

TEMPORARY CATERING EVENT NOTIFICATION FORM

The University of Massachusetts, Amherst has a strong commitment to food safety and requires that all caterers and temporary food establishments adhere to the same standards of excellence.

Your food establishment must be registered on the **Approved Caterer/Vendor Listing**. If you do not have an active application, please follow the directions for submitting an *Application for Temporary Caterers & Vendors* and required documentation.

The **Approved Caterer/Vendor Listing** and the application are found here: <http://ehs.umass.edu/outside-caterervendor-food-waivers>

This form should be filled out by a University group member and their Caterer for each food event.

Food Establishment Name: _____ Approved Caterer ID: UMA

Food Establishment Address: _____ Phone: _____

Caterer's Contact Name: _____ Contact's Cell: _____

EVENT INFORMATION:

Select one: Food will be picked up Food will be delivered by the caterer

Group Name: _____ Group Food Contact Name: _____

Name of the event: _____ Date of the event: _____

Start Time of the event: _____ Number of People Attending: _____

Campus Location of event (Room/Building): _____

TO BE FILLED OUT BY CATERER:

For this event, list all potentially hazardous foods (PHF) and the individual cooking requirements for these foods. (Please attach additional documentation if needed.) Please note all ingredients on the last page and put an asterisk* by the **allergens**.

Potentially Hazardous Foods (PHF)	Cooking Requirements
1.	
2.	
3.	
4.	
5.	
6.	

TIME IS NOT TO EXCEED 2 HOURS:

Time food will be Delivered: _____ Set-up: _____ Served: _____ Removed: _____.

Describe how **Hot PHFs** will be held **at 140°F or above**:

During transit: _____
During service at the event: _____

Describe how **Cold PHFs** will held **at 41°F or below**:

During transit: _____
During service at the event: _____

Explain your corrective action if any Cold PHF is above 41°F or Hot PHF is below 140°F? _____

A certified food manager will be on-site but will not serve the food: Yes No

Food Allergy Awareness labels will be present: Yes No

- ~~~~~
- I agree to provide accurate food thermometers, alcohol wipes, sanitizer solution and test strips, cambro units and chaffing units for proper temperature control, serving utensils and gloves.
 - I agree that I will not serve the food. (Student volunteers may serve).
 - I agree that all foods shall be discarded after two hours. No leftovers are allowed.
 - I agree that Foods not meeting the required food safety temperature or otherwise deemed unsuitable shall be immediately discarded and further return to the University, as a caterer shall not be allowed. All PHF/TCS foods are required to arrive cold at 41° or lower, or hot at 140° or higher.
 - Any corrective action or intervention by Auxiliary Enterprises shall result in a fee for service of made payable to the University of Massachusetts.
 - I understand that Environmental Health and Safety may conduct an inspection at any time and may revoke the Temporary Catering Food Establishment (“approval”) Permit at any time without any prior notice and for any reason.

Signing this application indicates that you and your business shall comply with the Massachusetts Regulations for Food Establishments, the Federal Food Code, and all EH&S and University policies. Your signature hereby releases the University of Massachusetts and its employees from any liability or illness or damage which may occur as a result of bringing your food to campus.

Print Name: _____ Date: _____

Signature of Applicant: _____

Please submit your application and required documentation via email, fax, or by mail to:

Email to: foodwaiver@ehs.umass.edu

Fax to: (413) 545-2600

Mail to: EH&S - Environmental Health Services, 117 Draper Hall, 40 Campus Center Way, Amherst, MA 01003-9244

For Office Use Only:

On Approved Listing: Y / N Approval Initials: _____ Date: _____

Notes: _____

- Ingredients Listing -

LIST OF MAIN INGREDIENTS IN EACH FOOD ITEM

Group Name:		Event Name:	
Contact Name:		Date of Event:	
<input type="checkbox"/> UMass Entity (Student Group or Department) <input type="checkbox"/> Vendor/Caterer will send a PDF to foodwaiver@ehs.umass.com as an alternative to filling out this form.			

FOOD ITEM: _____
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM: _____
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM: _____
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Ingredients Listing -

FOOD ITEM: _____

INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM: _____

INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM: _____

INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM: _____

INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Ingredients Listing -

FOOD ITEM:
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM:
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM:
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOOD ITEM:
INGREDIENTS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____