| FOOD ENTITY REGISTRATION AND CATERING ACCREDITATION | Document No.: FSQA-F-014 | |
|--|---------------------------------|--|
| Unit: Office for Food Safety and Quality Assurance | Rev No: | |
| Section: Food Safety and Quality Assurance | Page No: 1 of 2 | |
| Title: Food Entity Registration & Catering Accreditation | Effective Date: October 1, 2023 | |

| FOOD ENTITY RE | GISTRATION | & CATERING A | ACCREDITATIO | N FORM |
|---|---|--|-----------------------|---------------------------|
| Fill up the form appropriately. For Food Ei Mandatory + Additional requirements. | ntity Registration - | Accomplish until the | mandatory requirem | ents part. For caterers - |
| The processing time for registration of foo | od entities and acc | reditation is15 days fi | rom receipt of the co | mpleted application form. |
| TYPE OF APPLICATION | FO | OD ENTITY REGISTRATIO | N | CATERING ACCREDITATION |
| NAME OF ENTITY (BUSINESS NAME/FOOD DISTRIBUTOR NAME/ OFFICIAL NAME) | | | | |
| NAME OF OWNER/OPERATOR/DISTRIBUTOR | | | | |
| AUTHORIZED REPRESENTATIVE (NAME & DESIGNATION) - IF ANY, PUT N/A IF NONE | | | | |
| ADDRESS/ LOCATION OF COMMISSARY | | | | |
| EMAIL ADDRESS | | | CONTACT NUMBER | |
| OFFICIAL WEBSITE AND/OR SOCIAL MEDIA PAGE | | | | |
| | | | | |
| LOCATION OF FOOD SELLING/DISTRIBUTION INSIDE CAMPUS | | | | |
| WHO APPROVED YOUR FOOD SELLING? (BUILDING/AREA ADMINISTRATOR) | | | | |
| *MANDATORY REQUIREMENTS (Food Ent | ity Registration an | d Catering Accredita | ation) | VERIFIED BY FSQA |
| Letter of Intent (LOI) Addressed to OFS | SQA (Send to <u>fsqa@a</u> | teneo.edu) | | |
| 2. Valid Sanitary Permit | | | | |
| 3. Valid Health Certificate for All Food Ha | ndlers (If scanned: Se | end front and back copy |) | |
| 4. Complete Menu List / Specialty Profile | | | | |
| 5. Packaging List should be compliant to | the <u>University Packac</u> | ing Guidelines | | |
| | BELOW REQ | END UIREMENTS ARE CCREDITATION (| | |
| CATERING ACCREDITATION RATING BEIN B CAN CATER FOR LESS T A CAN CATER FOR LESS T AA CAN CATER FOR LESS T AAA CAN CATER FOR MORE | HAN 100 ATTEND HAN 300 ATTEND HAN 1,000 ATTEN | EES DEES | | |
| LEVEL A - ADDITIONAL REQUIREMENTS - (Catering Capacity: LESS THAN 300 atten | • | RERS ONLY | | |
| Complete Mandatory Requirements | | | | |
| 2. Client List (For Reference use only) | | | | |
| | | | | |

| | | AND CATERING ACCRED | | Document I | No.: FSQA-F-014 |
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| 3. | Photo of Kitc | hen/Commissary (Front View & Kitchen View) | | | |
| 4. | Latest Pest C | ontrol Treatment Report | | | |
| 5. | Latest Valid V | Vater Analysis Laboratory Test Result | | | |
| 6. | Latest Valid I | ce Analysis Laboratory Test Result | | | |
| | | TIONAL REQUIREMENTS - <u>FOR FOOD CATER</u> LESS THAN 1,000 attendees) | ERS ONLY | | |
| 1. | Complete Ma | andatory Requirements | | | |
| 2. | A-Level Requ | uirements Compliant | | | |
| 3. | Food Safety | Compliance Officer (Attach a scanned copy of Valid Li | icense) | | |
| 4. | Commissary | Floor Plan <i>(Attach scanned copy)</i> | | | |
| 5. | Complete Ca | atering Equipment List | | | |
| 6. | Photo of Clea | an Transport Vehicle | | | |
| 7. | Site Visit (Ind | icate Date:/ and Time::_ AM/PM) | | | |
| | | TIONAL REQUIREMENTS - <u>FOR CATERERS ON</u> MORE THAN 1,000 attendees) | NLY | | |
| 1. | Complete Ma | andatory Requirements | | | |
| 2. | AA-Level Red | quirements Compliant | | | |
| 3. | Proof of Anni | ual Food Safety Training | | | |
| 4. | Proof of Goo | d Manufacturing Practices Certification/ServSafe Certi | fication, or equivalent | | |
| 5. | Proof of Sani | tation Standard Operating Procedures (Documentation | n) | | |
| 6. | HACCP Certi | fication or equivalent (optional) | | | |
| I here that | by certify that | the above information given is true and correct and | acknowledge that I am signi | ng the agreemer | nt voluntarily. I understand |
| PREPA | RED BY: (TC | BE FILLED UP BY APPLICANT) | RECEIVED BY: | | |
| | | | | | |
| | NA | ME, SIGNATURE, & DATE | NAME, | SIGNATURE, | & DATE |
| | | | <u> </u> | | |
| | | | | | |

-----END------

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| | Unit: (| Office for F | Food Safety and (| Quality Assurance | | Rev No: |
| I | | | afety and Quality y Registration & | Assurance Catering Accredita | tion | Page No: 3 of 2 |
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| OR FOOD ENTI | TY REC | GISTRATIC | ON | | | |
| REGIST | ſERED | | them to engage in f | ood selling or distribution | on activities but O | EGISTERED' status. This status allows NLY within designated venues and ect to further permission from the |
| DECLI | INED | | applications. These | entities are not permitte | ed to operate or e | riteria will be classified as "DECLINED ngage in any food selling or nay be done only after 30 days. |
| NLY FOR CATER ATERING ACCR | | ATION RAT | TING MATRIX | | | |
| Accreditation Level | | В | А | AA | AAA | F |
| Sataria a Caracita | F | or small ever | nts For small even | For medium to big events | For big event | Not allowed to operate inside the University |
| Catering Capacity | · | Less than 100 attendees | 0 Less than 300 attendees | Less than 1,000 attendees | More than 1,0 | 00 N/A |
| | | om/FoodBusi | nessAccreditation APPLICATION | | SUMMARY | atering Accreditation Guidelines or g |
| or the registration an is website: https://ti | | om/FoodBusi | nessAccreditation APPLICATION | FORM ATTACHMENT S | SUMMARY |) |
| is website: https://ti | | om/FoodBusi | APPLICATION APPLICATION Input all the requireme | FORM ATTACHMENT S | SUMMARY e application form |) |
| CHECKED BY: | | om/FoodBusi | APPLICATION APPLICATION Apput all the requireme | FORM ATTACHMENT S | SUMMARY e application form |) BY: |
| CHECKED BY: | | om/FoodBusi | APPLICATION APPLICATION APPLICATION APPROVED BY: | FORM ATTACHMENT S | SUMMARY e application form NOTED |) BY: |
| CHECKED BY: | tinyurl.co | om/FoodBusi | APPLICATION APPLICATION APPLICATION APPROVED BY: | FORM ATTACHMENT Sonts to be attached in the | SUMMARY e application form NOTED |) BY: |