



## DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36

RED BLUFF, CA 96080

Phone (530) 527-8020 Fax (530) 527-6617

Richard A. Wickenheiser, M.D.  
Health Officer

Tim Potanovic, REHS  
Director

### **SPECIAL EVENT VENUE CHECKLIST "A"** **(Must be Completed with Use Permit)**

---

Name of Event(s): \_\_\_\_\_ Length of Event(s): \_\_\_\_\_

Location of Event(s): \_\_\_\_\_ Type of Event(s): \_\_\_\_\_

Use Permit Number: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

---

- ◇ **Submit** a site plan indicating the proposed location(s) for the food facilities, restrooms and all utensil washing, hand washing, trash/garbage areas.
- ◇ **Verify** availability of portable water (test for coliform) annual or quarterly depending on events (if events are scheduled for more than sixty (60) days per year a public water supply permit may be required)
- ◇ **Verify** there are adequate toilet room facilities—at least one toilet facility or each fifteen (15) employees (including volunteers) within two hundred (200) feet of food prep area shall be provided. Each toilet room shall have hot and cold water, hand cleanser and single-use sanitary towels in permanently mounted dispensers
- ◇ **Verify** that garbage will be properly disposed
- ◇ Any changes to agreed plan shall be approved **prior** to event

I hereby acknowledge, by submitting this form that I have read, understand and agree to implement of all requirements above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_