

**STUDENT ORGANIZATION  
FOOD/BEVERAGE HANDLING REQUEST FOR  
HEALTH DEPARTMENT APPROVAL**

Please submit this request to the Student Life Office, OMU 370-A, along with the appropriate  
FACILITY, SOLICITATION or GAME REQUEST.

**PLEASE ALLOW AT LEAST 10 working days for approval.**

Student Organization: \_\_\_\_\_

Student Responsible for Event/Food Handling: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Adviser's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Location: \_\_\_\_\_ Is Event inside or outside? \_\_\_\_\_

**\*\*All outdoor activities will require a screened tent or only non-potentially hazardous pre-packaged foods will be allowed.**

List each food/beverage item that will be served. How it will be prepared and packaged?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these food/drink items pre-packaged, prepared by a food establishment or prepared by individuals? \_\_\_\_\_

If prepared by individuals how & where will the food/beverage items be prepared?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how each food item will be stored: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what type of hand washing facilities will be available on site.

\_\_\_\_\_  
\_\_\_\_\_

**You MUST have the following items for each person that is serving food.**

- Plastic gloves • Hats or hairnets • Food Handler Cards**

FOR OFFICE USE ONLY:                      Date Faxed Request to CCHD: \_\_\_\_\_

Health Inspector Name: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Special Instructions or Limitations:

\_\_\_\_\_