



# RUAPEHU DISTRICT COUNCIL

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For Council Use

## Temporary Food Stall - Questionnaire

Please answer the following questions in relation to food safety at your stall.  
This questionnaire is required to be completed and submitted prior to the event.

### Event Details

Event \_\_\_\_\_ Date \_\_\_\_\_  
Location \_\_\_\_\_ Stall Name \_\_\_\_\_  
Applicants Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

### 1 What type of temporary food stall will be used at the event?

- Registered Mobile Food Vehicle       Hall/Building/Marquee  
 Individual Stall       Other (please specify) \_\_\_\_\_

### 2 List the type of foods intended to be sold at the event (full description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prior to the Event

### 3 Where will you obtain your supplies of produce, meat, food or product ingredients that you will sell or use to make the products you sell? Please note all foods for sale must be purchased from registered food premises, eg: registered supermarket. Ruapehu District Council does not endorse the preparation of food for sale in kitchens that are **not registered** under the Food Hygiene Regulations 1974 (eg: a domestic kitchen such as your home).

\_\_\_\_\_  
\_\_\_\_\_

### 4 Will food be purchased immediately prior to the event and directly transported to the event?

- Yes (go to question 7)       No

### 5 Where is the food going to be stored prior to the event?

- Registered premises (please list) \_\_\_\_\_  
 Storage facilities at the place of the event  
 Other (please specify) \_\_\_\_\_

### 6 Where is the food going to be prepared prior to the event?

- Registered premises (please list) \_\_\_\_\_  
 Kitchen at place of event       Other (please specify) \_\_\_\_\_

### 7 How is the food going to be transported to the event?

- By Supplier       Refrigerated Van       Insulated Containers  
 Wrapped (low risk foods only)       Other (please specify) \_\_\_\_\_

**At the Event****8 Where is the food going to be stored prior to the event?**

- Registered premises (please list) \_\_\_\_\_
- Storage facilities at the place of the event
- Other (please specify) \_\_\_\_\_

**9 Is there going to be any food preparation at the event?**

- No  Yes (please specify) \_\_\_\_\_

**10 Where food requires temperature control, how do you intend to keep the food hot or cold?**

Hot Food (above 60°C)	Yes	No	Cold Food (below 5°C)	Yes	No
Cooked to order	<input type="checkbox"/>	<input type="checkbox"/>	Insulated container with ice	<input type="checkbox"/>	<input type="checkbox"/>
Insulated container	<input type="checkbox"/>	<input type="checkbox"/>	Fridge	<input type="checkbox"/>	<input type="checkbox"/>
Bain-marie	<input type="checkbox"/>	<input type="checkbox"/>	Cool room	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

**11 How will you protect unwrapped foods against possible contamination?**

\_\_\_\_\_

\_\_\_\_\_

**12 What precautions are in place to prevent bare hands directly contacting foods?**

- Food handling gloves  Utensils such as tongs/spoons  Separate money-taker
- Other (please specify) \_\_\_\_\_

**13 How will the food be supplied to customers?**

- Pre-packaged  Pre-wrapped package  Single service plates/containers etc

**14 What facilities are proposed for hand washing for food handlers?**

- Portable hand basin with liquid soap and paper towels  Antibacterial hand wipes/lotion
- Plastic container with outlet/tap with liquid soap and paper towels

**15 What facilities are proposed for washing food handling utensils?**

- Kitchen at the place of event  Portable sink units  Containers filled with hot water
- Taken home (an adequate supply of clean utensils must be provided for the duration of the event)

**16 Where is the wastewater to be discarded?** (Wastewater is not to be discarded into the storm water system eg: gutters/drains or directly onto the ground/footpath)

- Disposed of in a sewer outlet at registered premises  Sewer outlet (eg: toilet, sink)
- Other (please specify) \_\_\_\_\_

**17 Do you or any of your staff have formal food hygiene training?**

- Yes (Specify No) \_\_\_\_\_  No

**18 Signature**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_