



# HEALTH SERVICES

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## OUTDOOR MASS GATHERING ENVIRONMENTAL HEALTH CHECKLIST

1. **EVENT NAME:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**EVENT ADDRESS:** \_\_\_\_\_

**PHONE # (\_\_\_\_) \_\_\_\_\_ ALTERNATE # (\_\_\_\_) \_\_\_\_\_**

**E-MAIL ADDRESS:** \_\_\_\_\_

### 2. TOILETS:

a. \_\_\_ 1 PER 100 PERSONS SHOWN ON PLAN

b. \_\_\_ CONTRACT AGREEMENT ATTACHED

### 3. HANDWASHING FACILITIES:

a. \_\_\_ RUNNING WATER? IF YES, SEE b, IF NO SEE c

b. \_\_\_ ADEQUATE SOAP AND PAPER TOWELS

c. \_\_\_ PREPACKAGED SANITARY WET TOWELS PROVIDED, CONVENIENTLY LOCATED

### 4. WATER:

a. \_\_\_ PUBLIC WATER?

b. \_\_\_ PRIVATE WATER? IF PRIVATE, MUST HAVE BIOLOGICAL AND CHEMICAL TESTING DONE. CONTACT 541-388-6563

c. \_\_\_ ADEQUATE SUPPLY

d. \_\_\_ CONVENIENT LOCATION

e. \_\_\_ ADEQUATE WATER DISPENSING EQUIPMENT (i.e., paper cups)

### 5. WASTE/GARBAGE COLLECTION AND REMOVAL:

a. \_\_\_ CONTRACT AGREEMENT WITH SOLID WASTE FIRM ATTACHED

b. \_\_\_ FREQUENCY OF PICK-UP NOTED IN CONTRACT

c. \_\_\_ DISPOSAL SITE LOCATION \_\_\_\_\_

### 6. FOOD SERVICE FACILITIES:

a. \_\_\_ LOCATION OF TEMPORARY RESTAURANTS

b. \_\_\_ FOOD SERVICE OPERATORS NOTIFIED TO SUBMIT FOOD SERVICE APPLICATION AT LEAST 7 DAYS IN ADVANCE OF EVENT

c. \_\_\_ WHERE WILL WASTEWATER BE DISPOSED OF? (SHOW ON SKETCH, SEE #7 BELOW)

d. \_\_\_ IF MOBILE FOOD UNIT VENDOR, MUST HAVE DCEH LICENSE

### 7. SKETCH WHICH SHOWS THE FOLLOWING:

a. \_\_\_ NUMBER AND TYPE AND LOCATION OF TOILETS

b. \_\_\_ HANDWASHING FACILITIES

c. \_\_\_ WATER SUPPLY LOCATIONS

d. \_\_\_ FOOD SERVICE LOCATIONS

e. \_\_\_ SOLID WASTE COLLECTION LOCATIONS

f. \_\_\_ WASTEWATER DUMP LOCATIONS