PROCEDURE FOR SERVING FOOD ON CAMPUS

In an effort to safeguard the health and welfare of the university population, as well as to assure that the legal requirements of local state and federal health departments are satisfied, The University of Akron has established the following procedure. You must also receive clearance from the departments listed below before any food, beverage, or refreshment can be provided or sold.

Date of Request: _____________________________________________________
Date of Event(s): _____________________________________________________
Time of Event(s): _____________________________________________________
Location of Event(s): _____________________________________________________

Contact Person: _____________________________________________________
Organization/Department Name: ____________________________________________
Telephone Number: _____________________________________________________
Email: _________________________
Detailed list of products that will be served: ________________________________
_______________________________________________________________________
_______________________________________________________________________
Indicate your plan for keeping perishable food products at safe temperatures: __________

Have you requested or received a food service license? __________________________
Have plans been made for providing utilities, such as electricity? __________________
What precautions have been made to satisfy sanitation requirements, such as hair
restraints, use of serving tongs, food service gloves, and NSF approved equipment?
________________________________________________________________________
________________________________________________________________________

What are your plans for handling trash and waste? _____________________________

Will these products be provided at no cost to guests, or will there be a charge levied for
food in the form of a retail selling price, a suggested donation, or a voluntary donation?

________________________________________________________________________

APPROVED BY:

University Auxiliary Operations/Dining Services     Date

University Safety Office     Date

Department of Physical Facilities     Date

Thank you for completing this request. You will be advised promptly with any
further questions or with a clearance form so that you may proceed.