



## 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 "B"** **(Must Be Completed before EACH Event)**

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Name of Event(s): \_\_\_\_\_ Date(s) & Time(s) of Event(s): \_\_\_\_\_  
Location(s) of Event(s): \_\_\_\_\_ Type of Event(s): \_\_\_\_\_  
Use Permit Number: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Contact Person(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

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PLEASE COMPLETE THE FOLLOWING AT LEAST TWO (2) WEEKS PRIOR TO THE EVENT:

- ◇ **Submit** a list of Food Vendor(s)/Caterer(s) scheduled to be at the event(s)
- ◇ **Verify** that all food shall come from an approved source. (No home cooked foods are allowed)
- ◇ **Verify** that each Food Vendor(s) is permitted to operate in Tehama County
- ◇ **Verify** that each vendor(s) and employee(s) of vendors that handle non-prepackaged food have proof of Food Safety Training
- ◇ **Submit** proposed menu to be offered at event(s)
- ◇ **Submit** water quality testing results
- ◇ Any changes to agreed plan shall be approved prior to event(s)

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

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

Please complete this for and attach proposed menu/water results then return to Environmental Health a minimum of Fourteen (14) days prior to EACH EVENT to be held