



# Public Health

## Idaho North Central District

**Nez Perce County**

215 10<sup>th</sup> 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**

105 115<sup>th</sup> 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



# Public Health

## Idaho North Central District

**Nez Perce County**

215 10<sup>th</sup> 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**

105 115<sup>th</sup> 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

## 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