

Temporary Food & Beverage Vendors Requirements

1. All food handlers **MUST** have taken Typhoid Injection and Food Handler’s Course. **These documents need to be made available inside campus premises at all times.** Proof is to be attached along with this form. (Please refer checklist below)
2. As referred to Food Act 1983 (Food Hygiene Regulations 2009), food hygiene practice **MUST** be observed at all times – *wear food grade gloves, mouth shield, hair nets, cap or bandana. NO ACCESSORIES ALLOWED (Earrings, watch, ring, bracelet etc.)*
3. All external food handlers are **required to wear** proper and clean attire – *covered shoes, long trousers, t-shirt.*
4. **No polystyrene** and Single Use plastic bottles, including straws to be used at all times.
5. **No** food or beverage items placed directly on the floor.
6. **No gas appliances** which heats with naked flame is allowed at the temporary food kiosk. (LPG, Butane canisters etc.)
7. Pouring oil and other oily substances in the sink or drainage is **STRICTLY** disallowed in the campus.
8. **NO** smoking, **NO** alcohol and **NO** gum are allowed within campus premises.
9. **If any of the above requirements are not fulfilled, the management reserves the right to disapprove the application.**

I, _____, hereby acknowledge that it is my responsibility to **adhere and communicate** the above information to any food handlers entering the university premises to these aforementioned rules and regulations.

If there are any difference, discrepancy or dispute regarding information of food handlers or vendors that is attached with this form, the **vendor will be asked to leave IMMEDIATELY from the campus premise.** Failure to adhere to these rules and regulations may result in actions taken by the management.

Photostat copy of Identification card for ALL food handlers during event day	
Photostat copy of Typhoid Injection proof for ALL food handlers during event day	
Photostat copy of Food Handler’s Course proof for ALL food handlers during event day	

Vendor Signature: _____

Vendor Name: _____

Date: _____

Company Registered Name: _____

Health and Safety Department: _____