TEMPORARY FOOD ESTABLISHMENT EMPLOYEE LOG

Event: _____

Establishment Name: _____

All temporary food establishments must complete this employee log for each day of each event. Any person representing the establishment and located in or around the temporary food site must be recorded on this log. This log is kept by the food vendor but **must be available on demand by City, State and/or County Officials.**

Name	Date	Assignment	Time In	Time Out	

Official Use Only

Document requested by: Date document requested:

Name of Agency requesting document:

_____ _____

_____ _____

Document submitted by (Name & Phone) Date submitted:

_____ _____