



**DEPARTMENT OF THE AIR FORCE
86TH AIRLIFT WING (USAF)**

Public Health Flight
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Organizational Food Event Request & Guidelines

LOG #: _____

TODAY'S DATE: _____

1. Organization requesting/Food Vendor/Business Name:	
2. Date and Time of event:	
3. Location of event:	
4. Point-of-Contact (Name, Phone & Email) Vendor/Business Contact Information	
5. a. Types of food to be sold/distributed: (i.e. type of meats, vegetables, sides, dairy) b. For baked items are there any cream/custard filling/dairy toppings? <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
6. a. What will be used to heat/cook food items: b. Where will food be prepped: c. Where/ When will food be cooked:	
7. What will be used to refrigerate food items:	
8. Where will vendor be purchasing food from: <i>(receipts will be needed to verify purchase)</i>	

I, the POC for the organization food event, will take full responsibility of ensuring the organization (and myself) comply with the sanitation requirements. Also, by signing I am confirming I have read the sanitation requirement memo. I have received training from Public Health, and I will ensure all volunteers are informed of the requirements and have signed page 2 of this memo. I understand it is my responsibility to inform Public Health if anything on this request changes.

Applicant Signature

Public Health Tech Signature