FOOD DISTRIBUTION FORM
Using Caterers / Restaurants / Commercial Companies

Environmental Health & Safety

FOOD FOR ON-CAMPUS DISTRIBUTION

Note: This form is to be used when arrangements are made to bring in a caterer to prepare and serve food or when distributing food purchased from a caterer, restaurant, or commercial company. Submit this completed form to EHS by campus mail (MS 4472), fax (979.845.1348), or email (ehsd-food@tamu.edu) no later than seven working days prior to the event. This signed form, which indicates approval, must be displayed at the food distribution site at the time of the event. Incomplete or illegible forms will not be approved.

Today’s Date: ____________________  Event Date: ______________________ Event Time: ______________________

Organization/Department: ____________________________________________________________________________
Activity/Event: _____________________________________________________________________________________
Name of Representative: ______________________________________________________________________________
Phone: _______________________ Fax: ________________________ Email: __________________________________

Distribution Site: ___________________________________________________________________________________
Time Food Distribution Begins: _____________________ Time Food Distribution Ends: _______________________
How will food be distributed? □ Food Servers □ Boxed / Pre-packaged □ Self-Serve (plates / buffet style)
Name of Caterer / Restaurant / Commercial Company: _____________________________________________________
Caterer Location: __________________________________ Caterer Phone: ____________________________
Description of food to be distributed: (Be specific, such as types of meats, sandwiches, pizza, etc.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

EHS OFFICE USE ONLY

Caterer Permit: □ BCHD □ Other __________________________  Date Form Received: ___________
RECOMMENDATIONS / REQUIREMENTS:
□ Hats/hair restraints □ Gloves □ Food must be served within 4 HOURS of pickup/delivery
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

AUTHORIZED SIGNATURE ___________________________________ DATE ___________________________