



# Sanitation Plan – Special Events

## Event Information

Name: \_\_\_\_\_ Estimated Daily Attendance: \_\_\_\_\_

Date(s) and Hours: \_\_\_\_\_

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

Organizer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## On-Site Services

### Water Supply

☐ Municipal water ☐ Private water ☐ Water is not needed for the event

Is potable water supplied to the food vendors? ☐ Yes ☐ No

### Water Sampling (Private Water System)

Testing Date: \_\_\_\_\_ Sample ID: \_\_\_\_\_

### Power Source

Is electricity provided for food vendors? ☐ Yes ☐ No

Is there a back-up power available? ☐ Yes ☐ No If yes, what: \_\_\_\_\_

### Wastewater Collection

On-site wastewater disposal available? ☐ Yes ☐ No ☐ Not applicable

**Describe how wastewater will be collected and disposed throughout the event:**

### Waste Management Plan

Number waste bins available on-site: Public: \_\_\_\_\_ Vendors: \_\_\_\_\_

Waste collection Frequency: \_\_\_\_\_

Waste Disposal Provider: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Describe how waste will be managed and collected throughout the event:**

### Hand Hygiene Facilities

Number handwashing stations on-site: Public: \_\_\_\_\_ Vendors: \_\_\_\_\_

Number hand sanitizing stations on-site: Public: \_\_\_\_\_ Vendors: \_\_\_\_\_

Hand hygiene facility restocking (water, soap, paper towel, hand sanitizer) frequency: \_\_\_\_\_

**Describe how potable water for the handwashing stations will be monitored, restocked, and cleaned throughout the event:**

### Toilet Facilities

Total number of toilets (portable): Public: \_\_\_\_\_ Vendors: \_\_\_\_\_

Total number of toilets (fixed facilities): Public: \_\_\_\_\_ Vendors: \_\_\_\_\_

Will there be toilets designated for food vendors? ☐ Yes ☐ No If yes, how many: \_\_\_\_\_

Toilet facility restocking (toilet paper, hand sanitizer) frequency: \_\_\_\_\_

**Describe how the toilet facilities will be monitored, restocked and cleaned throughout the event:**

### Common Touch Surfaces

Total number of sanitation staff: \_\_\_\_\_

Cleaning product(s) used: \_\_\_\_\_

Disinfectants used: \_\_\_\_\_

Describe the cleaning and disinfection frequency of common touch surfaces (door handles, knobs, railings, washrooms, kiosk terminals, etc.) throughout the event:

## Illness Policy for Food Handlers

As outlined in the *Food Premises Regulations*, a food premises license holder must not permit any person who is or appears to be suffering from an illness that can be passed on through food to handle or prepare food.

To ensure public health and safety, all food handlers must adhere to a defined illness policy as set out by the event licensee.

Any food handler exhibiting symptoms of illness within the past 24 hours must stay home and are not allowed to prepare or handle foods.

Symptoms to be included in each illness policy are the following: vomiting, diarrhea, yellow eyes/skin (jaundice), or open cuts and sores, especially on the hands.

Have/will all food vendors have been informed of the Illness policy? ☐ Yes ☐ No

Is someone designated to monitor food handler health? ☐ Yes ☐ No

If yes, provide their name and contact information:

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As outlined in the *Food Premises Regulations*, employees are required to notify license holders of any illnesses that could be transmitted through food, and license holders are required to notify the Chief Public Health Office if they know or have reason to suspect that an employee is suffering from an illness that can be transmitted through food.

If a food handler becomes ill during the event, what procedures will be followed by staff?



**Describe the process and/or attach written illness policy:**

## Site Map Requirements

Please ensure the following are clearly marked on your site map.

- Food and Beverage Vendor Locations
- Restroom Facilities
  - Clearly identify facilities dedicated to food vendors
- Handwashing & Sanitization Stations:
  - Public handwashing areas
  - Food vendor handwashing areas
  - Hand sanitizer dispensers
- Water Refill Stations
- Waste Disposal Areas
- Other facilities (petting zoo, personal services, etc.)

## Signature and Submission

By signing below, I confirm that the above sanitation plan has been reviewed and will be implemented in compliance with *Food Premises Regulations* and *Public Health Act*.

Event Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Public Health Office Use Only:

☐ Approved ☐ Requires Revisions ☐ Not Approved

Comments:

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions:**

Contact Environmental Health  
902-368-4970 or Toll Free 1-800-985-6400  
[envhealth@ihis.org](mailto:envhealth@ihis.org)

