Organizations are expected to adhere to safe food distribution practices. In this effort, all organizations wishing to distribute food at an event or meeting of any size must review the following educational documents: “10 Steps to a Safer Kitchen”, the “6 Consumer Control Points” and the “Hand Washing.” These documents are provided during advisory meetings with the office of Student Activities.

The “10 Steps to a Safer Kitchen”, the “6 Consumer Control Points” and the “Hand Washing” documents will assist you in identifying your critical control points from purchasing, kitchen safety through sale or service that may contribute to food borne illness; however, this information is a starting point. Please, review the additional information provided by the RI Department of Health at www.health.ri.gov regarding State Law, food borne illness, and food safety.

Events with unique food safety considerations may be required to have their event catered or to purchase additional event insurance.

**EVENT**

Date of Event: M T W Th F Sa Su: ____ /_____ / 20____  
Time:_____ AM/PM to _____AM/PM

Organization(s) Name: ________________________________________________________________

Location:_________________________________________________________

**Sponsor confirmation:**

1. We will use the [food safety](#) and [food allergy](#) documents in the planning and management of our event, which are available on the SAO website (located under Tips and Resources A-Z).

2. Prior to our event, we have or will have read the [food safety](#) and [food allergy](#) in their entirety. These resources are available SAO website (located under Tips and Resources A-Z).

3. We will use our best efforts to comply with the regulations and guidelines regarding food safety.

The event coordinator’s signature acknowledges the sponsoring organization's acceptance of this responsibility and adherence to safe food distribution requirements.

Event Coordinator (print)________________________________________ email_______________________

Event Coordinator (signature) ______________________________________