

# APPLICATION FOR CATERED FUNCTION OR BAKE SALE



## CATERER (food organizer)

Determination of Aramark's involvement (contract for most catering functions) Date \_\_\_\_\_ Who confirmed with \_\_\_\_\_

Name of caterer/organization \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Name of person responsible for ensuring safe food preparation, display, and serving practices \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Name of person with current Food Safe Certification \_\_\_\_\_

Copy of certificate attached  Yes  No

Email \_\_\_\_\_

Telephone \_\_\_\_\_

## FUNCTION

Function to be catered \_\_\_\_\_

Estimated number of persons to be served \_\_\_\_\_

Where is function to be held? Please be specific by campus, building, floor, near...outside/inside \_\_\_\_\_

When is function to be held? Dates \_\_\_\_\_

Time \_\_\_\_\_

## FOOD

What foods are to be served, where and by whom is each food prepared? – *Please complete the following table*

Food	How Food is Kept Hot or Cold	Where Prepared	By Whom
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Please use additional sheet if necessary

• Complete other side before returning to Student Records

# TRANSPORTATION

How are foods to be handled during transportation from food source or supplier? – *In order to track each food product, it is essential that accurate records are kept. Please complete your records using the following table format as a guide*

Food Transportation Log for Catered Function				
Delivery Date	Product Description	Product Temperature	Destination	Travelling time From Supplier to Destination

How are foods to be served?  
\_\_\_\_\_

What utensils will be used and how will they be cleaned and sanitized  
\_\_\_\_\_

What equipment will be used on site and how will it be cleaned and sanitized  
\_\_\_\_\_

How are foods to be protected from contamination while on display?  
\_\_\_\_\_

I/We hereby undertake and agree to follow guidelines as described in the *Bake Sales & Food Concessions at Camosun College* and *Food Service at a Special Event* brochures published by Camosun College.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Department or club name \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cold foods to be kept below 4°C (40°F) – Hot foods to be maintained above 60°C (140°F)**  
Set aside & refrigerate representative samples of foods served and keep for 72 hours, then destroy  
(This is in case of any possible referrals for follow-up)

Received by Student Records \_\_\_\_\_ Date \_\_\_\_\_

Received by Ancillary Services \_\_\_\_\_ Date \_\_\_\_\_

Received by (E.H.O.) \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed form to the Student Records Office, Camosun College at least 10 days prior to proposed function. Please ensure all necessary people in your group have a copy prior to submission.**

The information collected on this form is subject to and protected by the provisions of  
The Freedom of Information and Protection of Privacy Act.