

University of Minnesota Public Health Program

Truck Risk Assessment and Info Form (TRAIF)

Name of truck/company: \_\_\_\_\_

The licensing/regulatory agency and license # (attach copy) for your truck:

\_\_\_\_\_

**If applicable:**

University event truck is participating in \_\_\_\_\_

University contact for event (name, phone, email) \_\_\_\_\_

**Proposed Operating Date(s):** \_\_\_\_\_

**Genset on board?** \_\_\_\_\_ Y \_\_\_\_\_ N

List all foods to be served, especially any temperature controlled for safety (TCS)/potentially hazardous (PH) (perishable) foods, from truck at event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Commissary information:**

a) Name & address: \_\_\_\_\_

b) Operator contact (name & phone): \_\_\_\_\_

c) Health lic. issued by: \_\_\_\_\_ Lic. #: \_\_\_\_\_

c) Email: \_\_\_\_\_

**Will TCS/PH foods sold on site be:**

1) cooked from raw at event: Y \_\_\_\_\_ N \_\_\_\_\_

2) be re-heated at event: Y \_\_\_\_\_ N \_\_\_\_\_

3) source of food to be re-heated: Commercial/retail Y \_\_\_\_\_ N \_\_\_\_\_

Truck's commissary Y \_\_\_\_\_ N \_\_\_\_\_

**University of Minnesota Public Health Program**

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**Briefly Describe Preparation of TCFS/PHF foods at event:**

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**Truck Cooking Equipment:** \_\_\_\_\_

**Cold Holding Equipment:** \_\_\_\_\_

**Hot Holding Equipment:** \_\_\_\_\_

**Will a SeveSafe or MDH Certified Food Manager be on site?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Certified Food Manager Name(s) & Cert # (attach copy of certificate):**

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**Owner:** \_\_\_\_\_ **Printed name:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_