

LAS ANIMAS-HUERFANO COUNTIES DISTRICT HEALTH DEPARTMENT



Trinidad Office
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Event Coordinator Plan Review

Please submit this plan review at least 10 days prior to your event. Non-profit coordinators please have official non-profit documentation available for review. All coordinators please include your list of vendors including non-profit food vendors.

EVENT INFORMATION

Name of the Event: _____

Date(s) of the Event: _____

Location of the Event: _____

Hour of the Event: (Days and times) _____

Last year's attendance: _____ Expected attendance this year: _____

Anticipated Number of Food Booths: _____ (*Complete attached Vendor Information Lis*)

Event Coordinator Company: _____

Coordinator Contact Person's Name: _____

Coordinator's Phone Number: (_____) _____

Coordinator's Fax Number: _____

Coordinator's Mailing Address: _____

City _____ State _____ Zip Code _____

Coordinator's E-mail address: _____

Contact Person during the Event (if different from above): _____

Contact phone number for the day of the Event: (_____) _____

SERVICES PROVIDED ON-SITE TO FOOD VENDORS (Check all that apply and provide detail if necessary):

Water Supply: There is access to a potable water tap(s) on site.
 Vendors must bring their own water supplies.

Wastewater: There will be liquid waste collection tanks / receptacles on site.
 Vendors must arrange for their own wastewater disposal.

Electricity: There will be no electricity supplied on site.
 There is access to electricity on site.
 Generators will be provided for vendor use.
 Vendors are allowed to use generators on site.

Trash / Refuse: There will be trash receptacles throughout the event for the public.
 There will be dumpsters on site for vendors and public trash removal.
How often will they be serviced? _____

Toilet Facilities: Toilets in permanently plumbed public restrooms. How many? _____
 Portable toilets. How many? _____
How often will they be serviced? _____

Hand Wash Facilities: Hand sinks in permanently plumbed public restrooms. How many? _____
 Portable hand wash stations. How many? _____
How often will they be serviced? _____

Commissary Kitchen: Location: _____
 Commissary has facilities to wash, rinse and sanitize utensils
 Commissary has facilities to cold hold
 Commissary has facilities to wash and prepare produce

Other Services: Ice
 Refrigerated truck (Supervision MUST be provided throughout the event and someone must be available to adjust temperature/repair truck during event.)

Will there be a petting zoo at the event? Y or N

Will there be a carnival at the event? Y or N

Will they be providing food? Y or N

If providing food, please provide carnival contact information.

Name: _____

Phone Number: _____ E-mail: _____

Will there be any pools at the event? Y or N If yes, please provide contact person and phone number:

Will there be any body art or piercing vendors at the event? Y or N If yes, please provide vendor names:

TEMPORARY EVENT SITE MAP

Provide a labeled map of the entire Temporary Event area and include the following:

- Toilet facilities (portable and fixed)
- Hand washing facilities (portable and fixed)
- Trash can and dumpster locations
- Electrical hook-up points and generator locations
- Potable water taps for vendors
- Food booth vendors
- Roadways, sidewalks, and walkways
- Carnival food vendors (if applicable)
- Refrigerated truck (if applicable)
- Ice truck (if applicable)
- Commissary kitchen (if applicable)
- Petting Zoo, Body Art/ Piercing, Pools, etc (if applicable)

Submit to:

Las Animas Huerfano Counties District Health Department

412 Benedicta Avenue

Trinidad, CO 81082

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