BOARD OF HEALTH

525 CANTON AVENUE
MILTON, MASSACHUSETTS 02186

(617) 898-4886
(617) 696-5712 FAX

COMPANY NAME & ADDRESS: _____

EVENT LOCATION (FACILITY & ADDRESS): _____

EVENT DATE(S): _____

EVENT TIME (Start of serving and End of serving): _____

PERSON IN CHARGE (PIC): _____

RECORD ALL *POTENTIALLY HAZARDOUS FOODS* SERVED AT THE EVENT

MENU ITEM	* DEPARTURE * Time	Temp	* ARRIVAL * Time	Temp	* SERVING * Time	Temp *	CORRECTIVE ACTION(S), if necessary

What will you do with leftovers? _____

PIC Signature: _____ **Date:** _____

ATTACH A COPY OF THE EVENT MENU
LEAVE MENU AND THIS COMPLETED FORM AT THE FUNCTION HALL