UNIT/ORGANIZATIONAL FOOD EVENT APPLICATION (TCS FOOD)

Joint Base Lewis-McChord Department of Public Health

NOTE:

1. This form applies to unit or organizational fundraising events that dispense Time/temperature Control for Safety food to the general public. TCS food means a food that does require refrigeration or heating to limit pathogenic microorganism growth or toxin formation.

2. For foods prepared in a home kitchen, post a sign which states "This food was produced in a home kitchen not subject to public health inspection." Ensure allergens are clearly indicated.

3. A person may not operate a food establishment or dispense food to the general public without an authorization to operate issued by the regulatory authority.

1. ORGANIZATION:	2. NAME	OF PERSON IN CHARGE:	3. DATE AND TIME OF EVENT:		
4. LOCATION OF EVENT:	5. EMAIL	ADDRESS:	6. PHONE NUMBER:		
7. MENU: (List all food and beverage items to be prepared and served. Attach additional page if necessary)					
8. TYPE OF EQUIPMENT:					
9. WILL ALL FOODS BE PREPARED AT THE LOCATION OF THE EVENT? YES NO					
* If no, identify the permanent food establishment where the food will be prepared in Block 15.					
10. HOW WILL FROZEN, COLD, AND HOT FOODS BE TRANSPORTED TO THE LOCATION OF THE EVENTS?					
11. HOW WILL FOOD TEMPERATURES BE MONITORED DURING THE EVENT?					
12. IDENTIFY THE SOURCES FOR EACH MEAT, POULTRY, SEAFOOD, AND SHELLFISH ITEM, AND ICE:					
a. Item/Source		b. Item/Source			
c. Item/Source		d. Item/Source			
13. WHERE WILL FOOD EMPLOYEES WASH HANDS?					

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14. DO ALL WORKERS HAVE A VALID FOOD	HANDLER'S CERTIFICATE?	YES	NO		
15. ADDITIONAL INFORMATION THAT SHOU					
Ном	ν to obtain Food Handler's	Certificate			
Contact Environmental Health Service to register: a. Phone : (253) 968-4331 or (253) 968-2989. b. Website: https://madigan.tricare.mil/Health-Services/Preventive-Care/Environmental-Health-Service c. Email: usarmy.jblm.medcom-mamc.mbx.ehs@mail.mil					
Applicant Signature Date Signed					
FOR ENVIRONMENTAL HEALTH SERVICE USE ONLY 16. NAME OF ISSUING AUTHORITY: 16a. PHONE: 16b. EMAIL:					
c. APPROVED: YES NO	d. SIGNATURE:		e. DATE SIGNED:		