OUTDOOR MASS GATHERING
ENVIRONMENTAL HEALTH CHECKLIST

1. EVENT NAME:__________________________________________
DATES:_________________________________________________
CONTACT PERSON:________________________________________
EVENT ADDRESS:_________________________________________
PHONE # (___)_________________________ ALTERNATE # (___)___________
E-MAIL ADDRESS:________________________________________

2. TOILETS:
a.____ 1 PER 100 PERSONS SHOWN ON PLAN
b.____ CONTRACT AGREEMENT ATTACHED

3. HANDWASHING FACILITIES:
a.____ RUNNING WATER? IF YES, SEE b, IF NO SEE c
b.____ ADEQUATE SOAP AND PAPER TOWELS
  c.____ PREPACKAGED SANITARY WET TOWELS PROVIDED, CONVENIENTLY LOCATED

4. WATER:
a.____ PUBLIC WATER?
b.____ PRIVATE WATER? IF PRIVATE, MUST HAVE BIOLOGICAL AND CHEMICAL TESTING DONE. CONTACT 541-388-6563
c.____ ADEQUATE SUPPLY
d.____ CONVENIENT LOCATION
e.____ ADEQUATE WATER DISPENSING EQUIPMENT (i.e., paper cups)

5. WASTE/GARBAGE COLLECTION AND REMOVAL:
a.____ CONTRACT AGREEMENT WITH SOLID WASTE FIRM ATTACHED
b.____ FREQUENCY OF PICK-UP NOTED IN CONTRACT
c.____ DISPOSAL SITE LOCATION___________________

6. FOOD SERVICE FACILITIES:
a.____ LOCATION OF TEMPORARY RESTAURANTS
b.____ FOOD SERVICE OPERATORS NOTIFIED TO SUBMIT FOOD SERVICE APPLICATION AT LEAST 7 DAYS IN ADVANCE OF EVENT
c.____ WHERE WILL WASTEWATER BE DISPOSED OF? (SHOW ON SKETCH, SEE #7 BELOW)
d.____ IF MOBILE FOOD UNIT VENDOR, MUST HAVE DCEH LICENSE

7. SKETCH WHICH SHOWS THE FOLLOWING:
a.____ NUMBER AND TYPE AND LOCATION OF TOILETS
b.____ HANDWASHING FACILITIES
c.____ WATER SUPPLY LOCATIONS
d.____ FOOD SERVICE LOCATIONS
e.____ SOLID WASTE COLLECTION LOCATIONS
f.____ WASTEWATER DUMP LOCATIONS