

REGINA HEALTH DISTRICT

PARTICIPANT APPLICATION FORM FOR TRADE SHOW

Food Event Name: Canadian Western Agribition

Location: Evrax Place (Regina Exhibition Park), Regina, Saskatchewan

Date of Event: November 21-26, 2011

Name of Participant(s): _____

Address of Participant(s): _____

Contact Person(s): _____

Telephone Number(s): _____

Name and Address where food(s) will be prepared: _____

Preparation date(s) of the prepared food(s): _____

Food Protection

A. Hot holding equipment

Type _____

Number _____

B. Cold holding equipment

Type _____

Number _____

C. Protection from contaminations

Type _____

Number _____

Food Equipment

A. Cooking Equipment

Type _____

Number _____

Supplies

A. Hand Soap

Yes

No

B. Paper towels on dispenser

Yes

No

C. Sanitizer

Yes

No

Type _____

Date of Application: _____

Signature of Participant: _____

RETURN TO:

Regina Health District
Public Health Services
Environmental Health Department
2nd Floor of 2110 Hamilton St
Regina, SK
S4P 2E3