



Peel Health Food Handling Application

This form **MUST** be filled by vendors selling
Food and Drinks at MuslimFest 2017

Food vendors must:

- Please complete this form and e-mail it directly to ZZG-Environmental@peelregion.ca. Make sure to Cc MuslimFest Bazaar Management at bazaar@muslimfest.com as well.
- Ensure that **all food is obtained from an approved and inspected commercial source**, and all food and suppliers are identified on the application.
- Read and comply with the [Food Safety Guidelines for Special Events](#).

A Public Health Inspector will contact you prior to your event to discuss your application. If you have any questions, call **905-799-7700** to speak with a Public Health Inspector.

For more details visit
www.peelregion.ca/health/enviroNew/food/events.htm

For any further questions, feel free to contact Bazaar Management Team at
bazaar@muslimfest.com

SPECIAL EVENT APPLICATION FOR FOOD VENDORS

- All food vendors **MUST** submit their completed Vendor application form at least 15 days prior to your event
- Events **MUST** comply with the Food Safety Guidelines for Special Events and with applicable sections of the Food Premises Regulation, under the *Health Protection and Promotion Act, R.S.O., 1990*
- All food must be obtained from an approved and inspected commercial source
- A Public Health Inspector will contact you prior to your event to discuss your application.

EVENT INFORMATION

Name of Event:	
Address of Event:	
Date(s) of Event:	
Time(s) of Operation:	
Event Organizer/ Chairperson/Contact:	

VENDOR INFORMATION

Name of Temporary Food Premises at Event:	
Operator Name(s):	
Operator Address:	
Phone/Fax Number(s):	
Have you ever participated in Special Event(s) in the Region of Peel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name the event(s): _____ Dates: _____	
Vendor Set Up: <input type="checkbox"/> Food Booth/Tent <input type="checkbox"/> Hot Dog <input type="checkbox"/> Mobile Truck/Car <input type="checkbox"/> Indoor Facility	

FOOD HANDLING INFORMATION

- Food Vendor **MUST** complete sections A - I
- Please use a separate sheet if more space is needed to complete sections B and C

A. Food Preparation

Where will food(s) be prepared? On-site Off-site, complete below:

Name of Premises:	
Address:	
Phone Number:	

B. Menu

Menu Item	Type of Food Preparation (eg. Grilling, Frying, BBQ, etc)	Food Pre-cooked		Food Cooked On-site		Food Storage On-site	
		Yes	No	Yes	No	Hot 60C (140F) or hotter	Cold 4C (40F) or colder

C. Food Suppliers		
Name	Address	Phone Number

D. Food Storage/Transportation	
How will foods be transported to the event? <input type="checkbox"/> not applicable <input type="checkbox"/> insulated container with ice/ice packs <input type="checkbox"/> refrigerated truck <input type="checkbox"/> insulated container for hot foods <input type="checkbox"/> other, specify _____	
What method(s) will be used to maintain cold foods at 4C (40F) or colder during the event? <input type="checkbox"/> not applicable <input type="checkbox"/> mechanical refrigeration <input type="checkbox"/> refrigerated truck <input type="checkbox"/> ice <input type="checkbox"/> other, specify _____	
What method(s) will be used to maintain hot foods at 60C (140F) or hotter during the event? <input type="checkbox"/> not applicable <input type="checkbox"/> chafing dish <input type="checkbox"/> sterno's <input type="checkbox"/> electric hot holding unit <input type="checkbox"/> steam table <input type="checkbox"/> oven <input type="checkbox"/> other, specify _____	
What method(s) will be used to re-heat food prior to service? <input type="checkbox"/> not applicable <input type="checkbox"/> microwave oven <input type="checkbox"/> stove top <input type="checkbox"/> oven <input type="checkbox"/> deep fryer <input type="checkbox"/> grill/BBQ <input type="checkbox"/> other, specify _____	
Do you have a probe thermometer to check the internal temperature of hot and cold hazardous foods for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What methods will be used to protect foods, including condiments from contamination during display? <input type="checkbox"/> not applicable <input type="checkbox"/> food-grade wrap <input type="checkbox"/> lid <input type="checkbox"/> pre-packaged condiments <input type="checkbox"/> sneeze guard/shield <input type="checkbox"/> enclosed cabinet/container <input type="checkbox"/> other, specify _____	

E. Handwashing	
Is there a separate hand washing basin provided in the food handling/food preparation area?	<input type="checkbox"/> Yes - fixed sink <input type="checkbox"/> Yes - portable sink <input type="checkbox"/> No, please explain: _____
How many handwashing sinks are provided?	
Do you have a supply of liquid hand soap and paper towels for hand washing sink(s) in the food handling/food preparation areas of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain: _____

F. Cleaning/Sanitizing of Utensils	
Type of sink provided for the cleaning and sanitizing of utensils?	<input type="checkbox"/> two-compartment sink <input type="checkbox"/> three-compartment sink <input type="checkbox"/> None, please explain: _____
What type of sanitizer is used for sanitizing utensils?	<input type="checkbox"/> Bleach <input type="checkbox"/> Other, please specify: _____
Sanitizing test kits available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

G. Water Supply		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Hauled Municipal Water

Supply		Name & Phone #: _____
--------	--	-----------------------

H. Solid Waste Disposal

Do you have durable, waterproof and rodent proof garbage bins to adequately store food waste until final disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

I. ACKNOWLEDGEMENT

I have received and read the Special Events information provided. I understand the requirements for food vendors at Special Events.

Print Name:	Signature:	Date:
-------------	------------	-------

Disclosure Statement

Neither the Region of Peel nor any of its employees shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection or failure to inspect.

Use of Collected Information

[Personal] Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act. This information is collected and used for the purpose of preventing, eliminating and/or decreasing the effects of a health hazard. Questions about this collection should be directed to the Regional Municipality of Peel, Clerk's Division, 10 Peel Centre Drive, 5th Floor, Brampton, ON L6T 4B9, 905-791-7800, ext. 4325

INTERNAL USE

Inspectors Comments:		
Date Reviewed:	PHI's Name:	Signature:

Please print two copies of this application.
 Keep one copy for your records and submit one copy using one of the following methods:

Mail: 7120 Hurontario St P.O. BOX 669 RPO Streetsville Mississauga, ON L5M 2C2
 Fax:(905) 565-9602
 Email: ZZG-Environmental@peelregion.ca