



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ENVIRONMENTAL HEALTH PROGRAM**  
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**Public Health**  
Prevent. Promote. Protect.

**Temporary Food Event — Oversight Organization Coordinator’s Checklist**

Thank you for providing this information about your event, this will help our inspectors understand the amenities available for the booth operators to use and what the booths will have to provide for themselves.

**Coordinator Name:** \_\_\_\_\_ **Onsite phone:** \_\_\_\_\_  
**Event Name:** \_\_\_\_\_ **Event Date(s):** \_\_\_\_\_  
**Event Location: (include city, state, zip)** \_\_\_\_\_  
**Event Set-up Time:** \_\_\_\_\_ **Event Operation Time:** \_\_\_\_\_  
**Number of Food Booths Expected:** \_\_\_\_\_ **Alternate Onsite Phone:** \_\_\_\_\_

**1. Services Provided by Oversight Organization:**

- a. Restroom facilities for food service workers: Yes \_\_\_ No \_\_\_
- b. Handwashing facilities within 15 feet of food booths with unpackaged foods: Yes \_\_\_ No \_\_\_
- c. Dishwashing facilities: Yes \_\_\_ No \_\_\_
- d. Sewage disposal (sewer connections, holding tanks): Yes \_\_\_ No \_\_\_

**2. Please list the number that will be available**

Public Portable Toilets: \_\_\_\_\_ Public Restrooms: \_\_\_\_\_ Handwashing Stations: \_\_\_\_\_  
 Largest number of anticipated attendees at any one time: \_\_\_\_\_

**3. Who is responsible for the following?**

Garbage pick-up: \_\_\_\_\_ (frequency) \_\_\_\_\_  
 Potable Water: \_\_\_\_\_ Food-Grade Hose: \_\_\_\_\_  
 Backflow Preventor: \_\_\_\_\_ Electricity: \_\_\_\_\_  
 Pest control (yellow jackets, flies): \_\_\_\_\_

**4. Have food vendors been notified to submit a temporary restaurant license application and pay license fee two weeks PRIOR to the event? Yes \_\_\_ No \_\_\_**

**5. Will there be food vendor meetings prior to the event? Yes \_\_\_ No \_\_\_**

If yes, please indicate the following:

Date \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**6. Will you provide refrigeration for the food vendors? Yes \_\_\_ No \_\_\_**

If yes, please describe \_\_\_\_\_

**7. Will you provide electricity for the food vendors? Yes \_\_\_ (Public Utility \_\_\_ Generators \_\_\_) No \_\_\_**

NOTE for food booths operating electrical equipment: Food booths may not operate if they do not have enough electricity to power their electric cooking and food holding equipment. Verify operators’ electrical requirements BEFORE you give them permission to operate at your event. Total watts of equipment used for all approved booths must be within the limit of available electricity.

**8. Please attach a list of the food booths approved by the organization to be at the event. Include owner’s name, address, and phone number of each food booth.**

\_\_\_\_\_  
 Name of Coordinator (signature)

\_\_\_\_\_  
 Daytime Phone Number (if different from onsite phone number)

\_\_\_\_\_  
 Address (include city, state, zip)

\_\_\_\_\_  
 E-mail Address