

## **CITY OF CAMBRIDGE**

## **INSPECTIONAL SERVICES DEPARTMENT** 831 Massachusetts Avenue Cambridge, MA 02139 617-349-6100

Ranjit Singanayagam Commissioner

Office Use Only

Commissioner	Amount Received:
	Date Paid
	Inspectional Approval
	Sanitary Inspector
Must provide copy of ServSafe certificate & estab	olishment license if not a Cambridge restaurant.
TEMPORARY FOOD SE	•
TEINIFORART FOOD SE	ERVICE APPLICATION
Date:	
Name of Event:	
Date of Event: Local	ation:
Name of Contact Person:	
Name of Licensed Establishment:	
Name of Licenseu Establishment.	
Address:	
Phone #: Fax #:	
Email Address:	
Name of Person in Charge (ServSafe certified):	
*	
Foods to be served: List all foodstuffs.	
Where will food be purchased from:	
Preparation of food at event: yes	no

Cooking equipment to be used at event:				
Check off equipment being used:				
propane grill wok				
sternos charcoal propane generator				
diesel generator other other				
All equipment using propane must have a quick disconnect.				
Preparation of foodstuffs off site yes no				
If yes, where will it be prepared?				
Food Protection				
Describe measures to protect food and maintain temperature during storage & display:				
Hot food:				
Cold food:				
All food vendors must provide the means to properly wash utensils, etc. Example: You may use 3 bus buckets with soap and water, rinse water and sanitizer. Provide sanitizer for all wiping cloths.				
Garbage & rubbish: All vendors must provide their own trash barrels and trash bags. Trash can be disposed of at event. All grease must be removed at the end of the event. The area must be maintained in a clean manner.				
Number of food handlers:				
All food handlers must use hair restraints and gloves.				
All vendors must provide means to wash your hands. Example: Provide a container with a spigot that is filled with water. Soap, paper towels and a container to catch the waste water must be available.				
Per Allergy Awareness regulation all vendors must post a sign stating "Before placing your order, please inform your server if a person in your party has a food allergy". Must have knowledge of all ingredients.				
Please sign and print below indicating that you have read the above information and understand; and that you answered all questions to the best of your ability.				
Sign:				
Print:				
Inspector's notes:				

## **Trans Fat Free Declaration**

I _				
		(your n	ame)	
representing				
_		(name of esta	ablishment)	
located at				
_		(address of es	tablishment)	
certify that I ha	ave checked the mer	nu items to be provided	at	
oorting triat i ne	avo onconoa mo mo	ia komo to bo providoa i	(name of event)	
in the City of (	Cambridge on			
in the City of Cambridge on(date of event		(date of event)	<del></del>	
According to r	ny review, all menu i	tems fall into one of the	following 4 categories:	
	•			
	The ingredients list d margarine.	oes not contain any of th	ne following terms: partially hydrogentated, shortening or	
	-	-	ally hydrogented, shortening or margarine the nutrition 5 grams of trans fat per serving.	
ŀ	nave documentation	_	come with nutrition facts label and no ingredients list, I hat the foods contain 0 grams or less than ;05 grams of ludes:	
	a. The manuf	acturer's name, address	s and phone number	
	b. Product name, serving size and ingredients			
	c. Trans fat c	ontent per serving in gra	ams if product contains artificial trans fat.	
		its original sealed pack and it is exempt from t	aging with a label from the manufacturer (small bags of he trans fat reguation.	
Therefore, bas City's trans fat		certify that the foods and	d beverages provided for this event comply with the	
Name			Signature	
Job Title			Business/Company	
Date			Address	
1.015			DUM 200	