

Food Safety

STONY BROOK UNIVERSITY
Environmental Health & Safety
 110 Suffolk Hall, Stony Brook, NY 11794-6200
 Phone: 2-6410; Fax: 2-9683; Zip: 6200
 www.ehs.sunysb.edu

FOOD PERMIT

Instructions: Please read EH&S Policy 1-15, *Food Safety*, before completing this form. The policy is on EH&S' website. This application must be submitted to the Department of Environmental Health & Safety, 10-days prior to the event.

EVENT & CONTACT INFORMATION

Organization's Name:		Filing Date to EH&S:	
Food Coordinator:		Phone No.:	
Campus Address:		FAX:	
Name of Event:		Event Date:	
Location of Event:		Time Food to be Delivered:	
Approximate Number of Attendees:		Event Hours:	

TYPE OF EVENT

<input type="checkbox"/> Private Affair An unadvertised department event of under 20 attendees.	<input type="checkbox"/> Campus Event University sanctioned event that is open to the campus community or public, including convocation, graduation, sporting events, concerts, and other sponsored events.	<input type="checkbox"/> Public Event A large gathering at an event that is open to the general public (e.g. carnivals, exhibitions, fairs and festivals).
---	---	--

FOOD ESTABLISHMENT / SOURCE

Name:			
Address:			
Contact Name/ Phone No.:			
Permit Number:		Expiration Date:	

Does the Food Establishment have 'Off-Premises Catering' on their permit? Yes; No

Distance of Food Establishment from University: within 10 miles; greater than 10 miles

FOOD SAFETY

EH&S USE ONLY

	A	D	A - Approved; D - Disapproved
List the foods you will be serving at the event. Be specific.			
How will food be transported and temperatures maintained during delivery?			
Who will be serving the food (caterer, self serve, sponsoring group)?			
How will safe food temperatures (hot and cold) be maintained during the event? Type of equipment?			
Identify equipment that you will provide and utilize to ensure safe handling. <input type="checkbox"/> Disposable gloves <input type="checkbox"/> Serving Utensils <input type="checkbox"/> Aprons <input type="checkbox"/> Disposable Utensils <input type="checkbox"/> Hair Nets or Hats <input type="checkbox"/> Handwashing Location: _____ <input type="checkbox"/> Food Thermometer <input type="checkbox"/> Other: _____			
Signature of Food Coordinator: _____			

APPROVED

Your application for a food permit has been approved. The Food Coordinator is responsible for ensuring the safe handling of food in accordance with this Food Permit and EH&S Policy 1-15. **The temperature of food shall be taken and recorded on the Food Temperature Recording Chart upon its arrival and at 30 minute intervals.** All food must be discarded after 2 hours.

DISAPPROVED

FOOD MAY NOT BE SERVED AT THIS EVENT!

Your application for a food permit has been disapproved for reasons noted below (see additional comments above).

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Lack of information | <input type="checkbox"/> Transporting |
| <input type="checkbox"/> Food Establishment | <input type="checkbox"/> Handling |
| <input type="checkbox"/> Type of food | <input type="checkbox"/> Other: _____ |

Reviewed by: _____

Phone: _____

Date: _____

EH&S Policy 1-15, Food Safety, Appendix B, Rev. 2/06

THIS PERMIT MUST BE POSTED AT THE FOOD EVENT