



CITY OF BOROONDARA

Registered Fixed Food Premises Temporary Event Form

Complete this form ONLY if you have a registered fixed food premises in Boroondara and you intend to trade adjacent to your registered fixed food premises as part of an event (this activity must be covered as part of your food safety program and the appropriate records must be completed on the day).

Certain foods such as high risk foods or potentially hazardous foods need to be handled carefully to keep them safe. To ensure that you are compliant with the food safety legislation you are required to complete this form. Your food safety program must cover the activities that will be undertaken at the event and food safety records (minimum food safety records for class 3 activities) must be completed.

Your application will be evaluated according to the food safety risk(s) of your proposed food processes and activities. Ensure you complete all relevant parts of the registered fixed food premises temporary event form to assist with the approval process. Completed forms must be submitted no later than two (2) weeks prior to an event. If you are proposing more than one stall or cart you will need to complete a separate form.

For further information visit www.boroondara.vic.gov.au or contact Health Services on 03 9278 4710.

How to Lodge this Form

Post to: City of Boroondara
Public Health Services
Private Bag 1 Camberwell VIC 3124

Email to : health.services@boroondara.vic.gov.au
Fax to: 03 9278 4793

Privacy Statement

The personal and health information requested on this form is being collected by Council for the purpose of registering your premises under the provisions of the Food Act 1984. The personal health information will be used solely by council for that primary purpose or directly related purposes. Council may disclose this information to any person requesting to view the Food Act register. If this information is not collected we cannot register your premises under the Food Act. The applicant understands that the personal and health information is not collected we cannot register your premises under the Food Act. The applicant understands that the personal health information provided is for the purpose of registering your premises under the Food Act 1984 and that he or she may apply to council for access to and / or amendments of the information,. Requests for access to your health information should be made to councils' freedom of information officer.

Proprietor Details

Registration number:

HF/ ___ / _____

Registered trading name of food business:

Registered address of food business:

Proprietor details:

Title

Surname

Given name

Contact number

OR

Company name

Event Details

Event name:

Event date(s)

Event address:

Event contact person / coordinator details:

Title

Surname

Given name

Contact number

Trading Details

Description of foods to be sold at the event:

Food to be sold / given away (tick appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> Unpackaged hot food | <input type="checkbox"/> Packaged hot food |
| <input type="checkbox"/> Unpackaged cold food | <input type="checkbox"/> Packaged cold food |
| <input type="checkbox"/> Unpackaged drinks / beverages | <input type="checkbox"/> Packaged dry food |
| <input type="checkbox"/> Tastings / samples of products | <input type="checkbox"/> Packaged drinks / beverages |
| <input type="checkbox"/> Show bags | |

Facilities provided at the event (tick appropriate boxes)

- An outdoor temporary structure eg marquee / tent
- Hand washing facilities (20L drum with warm water, liquid soap and disposable paper towel)
- Cold holding appliances/display (to hold cold foods $\leq 5^{\circ}\text{C}$)
 - Esky with ice
 - Cool room
 - Portable fridge/freezer
 - Cold display unit
- Hot holding storage / display facilities (to hold hot foods $\geq 60^{\circ}\text{C}$)
 - Bain marie
 - Pie warmer
 - Portable oven
- Protection from contamination
 - Sneeze guards
 - Plastic wrapping
 - Containers with lids
- Probe thermometer (accurate to $\pm 1^{\circ}\text{C}$)

Records / documents at the event (tick appropriate boxes)

- Approved food safety program (class 2 activities)
 - Type of food safety program Template 1.2 Foodsmart

Name of Food Safety Supervisor _____

OR

- Minimum food safety records (class 3 activities)

