TCNJ Recognized Student Organization Food Sale Form

*Display completed form at event*

Food Purchased Prepackaged or Food listed on Approved Food Type List

Food Item: _____________________________

Purchase/Pickup Location: ____________ Pick up Day/Date/Time: _______________________

Food Purchased from 3rd Party Company

Food Prep Company: _____________________________

Address: ______________________________________

______________________________________________

Food Item: _____________________________

Food Ingredients:

Food should utilize a Sterno for service: Yes/No Food should be kept cool: Yes/No

Date/Time of Food Preparation: __________________________ Appropriate Service Time: 1 / 2 / 3 / 4 hours

Other Food Service instructions: ______________________________________________________

Representative of Food Preparer:

_________________________ ___________________________ ___________________________
Name Signature Date

We certify the above information to be true and accurate:

_________________________ ___________________________ ___________________________
Name of Student Organization Name of Student Representative Date
TCNJ Recognized Student Organization Food Service Checklist
(Sales, Free Food, or Food with a Recommended Donation)

Food Item: ____________________________

Ingredient list:

Food Preparation/Pickup Day/Date/Time: ____________________________

☐ Food was produced in a licensed commercial kitchen.
☐ This food was prepared in a home kitchen or other location that does not hold a food license and is not inspected by staff trained in food safety.
☐ This food may therefore contain allergens or may have come in contact with allergens during preparation.
☐ Food was transported to site in a manner consistent with its food safety recommendations.
☐ Gloves and serving utensils are being used.
☐ Group is providing plates/utensils for single use.
☐ Proper hand washing occurred before and during (as needed) food service.
☐ Group has a designated member(s) serving food throughout food service.
☐ This food needs to be maintained at an acceptable temperature i.e. cold foods must be kept refrigerated (consumed or refrigerated below 41°F) and hot items must be kept at minimally safe temperatures for hot items (consumed or maintained at or higher than 135 °F).
☐ Foods required to be kept hot/cold are NOT being maintained at acceptable temperatures:

**FOOD GOOD FOR 2 HOURS**
Food Service Must Conclude By: ____________________________
     (Preparation Day/Date/Time + 2 hours)

☐ Foods required to be kept hot/cold ARE being maintained at acceptable temperatures
   OR Food is NOT required to be maintained at an acceptable temperature:

**FOOD GOOD FOR 4 HOURS**
Food Service Must Conclude By: ____________________________
     (Preparation Day/Date/Time + 4 hours)

We certify the above information to be true and accurate:

_________________________________  ___________________________________  ____________
Name of Student Organization          Name of Student Representative       Date