## **VENDOR WORKSHEET FOR TEMPORARY FOOD EVENTS**

Otero County Health Department 13 West 3<sup>rd</sup> Street, Room 111 La Junta, Colorado 81050 719-383-3040 (phone)/719-383-3060 (Fax)

If something does not apply, put "N/A". Attach additional sheets if necessary. You may be asked to provide additional information. It is your responsibility to review, understand, and abide by the "Temporary Food Event Checklist" and the Retail Food Establishment laws of Colorado.

	Vendor Information Event Name:	Event Date(s):								
	Event Location:			Event Coordinator:						
	Temporary Retail Food Establishment Name: Food Establishment License #:			Legal Owner's Name:						
				Which County Issued Your License:						
	Establishment Address	:								
	City:			State:		Zip	Code:			
	Phone #:		Fax #:							
	Contact Name:  Are You A Non-Profit Or Charity:  Commissary Name:			Contact Phone Number:						
				Non-Profit #:						
				Commissary Phone #:						
	d Sauraa. Whara will a	you got th	o food?							
_	d Source: Where will	you get u								
_										
_										
	nmissary Food Prepara Is will be prepared at t					check mai	rk to indic	ate how		
u	is will be prepared at t		Cut/	Cook/	ı.		Cold	Hot		
	Food	Thaw	Assemble	Bake	Cool	Reheat	Holding	Holding		
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	Food Transport: How will you control food temperatures during transport?													
	Menu/Food Handling at Temporary Event: Please list the menu items and place a check mark to													
	indicate how the food will be prepared at the temporary event.													
		Menu/Food	Cold Holding	Reheat	Cook/ Grill	Hot Holding	Assemble							
Foo	od Tempera	atures: The following que	stions pert	tain to the	commiss	ary and/o	r the tempo	orary event.						
>	How will f	oods be rapidly cooled to	40°F or be	low and h	eld cold ı	ıntil serve	d?							
	How will foods be re-heated to at least 165°F?													
	How will k	How will bot foods be socked to the many of the second to the many of the second to th												
	How will hot foods be cooked to the proper temperatures and held hot?													
Em is r	<u>iployee Hy</u> equired un	giene, Hand Washing, and dess only pre-packaged foo	<u>Food Har</u> ods requiri	<u>ıdling</u> : A ing no pre	hand was enaration	shing stati and/or co	ion within e oking are to	ach booth/unit o be served.						
	_		_	_	Purunon	did, or co		o se ser veuv						
	Please check the box below that applies to your booth/unit:													
	I will be serving only pre-packaged foods that require no preparation/cooking.  I will be serving foods that require preparation and/or cooking and I will provide for hand washing													
	according t	to the "Temporary Food Eve	ent Checkli	st".										
>	How will you prevent contact with foods (tongs, gloves, etc.)?													
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	Where wil	l wastewater be disposed?												
	Whatiana	uur nlan for insast and/ar	dust oonte											
_	vvnat is yo	What is your plan for insect and/or dust control?												