

# TEMPORARY EVENT QUESTIONNAIRE

CHESTER COUNTY HEALTH DEPARTMENT  
Chester County Government Services Center  
601 Westtown Road Suite 288  
P O Box 2747  
West Chester Pennsylvania 19380-0990  
Tel: (610) 344-5938 Fax: (610) 344-5934

NAME OF EVENT \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

EVENT COORDINATOR \_\_\_\_\_ PHONE \_\_\_\_\_

DATE(S) OF EVENT \_\_\_\_\_ RAIN DATE(S) \_\_\_\_\_ HOURS OF EVENT \_\_\_\_\_

NAME OF YOUR TEMPORARY FOOD FACILITY \_\_\_\_\_

PROPRIETOR: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ SET-UP TIME \_\_\_\_\_

(Street Address)

(City)

(State)

(ZIP)

CERTIFIED FOOD MANAGER \_\_\_\_\_ CERT. # \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

*PROVIDE SKETCH OF YOUR FACILITY LAYOUT BELOW*

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1. EQUIPMENT AND METHOD USED TO MAINTAIN FOOD TEMPERATURE DURING TRANSPORTATION: \_\_\_\_\_  
\_\_\_\_\_
2. FUEL SOURCE(S) \_\_\_\_\_
3. HOW IS FOOD PROTECTED DURING:
  - a. STORAGE? \_\_\_\_\_
  - b. PREPARATION? \_\_\_\_\_
  - c. DISPLAY? \_\_\_\_\_
  - d. SERVICE? \_\_\_\_\_
4. HOW WILL FOOD BE RESTOCKED DURING THE EVENT? \_\_\_\_\_
5. WHAT TYPE OF EATING UTENSILS WILL BE USED? \_\_\_\_\_  
\_\_\_\_\_
- 6.. DESCRIBE THE FOODHANDER HANDWASHING FACILITIES AT THE SITE: \_\_\_\_\_  
\_\_\_\_\_
7. WHAT IS THE SOURCE OF WATER? \_\_\_\_\_
8. WHAT IS THE SOURCE OF ICE? \_\_\_\_\_
9. DESCRIBE THE FOODHANDLER HANDWASHING FACILITIES AT THE SITE: \_\_\_\_\_  
\_\_\_\_\_
10. WHAT TYPE OF RESTROOM FACILITIES ARE AVAILABLE? \_\_\_\_\_
11. SOLID AND LIQUID WASTE DISPOSAL:
  - a. DESCRIBE WASTEWATER DISPOSAL/STORAGE: \_\_\_\_\_
  - b. TYPE OF GARBAGE CONTAINERS: \_\_\_\_\_
  - c. HOW WILL GARBAGE BE COLLECTED AND REMOVED? \_\_\_\_\_
12. DESCRIBE METHODS OF PEST CONTROL: \_\_\_\_\_
13. WHAT WILL BE DONE WITH THE LEFTOVER FOODS? \_\_\_\_\_
14. IF APPLICABLE, DESCRIBE LIGHTING: \_\_\_\_\_
15. IF APPLICABLE, INDICATE DUST SUPPRESSION METHODS: \_\_\_\_\_



**THIS PAGE FOR OFFICIAL USE ONLY:**

Date Telephone Interview Conducted: \_\_\_\_\_

Person Interviewed: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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**COMMENTS:**