NOTICE OF MEAL SERVICE FOR A CATERED EVENT

In accordance with 105 CMR 590.00, State Sanitary Code Chapter X-Minimum Sanitation Standards for Food Establishments, this form must be completed and returned to the Greenfield Health Department prior to serving a catered event or within 72 hours after the food was served within the Town of Greenfield. (590.033)

Today’s Date ________________________ Date of Food Service ______________________

Name of Catering Operation ____________________________________________________

Catering Operation Owner ______________________________________________________

Address of Caterers Permitted Kitchen _____________________________________________

Telephone Number of Caterer ____________________________________________________

Alternate Emergency Telephone Number ___________________________________________

Location of Event to be Catered __________________________________________________

Address of Location ______________________________________________________________

Client’s Name/Organization ________________________________________________________

Number of People Being Served ____________ Scheduled Time of Meal _________________

Name of Catering Supervisor at this Event __________________________________________

** Attach a completed detailed menu of the foods to be served at this event

*** Enclose a copy of your caterer’s permit issued to you by your local Board of Health if the kitchen where the meals were prepared is outside of the City of Greenfield.

Signature: _____________________________________________________________________

For office use only

Received Date ________________________ Reviewed by _______________________________