Request for FOOD & BEVERAGE WAIVER

FAX COMPLETED FORM TO 610 526 7401, OR SEND TO BMCDS, CARTREF BUILDING

BEFORE FILLING OUT A REQUEST FOR A FOOD AND BEVERAGE WAIVER, PLEASE CONTACT BRYN MAWR COLLEGE CATERING (610 526 5236, FAX 610 526 7532). BRYN MAWR COLLEGE CATERING CAN USUALLY ACCOMMODATE YOUR FOOD AND SUPPLY NEEDS AT A REASONABLE PRICE.

DATE OF SUBMISSION: ________________ DATE OF EVENT: ________________

GROUP/ORGANIZATION: __________________ LOCATION OF EVENT: __________________

PURPOSE OF EVENT: __________________

IS THIS AN OPEN PUBLIC EVENT (OPEN TO ALL MEMBERS OF COLLEGE COMMUNITY) YES ☐ NO ☐

SOURCE(S) OF FOOD/BEVERAGE (LIST ALL): __________________

DURATION THAT FOOD IS TO BE SERVED: FROM: _______ TO: _______ EXPECTED ATTENDANCE: _______

FOOD BEING SERVED IS INTENDED FOR RESALE: YES ☐ NO ☐

FOOD/BEVERAGE BEING SERVED (PLEASE BE AS SPECIFIC AS POSSIBLE - INSUFFICIENT DETAIL):

NO POTENTIALLY HAZARDOUS FOOD ITEMS WILL BE APPROVED. THIS INCLUDES BUT IS NOT LIMITED TO: ITEMS CONTAINING PROTEIN, DAIRY OR OTHER INGREDIENTS CONSIDERED TO BE HIGH RISK OR ITEMS WHICH MUST BE HELD HOT OR COLD TO MAINTAIN FOOD SAFETY.)

1. ______________________ 5. ______________________
2. ______________________ 6. ______________________
3. ______________________ 7. ______________________
4. ______________________ 8. ______________________

EXTERNALLY CATERED EVENTS (THOSE NOT CATERED BY BMC CATERING) REQUIRE A CONTRACT DETAILING THAT A LICENSED CATERER IS SOLELY RESPONSIBLE FOR: SET UP OF EVENT, PROVIDING APPROPRIATE SANITARY EQUIPMENT, SAFE SERVICE OF FOOD WITHIN MONTGOMERY COUNTY HEALTH DEPARTMENT GUIDELINES & COMPLETE BREAKDOWN OF EVENT INCLUDING CLEANING AND TRASH REMOVAL. THE CATERER MUST ALSO PROVIDE A CURRENT PROOF OF LIABILITY INSURANCE FORM. BMCDS ALSO REQUIRES AN INSURANCE & INDEMNIFICATION FORM (LOCATED ON THE BMCDS CATERING PAGE) TO BE SIGNED FOR EACH EVENT SERVED BY THE LICENSED CATERER. GUIDELINES GIVEN FOR PROPER HEALTH AND SANITATION PROCEDURES UPON RETURNED APPROVAL OF FOOD WAIVER.

Person Responsible for Event (print) __________________ Signature __________________ Email __________________

On behalf of Bernie Chung Templeton, Director - BMCDS Email of Additional Recipient __________________

NOTES FOR SERVICE (these notes must be followed for safe service of this food):

__________________________________________

__________________________________________

__________________________________________

__________________________________________

INTERNAL CHECKLIST

☐ PROOF OF INSURANCE

☐ I & I

☐ CONTRACT

HOUSEKEEPING/CONFERENCES CHECK: WAS FOOD/TRASH PROPERLY CLEANED UP? YES ☐ NO ☐

DATE ________ DATE ________ BY __________________

DETAILS ____________________________________________ 3.17

SELF CATERED EVENTS: PLEASE DISPOSE OF YOUR TRASH AT THE LOCATION LISTED ON BACK PAGE
SELF CATERED EVENTS: PLEASE DISPOSE OF YOUR TRASH AT THESE LOCATIONS:

BENHAM GATEWAY
Outdoor container by Gateway facing Sunken Garden

BETTWS-Y-COED
Outdoor container behind Bettws-y-Coed

CAMBRIAN ROW/PENSBY
Outdoor container by tennis courts

CAMPUS CENTER
Dumpster by Radnor

DALTON
Outdoor container behind Guild

ENGLISH
Outdoor container behind English

GOODHART
Dumpster in Rock Courtyard

GUILD
Outdoor container behind Guild

PARK
Dumpster in Park parking lot

RUSSIAN
Outdoor container behind English

SCHWARTZ
Outdoor container behind Schwartz

SOCIAL WORK
Outdoor container by parking lot entrance doors

TAYLOR
Outdoor container behind Merion

THOMAS
Outdoor container between Thomas and Canaday