

STUDENT ACTIVITIES ADMINISTRATION
CAMPUS PRODUCTION REPORT
HEALTH AND SAFETY EVENT ATTACHMENT

DATE OF EVENT _____

SPONSORING ORGANIZATION _____

TYPE OF EVENT

- Bake Sale Potluck Catered Event/TESC Food Service
 Catered Event/Off-Campus Vendor* Catered Event/other (explain)

TESC FOOD SERVICES *(to be completed by Aramark)* **CAB 107**

- Aramark can perform services Aramark cannot perform services
 Aramark will perform services as a joint event with _____

Comments: _____

Food Services Representative Signature _____

DIRECTOR OF RESIDENTIAL AND DINING SERVICES – Housing A301

- Off Campus Caterer Allowed Denied

Comments: _____

Signature _____

VP FINANCE AND ADMINISTRATION (Director of Business Services – L1113)

- Event Insurance Required Not Required

COMMENTS: _____

Signature _____

HEALTH AND SAFETY COORDINATOR – Lab II, Room 1265

This office has provided to the sponsor of the event indicated on this form the following information.

- Food Handling Instructions Food Borne Illness Information
 Temporary Food Establishment permit required Food Handler's permit required

COMMENTS: _____

Health and Safety Signature _____

***If Aramark is not providing the food, you must obtain written permission from the Director of Business Services at least two weeks prior to your event.**