

## SPECIAL EVENT/FARMERS' MARKET - FOOD VENDOR NOTIFICATION

Each food vendor to complete and submit this form by email to: EHFax1@hpeph.ca or fax: 613-968-1461				
Event Name and Address:				
ame of Event Organizer: Telephone Number:				
Date(s) of Event:				
Food Vendor Information				
Owner/Operator:				
Telephone Number(s):				
Business Name and Address:				
► Submit a copy of the most re	cent public health food inspection	n report (from any he	ealth unit) with th	is form
List menu items:				
Will all food handling occur at the event/farmers' market?  If no, where:  Is this an inspected premises?			Yes  Yes	No 🗌
How will food be transported to	•	cteu premises:	1es	NO
` <u></u>	ted containers with ice  Therr	nal containers  Ot	her $\square$	
Certified food handler on-site:				
Hand washing facilities*:	Yes 🗌 No 🗌 N/A 📗	Details:		
*(soap, paper towels, potable v	vater, waste water disposal)			
Cold holding equipment:	Yes No N/A	Details:		
Hot holding equipment:	Yes No N/A	Details:		
Cooking equipment:	Yes 🗌 No 🗌 N/A 🗍	Details:		
Probe thermometers:	Yes No N/A			
Utensil washing sinks:	Yes 🗌 No 🗌 N/A 📗	Details:		
Food covered/wrapped:	Yes No N/A	Details:		
Owner/Operator Signature:		Date:		

For more information contact Healthy Environments at 613-966-5500 or 1-800-267-2803 ext. 677

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