



**CITY OF CAMBRIDGE  
INSPECTIONAL SERVICES DEPARTMENT  
831 Massachusetts Avenue  
Cambridge, MA 02139  
617-349-6100**

**Ranjit Singanayagam  
Commissioner**

**Office Use Only**

Amount Received: \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Inspectional Approval \_\_\_\_\_  
Sanitary Inspector \_\_\_\_\_

**TEMPORARY FOOD SERVICE APPLICATION**

Date: \_\_\_\_\_

Name of Event: 25th Cambridge Carnival International

Date of Event: Sunday, September 10, 2017      Location: Kendall Square, Cambridge, MA

Name of Contact Person: \_\_\_\_\_

Name of Licensed Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_      Fax #: \_\_\_\_\_

Name of Person in Charge (ServSafe certified): \_\_\_\_\_

*Must provide copy of ServSafe certificate & establishment license if not a Cambridge restaurant.*

Foods to be served: List all foodstuffs.


Where will food be purchased from: \_\_\_\_\_

Preparation of food at event:      yes       no

**Cooking equipment to be used at event:**

**Check off equipment being used:**

propane	<input type="checkbox"/>	fryolator	<input type="checkbox"/>	grill	<input type="checkbox"/>	wok	<input type="checkbox"/>
sternos	<input type="checkbox"/>	charcoal	<input type="checkbox"/>	propane generator	<input type="checkbox"/>		
diesel generator	<input type="checkbox"/>	other	<input type="checkbox"/>				

All equipment using propane must have a quick disconnect.

Preparation of foodstuffs off site                      yes                       no

If yes, where will it be prepared? \_\_\_\_\_

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**Food Protection**

**Describe measures to protect food and maintain temperature during storage & display:**

**Hot food:** \_\_\_\_\_

**Cold food:** \_\_\_\_\_

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All food vendors must provide the means to properly wash utensils, etc. Example: You may use 3 bus buckets with soap and water, rinse water and sanitizer. Provide sanitizer for all wiping cloths.

Garbage & rubbish: All vendors must provide their own trash barrels and trash bags. Trash can be disposed of at event. All grease must be removed at the end of the event. The area must be maintained in a clean manner.

Number of food handlers: \_\_\_\_\_

All food handlers must use hair restraints and gloves.

All vendors must provide means to wash your hands. Example: Provide a container with a spigot that is filled with water. Soap, paper towels and a container to catch the waste water must be available.

Per Allergy Awareness regulation all vendors must post a sign stating "Before placing your order, please inform your server if a person in your party has a food allergy". Must have knowledge of all ingredients.

Please sign and print below indicating that you have read the above information and understand; and that you answered all questions to the best of your ability.

**Sign:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Inspector's notes:**

**Trans Fat Free Declaration**

I \_\_\_\_\_  
(your name)

representing \_\_\_\_\_  
(name of establishment)

located at \_\_\_\_\_  
(address of establishment)

certify that I have checked the menu items to be provided at \_\_\_\_\_  
(name of event)

in the City of Cambridge on \_\_\_\_\_  
(date of event)

According to my review, all menu items fall into one of the following 4 categories:

1. The ingredients list does not contain any of the following terms: partially hydrogenated, shortening or margarine.
2. If the ingredients list includes the terms partially hydrogenated, shortening or margarine the nutrition facts label lists either 0 grams or less than .05 grams of trans fat per serving.
3. For menu items and ingredients that did not come with nutrition facts label and no ingredients list, I have documentation on file from the vendor that the foods contain 0 grams or less than .05 grams of trans fat per serving. The documentation includes:
  - a. The manufacturer's name, address and phone number
  - b. Product name, serving size and ingredients
  - c. Trans fat content per serving in grams if product contains artificial trans fat.
4. It is an item served in its original sealed packaging with a label from the manufacturer (small bags of chips & cans of soda) and it is exempt from the trans fat regulation.

Therefore, based on this review, I certify that the foods and beverages provided for this event comply with the City's trans fat regulation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Business/Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address