number of toilet facilities shall be provided for patron and participant use. The restroom are shall not create a nuisance or public health hazard. The restroom shall have toilet tissue at all times and be properly maintained for the duration of the Special Event.

**(E) Handwashing Sinks** There shall be handwashing sinks located at all restroom areas utilized by food handlers, including all non-sewered toilet areas, with at least on facility for handwashing for each group of toilet facilities.

- ✓ Portable handwashing sinks shall be provided with potable running water that drains to an enclosed wastewater tank.
- ✓ Supplies for each handwashing area include liquid hand soap in a pump dispenser and single use paper towels dispensed in a sanitary manner.
- ✓ Hand sanitizer dispensers may be utilized at non-sewered toilet areas used by the public but ARE NOT A SUBSTITUTE for proper handwashing at restrooms used by food handlers.
- ✓ If there is an animal attraction at the vent, a handwashing station shall be set up at the access point to the venue, equipped with soap and paper towels as noted above.

### Administration

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### Clinic

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### Environmental

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### Epidemiology

Phone: 304.348.1088  
Fax: 304.384.8149

### Health Promotion

Phone: 304.348.6493  
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**Action required:**  
 The Event Coordinator must use this checklist and keep it as a record. Answer all questions. List may be provided to vendors. Record at least two product temperatures where designated. Describe what needs to be done or fixed in the "observations" column. Action required. What action was taken to overcome the problem?

**Event checklist (may be provided to each vendor)**

**Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

**Part I**

Set up Check	YES	NO	OBSERVATIONS
Are all equipment and utensils clean and ready for use?			
Are the premises free from pest activity?			
Are all suppliers used written down on your Food Providers List?			
Are temperatures of chilled & hot foods checked on arrival?			
Are products checked on arrival for contamination?			
Are all products labeled correctly?			
Are all products date marked?			
Is all food protected from contamination?			
Are products in appropriate packaging?			
Do volunteers know what to be aware of when inspecting food?			
Are insulated coolers used for transport and storage stocked with sufficient ice blocks or cool packs?			
Are cooked and raw foods separated in storage?			
Are all foods stored off the ground?			
Are there adequate hand washing and drying facilities?			
Are food handlers familiar with safe food handling practices?			
Have all volunteers received information on safe food handling?			
Do you have a calibrated probe type thermometer (a thermometer that penetrates the surface of food to take the temperature)?			



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## REGISTRATION FOR A TEMPORARY FOOD EVENT

1. NAME OF THE TEMPORARY FOOD ESTABLISHMENT(S): \_\_\_\_\_  
(May provide a separate list of vendors)
2. DATE OF APPLICATION: \_\_\_\_\_
3. NAME OF ORGANIZATION: \_\_\_\_\_
4. NAME OF PERSON IN CHARGE: \_\_\_\_\_
5. MAILING ADDRESS (INCLUDE CITY AND ZIP CODE): \_\_\_\_\_  
\_\_\_\_\_
6. TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_
7. NAME OF EVENT: \_\_\_\_\_
8. DATE(S) AND TIME(S) OF EVENT: \_\_\_\_\_
9. LOCATION OF EVENT: \_\_\_\_\_
10. HOW WILL FOOD BE KEPT HOT OR COLD? \_\_\_\_\_  
\_\_\_\_\_

### PLEASE LIST MENU ON THE BACK OF THIS FORM

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

### OFFICE USE ONLY

\$50.00 PERMIT FEE RECEIVED: ( ) YES ( ) NO

EXEMPT: ( ) YES ( ) NO

APPLICATION APPROVED: ( ) YES ( ) NO BY: \_\_\_\_\_

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