



Public Health

Idaho North Central District

Nez Perce County

215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County

333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County

105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County

903 West Main
Rt. 1, Box 1A
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County

132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Date _____

Dear Event Coordinator:

In an effort to help you with the organization of your event, when it includes food vendors, enclosed is an Event Coordinator Application. Please fill this application out and return it to Public Health a minimum of 14 days prior to your event. In the packet you will also find documents currently being used for food vendor approval at your event.

As an event coordinator there are several issues that need to be addressed prior to the event. An adequate number of local or portable toilets with hand washing facilities shall be provided for the food vendors and patrons. If adjacent buildings can not provide enough services then a licensed contractor will need to provide portable toilet services. The recommended number of portable toilets to be available at special events is based on the duration of the event and number of people expected to attend the event. Enclosed is a portable sanitation units table that will aid you in determining how many toilets you will need for your event.

A disposal system for gray water (e.g. dishwashing wastewater) for all food vendors must be readily available. Disposal of gray water must be provided at an approved facility. Backflow prevention devices will need to be addressed if you are allowing vendors potable water service from a public water supply. Discuss the rules addressing backflow protection with your local authorities.

Some vendors may need to dispose of cooking grease and oils during the event. A contractor can provide grease barrels for pick-up and disposal at an approved facility, or the vendor may dispose of the waste according to the law. Electrical hook up and garbage disposal may also need to be addressed.

Please note all food vendors **must** make an application with Public Health - Idaho North Central District. We will make the determination if a permit to operate is required.

If you have any questions, contact your local Environmental Health Specialist at one of the locations listed above.

Environmental Health Specialist
Enclosures



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Event Coordinator Application

Application Submission Date: _____

NAME OF EVENT

DATE(S) OF EVENT

LOCATION OF EVENT

DATE & TIME THAT FOOD SERVICE OPERATIONS WILL BE SET UP

NAMES(S) OF EVENT COORDINATOR/ OR CONTACT RESPONSIBLE INDIVIDUAL(S):

(1)

Phone Number _____ FAX _____ E-MAIL _____

(2)

Phone Number _____ FAX _____ E-MAIL _____

(3)

Phone Number _____ FAX _____ E-MAIL _____

On a separate sheet, provide a lay out of all vendors and service locations (portable toilets, hand washing facilities, electricity, water, grease and gray water disposal etc) at the event

PROVIDE VENDOR LIST TO THE LOCAL ENVIRONMENTAL HEALTH SPECIALIST (Next Page)

INVENTORY OF FOOD CONCESSIONAIRES AT ALL COMMUNITY EVENTS IN DISTRICT II

Return this form to the local Health Department office 14 days prior to the event.

Name of event: _____

Dates of event: _____

Mailing address: _____

Phone number: _____

Contact person: _____

Name of booth or organization _____

Temporary facility _____ **Mobile unit** _____

Primary foods served _____

Mailing address of organization _____

Name of contact person _____ **Phone #** _____

Name of booth or organization _____

Temporary facility _____ **Mobile unit** _____

Primary foods served _____

Mailing address of organization _____

Name of contact person _____ **Phone #** _____

Name of booth or organization _____

Temporary facility _____ **Mobile unit** _____

Primary foods served _____

Mailing address of organization _____

Name of contact person _____ **Phone #** _____

Name of booth or organization _____

Temporary facility _____ **Mobile unit** _____

Primary foods served _____

Mailing address of organization _____

Name of contact person _____ **Phone #** _____

Name of booth or organization _____

Temporary facility _____ **Mobile unit** _____

Primary foods served _____

Mailing address of organization _____

Name of contact person _____ **Phone #** _____

Name of booth or organization _____

Temporary facility _____ **Mobile unit** _____

Primary foods served _____

PORTABLE SANITATION UNITS

Description. Portable self-contained toilets used for special, temporary events such as fairs, races, or construction projects.

Conditions for Approval.

1. Permanent sewage disposal facilities are not available and their installation is impractical.
2. The event served is temporary, that is one (1) year or less.
3. The event is one in which the Occupational Safety and Health Agency requires portable sanitation units.
4. Units can be made freely available to users.

Units Required.

1. Work site requirements:

Total Number of Workers	Minimum Number of Units (8 hour days/40 hour week)
1 to 15	1
16 to 30	2
31 to 51	3
52 to 72	4
73 to 93	5
Over 93	1 additional unit for each additional 20 workers.

2. Special event requirements:

Number of People	Number of hours for the event									
	1	2	3	4	5	6	7	8	9	10
0-500	4	4	4	6	6	6	8	8	8	8
501-1,000	4	6	6	6	6	8	8	8	8	12
1,001-2,000	8	8	8	8	8	12	12	12	12	16
2,001-3,000	8	8	10	10	10	12	16	16	20	20
3,001-4,000	8	8	12	12	16	16	20	24	24	28
4,001-5,000	12	12	12	16	20	30	30	30	30	34
5,001-6,000	12	12	16	16	20	30	30	36	36	40
6,001-7,000	12	12	16	20	30	32	40	40	48	52
7,001-8,000	12	12	20	24	32	32	40	44	52	54
8,001-9,000	16	16	24	28	40	40	52	52	60	64
9,001-10,000	16	16	28	40	40	52	52	60	60	72