

Confirmation of Use Form

This form is to be completed by the individual or business that is renting or sharing a facility with another food handling establishment that holds a valid health permit:

Business Name: _____
 Name of Operator renting the space: _____
 Operator Phone Number: _____
 Health Permit Number: _____ (If not yet issued leave blank)
 Business Name of Permitted Establishment (owner of the space): _____
 Phone Number: _____
 Health Permit Number: _____
 Rental Space/Site Address: _____
 Scheduled Days and Hours (per week/Month) _____

The following information is to confirm that access is being provided to the user (renter)

Access to Equipment: (check all that applicant has full access to)

- | | |
|---|--|
| <input type="checkbox"/> Walk-in Refrigerator | <input type="checkbox"/> Walk-in Freezer |
| <input type="checkbox"/> Commercial Upright Refrigerators - # of units provided: _____ | <input type="checkbox"/> Domestic Refrigerators - # of units provided: _____ |
| <input type="checkbox"/> Domestic Chest or Commercial Freezers - # of units provided: _____ | <input type="checkbox"/> Commercial Ovens - # of units provided: _____ |
| <input type="checkbox"/> Domestic Ovens - # of units provided: _____ | <input type="checkbox"/> Hot Holding Equipment - # of units provided: _____ |
| <input type="checkbox"/> Commercial Dishwasher | <input type="checkbox"/> 3-Compartment Sink |
| <input type="checkbox"/> Handwash Sink | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Secure Storage Space for Food, Equipment, Supplies and Chemicals | |
| <input type="checkbox"/> Other _____ | |

All food and equipment used for the food operation must be stored at this facility. Home food preparation and storage is not allowed.

 Applicant Signature

 Facility Owner/Manager Signature

 Applicant Name (print)

 Facility Owner/Manager Name (print)

Date: _____

Date: _____

Signature represents that the applicant is aware it is their responsibility to ensure that the operation is in compliance with all applicable Acts and Regulations. It is the responsibility of both parties to update the department of any changes to this confirmation of use, including the expiry of the use.

The Department of Health, Seniors and Long-Term Care ("the Department") is collecting your personal information and/or personal health information to administer and enforce the Public Health Act and its regulations.

The Department is authorized to collect your personal information and/or personal health information under subsection 36(1) of The Freedom of Information and Protection of Privacy Act, CCSM c F175 ("FIPPA") and/or subsection 13(1) of The Personal Health Information Act, CCSM c P33.5 ("PHIA").

Your personal information and personal health information is protected by FIPPA and PHIA. The Department cannot use or disclose your personal information or personal health information for other purposes, unless you consent or the Department is authorized to do so by FIPPA or PHIA.

If you have any questions or concerns about the Department's collection of your personal information and/or personal health information, please contact the Health Protection Unit at healthprotection@gov.mb.ca or toll free: 1-844-476-1425