



# DEPARTMENT OF ENVIRONMENTAL HEALTH

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Director

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## SPECIAL EVENT VENUE CHECK LIST A (To Be Completed With Use Permit)

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Name of Event: \_\_\_\_\_

Date(s) & Time(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Use Permit: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

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### PLEASE COMPLETE THE FOLLOWING AT LEAST TWO WEEKS PRIOR TO THE EVENT

- **Submit** a site plan indicating the proposed locations for the food facilities, restrooms and all utensil washing, hand washing, trash/garbage areas.
- **Verify** availability of potable water (test for total coliform) annual or quarterly depending on events. (If events are scheduled for more than 60 days per year, a public water supply permit may be required.)
- **Verify** there are adequate toilet room facilities-at least one toilet facility for each 15 employees (including volunteers) within 200 feet of food prep area shall be provided. Each toilet room shall have hot and cold running water, a hand cleanser, and single-use sanitary towels in permanently mounted dispensers.
- **Verify** that garbage will be properly disposed of.
- **Submit** proposed menu to be offered at event.
- Any changes made to the agreed upon agenda shall be approved **prior** to the event.

I hereby acknowledge, by submitting this form, that I have read, understand, and agree to implement all the requirements above:

Signature: \_\_\_\_\_

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

Please complete this form and attach proposed menu/water test results and return them to the Environmental Health Department a minimum of 14 days prior to EACH EVENT.

**PREVENT • PROMOTE • PROTECT**