

- A letter of request must be submitted to council with details of date, location, times and purpose of the stall/event.
- If you are setting up your display adjacent to an existing business you will require concurrence from the business owner prior to applying to Council.
- A copy of Public Liability Insurance must also be submitted to council preferably with the clause stated - indemnifies Moree Plains Shire Council.
- The OH&S Checklist must be completed prior to the stall/event taking place.

CHECKLIST FOR VENDORS ON COUNCIL FACILITIES

Name of Business Owner: _____

Address of Business: _____

Town: _____ Postcode: _____

Telephone Number of Business Contact: _____ A/H _____

Type of Business: _____

Date of Facility Use: _____ / _____ / 20 _____

Site No: _____ Location: _____

Public Liability Policy Number: _____

Insurance Company Name: _____

Address: _____ City: _____

Telephone Number: _____ Policy Expiry Date: _____ / _____ / 20 _____

Level of Cover any one event: \$ _____

Date of commencing to set up for event: _____ / _____ / 20 _____

Start Time: _____ am / pm

Finish Time of Event: _____ am / pm

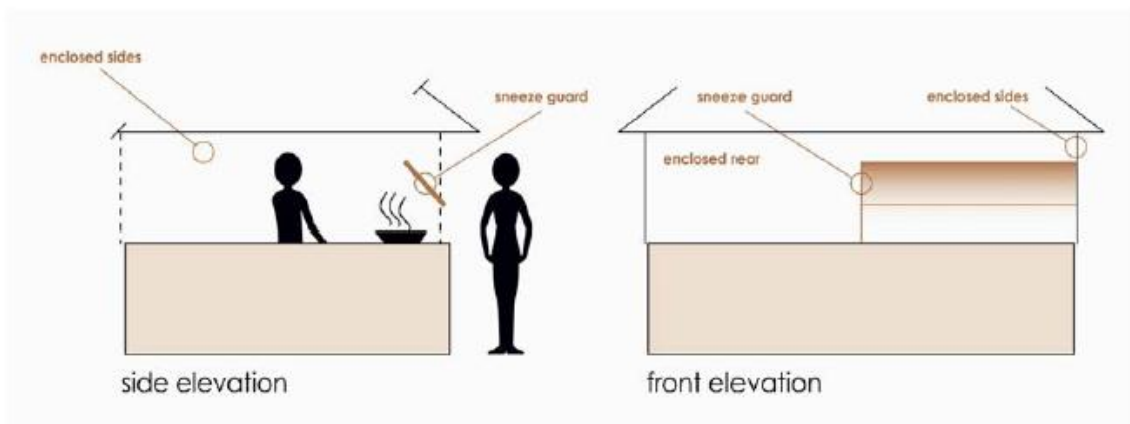
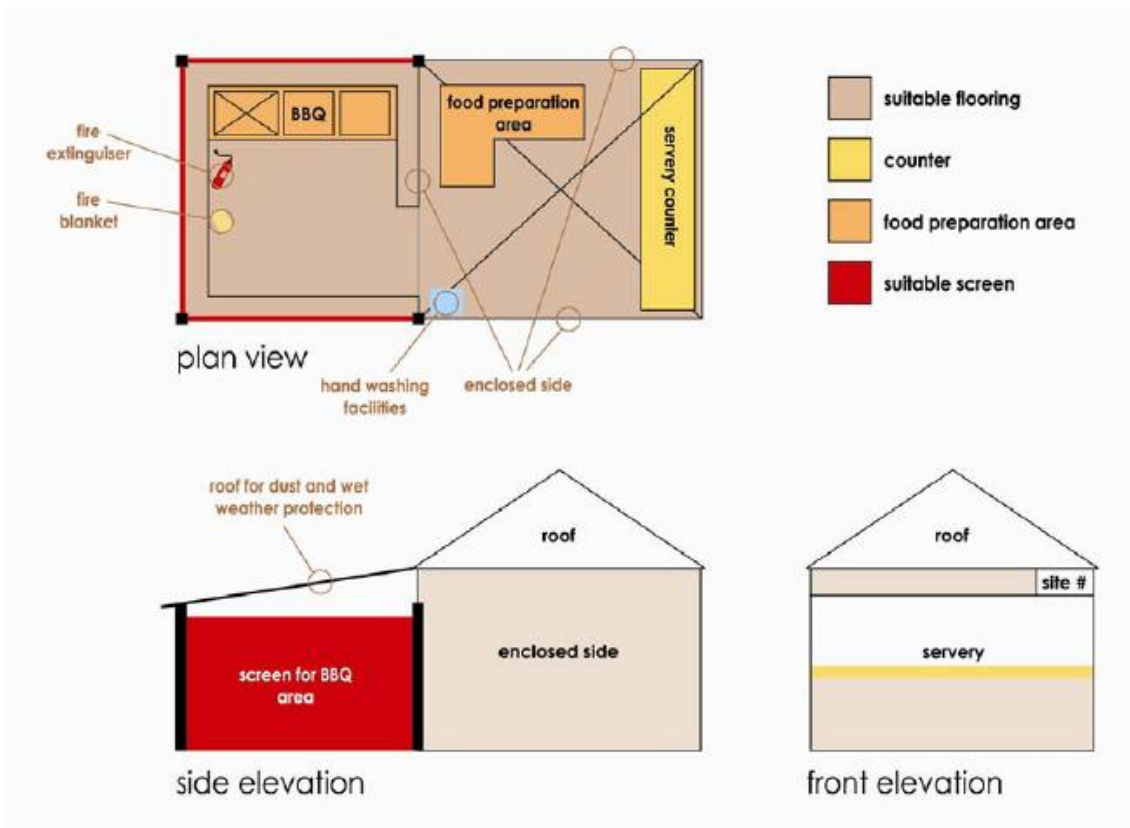
Date facility return to normal state: _____ / _____ / 20 _____

Time facility returned to normal state: _____ am / pm

Have Residual Circuit Breakers (RCB) been installed at point of electricity supply to control electrical hazards on the footpath?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the RCB been tested by a competent person? (Electrician every 12 months and tagged)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Tested: ____/____/20__
Are there any extension cords to be used across the footpath?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have all extension cords been tested by a competent person? (Electrician every 3 months and tagged)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date Tested: ____/____/20__ Date Tested: ____/____/20__
Do you have an Electrical Testing of Electrical Leads Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have there been preventive measures implemented to secure extension cords to prevent tripping over?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there any racks, stands, signs being used on the footpath?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have they been adequately secured to prevent falling over?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has your staff been informed to be aware of any hazards associated with street carnival activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
In the event of an emergency situation is your staff aware of the emergency locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there an Australian Standard First Aid Kit located at your site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a procedure in place to clean up any rubbish or spills (food or drinks) associated with your activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you have adequate rubbish receptacles at your location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you maintained around your site appropriate access and egress, especially for elderly, prams, sight and wheelchair impaired people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

5. TEMPORARY FOOD STALL CHECKLIST

Typical Food Stall



5.1 Temporary Food Stall Checklist

HAVE YOU...?

1. Received the necessary approvals:
 - NSW Food Authority for high risk foods?
 - Council for:
 - home-based operations?
 - setting up at the event?
 - satisfactory food vending vehicle inspection?
2. Notified your food business details to the Food Authority?
3. Public indemnity insurance?
4. Asked about inspection fees?
5. Checked your stall will:
 - be located in a dust-free area, away from toilets and garbage bins?
 - have sufficient supply of potable water?
 - have adequate wastewater disposal facilities?
 - have adequate garbage bins?
 - have power?
 - have suitable construction – floor, walls and ceiling?
 - have food handling facilities for storage, cooking, hot/cold holding, preparation and serving?
 - have cleaning and wash-hand facilities?
 - address safety issues – fire control and WorkCover issues?
6. Provided a suitable vehicle and containers for the transport and storage of the food?
7. Addressed food handling operations adequately, including:
 - all food handlers have adequate skills and knowledge for their activities?

- checked if there are potentially hazardous foods involved? If YES, then have you...
 - provided adequate hot or cold storage facilities (eg. portable coolrooms, adequate supply of ice, hot boxes)?
 - checked that there is a thermometer?
 - checked a sanitiser is available?
 - checked that frozen foods can be correctly thawed?
 - organised designated staff to handle money only, while other staff serve ready-to-eat food using tongs or gloves?
 - provided adequate measures to protect food from contamination (eg. lidded containers, sneeze barriers)?
 - checked that eating and drinking utensils are protected from contamination until use?
- minimised the need for re-useable dinnerware and tableware?
- packaged food is appropriately labelled?
- adequate shelving so food is not stored on the ground?
- checked that hand washing supplies, including soap and paper towels, have been provided?

If you answered NO to any of these questions (except having potentially hazardous foods), then you may need to discuss these issues with the local council and/or change your management plan, before the event begins.

MOREE PLAINS SHIRE COUNCIL

ELECTRICAL EQUIPMENT REGISTER

Department / Vendor:..... Section / Location:

Date: //20..... Electrical Testers Name:..... License No:.....

Equipment Description	Plant or Serial No	Date of Inspection / test	Date for next Inspection/ test	Visual Inspection			Signature	Testing Certificate Number
				Poor Condition <i>MUST BE REPLACED</i>				
				Good	Fair	Poor		

NP: Equipment Description: Residual Circuit Breaker, Extension Cord, Electrical Appliance, or Power Generator with Earth Leakage.

MPSC - OHS-Form-006 Part 1	Authorised by: John Egan Position: Risk Manager	Issue date: November 2011
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