



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36

RED BLUFF, CA 96080

Phone (530) 527-8020 Fax (530) 527-6617

Tia Branton, REHS
Director

Timothy Peters
Health Officer

SPECIAL EVENT VENUE CHECK LIST B (To Be Completed Before EACH Event)

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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 list of Food Vendors/Caterers scheduled to attend the event(s).
- **Verify** that all food shall come from an approved source. (No home cooked foods are allowed.)
- **Verify** that each Food Vendor is permitted to operate in Tehama County.
- **Verify** that each vendor/employee that oversees non-prepackaged food has proof of Food Safety Training.
- **Submit** proposed menu to be offered at event.
- **Submit** water quality testing results.
- Any changes made to the agreed 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.