



SPECIAL EVENT

AND

UNIT/PRIVATE ORGANIZATION

FUNDRAISING PROCEDURES

AT MCAS IWAKUNI, JAPAN

OCTOBER 2024

**Special Event and Private Organization Fundraising
Procedures at MCAS Iwakuni, Japan**

Ref: (a) MCIPACO-MCBBO 5760.2

Encl: (1) Request for Special Function/Fundraising Event
(2) Deliberate Risk Assessment Worksheet (DRAW)
(3) Temporary Food Application

1. Purpose. To simplify fundraising procedures as much as possible and to assist event organizers through the special event and/or fundraising process. It is important to follow the procedures outlined in this guide to avoid delays due to incomplete/improperly completed forms.

2. Background

a. The reference is the guiding directive for special events and fundraising at Marine Corps Installations Pacific installations.

b. Organizations authorized to fundraise on MCAS Iwakuni facilities and areas are limited to the following (see chap. 2, par. 1 of the reference for more detailed information on each authorized organization):

(1) Private organizations (POs) **in a current reporting status** (for PO reporting requirements, see par. 8 of encl (1) to the reference, and par. 1005 and encl (1) to the PO Guidebook located at: <https://iwakuni.usmc-mccs.org/lodging/about/private-organizations>);

(2) Department of Defense Dependent Schools (DoDDS) activities;

(3) Units/Family Readiness Groups on MCAS Iwakuni facilities and areas;

(4) Unit, Personal, and Family Readiness Program activities;

(5) The Combined Federal Campaign (CFC) and the Navy and Marine Corps Relief Society (NMCRS);

(6) One-time, annual activities (Marine Corps Community Services (MCCS) will confer with the Staff Judge Advocate (SJA) prior to routing any request for fundraising by any Non-Federal Entity (NFE) which is not in an active status PO); and

(7) NFEs with specific statutory authority to operation on MCIPAC facilities and areas.

c. Organizations are limited to two fundraising events per quarter for a total of eight events per calendar year. (Note: When participation is solicited by Marine Corps Community Services (MCCS) in support of an air station or MCCS event, that participation will not count against that quarter's quota.)

3. Restrictions. See the reference and the PO Guidebook for restrictions on fundraising. Contact the MCCS Coordinator (CSC) at 253-4109, or the SJA at 253-5591, for any questions regarding restrictions on fundraising.

4. Timeline. Requests should be submitted as far in advance of the planned event as possible, **but no later than 21 days in advance** per the reference. Organizers should be aware that more complicated or unusual requests may take longer to review and should plan accordingly. Submission of outdated, incomplete and/or improperly completed forms may result in disapproval due to insufficient time to staff and review the request.

5. Required Forms. The below forms are required for fundraising requests (detailed instructions for completing the forms are included with the forms in the respective enclosures). All forms can be found at: <https://iwakuni.usmc-mccs.org/lodging/about/private-organizations>.

- Request for Special Function/Fundraising Event (enclosure (1)) (required for all events).
- Deliberate Risk Assessment Worksheet (DRAW) (required for all events). (See enclosure (2) for a blank form as well as templates for commonly held events.)
- Food Event Application (enclosure (3)). (Required for all events involving food (including baked goods), drinks, snacks, etc.)
- Current food handling certificates for all individuals involved in the preparation or handling of food during the event (if food is involved).

6. Procedures

a. Event Planner

(1) Contact the facility manager where the event is planned to take place to ensure availability.

(2) Fill out the applicable forms using the instructions contained with the forms in the enclosures.

IMPORTANT NOTE: If using one of the provided templates, the event organizers remain responsible for understanding and complying with all of the risk mitigation measures contained in the DRAW sheet. Also, the same individual MAY NOT sign as both the Preparer and Reviewer. Any requests submitted with the same individual signing in both blocks will be returned with no action taken.

(3) Submit the completed forms to the MCCS Community Services Coordinator (CSC) at ombiwakuni.mccscoordinator@usmc-mccs.org.

b. CSC. The CSC will review the request for completeness and will contact the originator to confirm receipt and correct and deficiencies.

(1) Standardized Events. The routing process for events involving minimal risk (e.g., bake sales and Gas & Glass events) will be streamlined provided the organizer complies with the requirements outlined in the appropriate DRAW sheet. Requests of this type will be routed by the MCCS CSC directly to the SJA who, after review, will route the request to the Station XO for final decision.

(2) All other requests will be routed via the Electronic Correspondence Routing & Records Solution (ECR2S) as required following the below guidance:

- Facility manager where the event will be held¹
- Station Safety¹
- PMO²
- Fire Department¹
- Preventive Medicine³
- Environmental⁴
- SJA¹
- Station Executive Officer (final approval authority)

¹All requests

²Any request involving alcohol or other security/traffic concerns

³Any events involving food and/or drinks

⁴Any request that may have unknown environmental impact

c. The event sponsor will be notified via email of the final decision and provided a copy of the request. A copy of the approval must be on hand at the event.

7. Fundraising at the Atago Sports Complex. Although POs can hold fundraising events at the Atago Sports Complex, those requests will be scrutinized closely due to sensitivities associated with that venue and will be subject to additional restrictions (see par. 7b). Additionally, events held at the Atago Sports Complex must be vetted through the Station S-7 once the fundraising event has been approved.

a. Events conducted by POs are not considered official U.S. events.

b. The Local Implementation Agreement between the air station and Iwakuni City states that Atago will be operated as a city park, and only official US or city events may permit vendor sales. Because fundraisers conducted by POs at Atago are not considered official U.S. events, they cannot be open to the general public. There are two options for POs to conduct fundraisers at Atago:

(1) Status of Forces Agreement (SOFA) Personnel Only Event

(a) Conduct the fundraiser as a normal on-base event and hold some/all of the event at Atago. All monies must be collected on the main base, **not** at Atago.

(b) Limit participation to SOFA personnel and bona fide guests (JMSDF personnel, Japanese base employees) and their guests only.

(2) General Public Event

(a) Request to hold a fundraiser at Atago through the City as any off-base organization would do. (Note: The organization must still also submit a fundraising request through the normal process outlined in this pamphlet.)

(b) The sponsoring organization must ensure that the request and any associated advertising contains a statement that the fundraiser is not a U.S. sponsored event. If approved by the City, the PO can open the event to the general public.

(c) Sponsoring organizations are responsible for complying with all Japanese laws regarding payment of customs, duties and taxes for all merchandise being sold.

c. Because events conducted by POs are not considered official events, reservations can be made up to 30 days in advance of the planned event date (MCASO 1710.2A refers).

8. Unit Fundraising. Although this pamphlet specifically addresses fundraising by POs, the same rules and procedures apply to unit fundraising with the following exceptions:

a. Units may only fundraise on board the air station, and then only among DoD personnel (by our own, for our own),

b. Units may fundraise *within their own spaces* without submitting/routing a request if participation is limited to that unit's personnel only,

c. There is no limit to the number of fundraising events a unit may hold *within their own spaces* (again open only to that unit's personnel), and

d. All funds generated through fundraising **must** be deposited in the unit's Unit and Family Readiness Fund account maintained by MCCS.

9. Community Relations Events. All events held off-base and those events held on-base involving host nation personnel must be coordinated through the Station S-7/Government and External Affairs Office as well. For more information, please call 253-5724.

10. Additional Information. If there are any questions about any of the information in this guide, the forms, or fundraising in general, please contact the MCCS Coordinator at 253-4109 or visit the MCCS Executive Office on the second deck of the Crossroads, building 410.

REQUEST FOR SPECIAL FUNCTION/FUNDRAISING EVENT

Requesting Organization:		Date:
Ref: (a) MCIPACO-MCBBO 5760.2		
Event Description		
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Special Event	<input type="checkbox"/> Community Relations Event
Date and Time of Event	Location	
Purpose:		
Items to be sold:		
Description of any requested DoD support (use of any building/area, structure for signage, manpower, chairs/tables, etc.):		
Alcohol to be consumed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
By my signature below, I certify that I understand any violations of the reference may result in the termination of this event and denial of future fundraising activities/special events sponsored by this organization.		
Requestor's Full Name	Signature	Date
Email Address:		Phone Number:
ENDORSEMENTS		
Facility Manager Endorsement		
From:		
Permission is granted to utilize the requested location on the date and time indicated above once final approval for the request has been granted.		
Additional comments:		
Name	Signature	Date
MCCS Community Services Coordinator (Bldg 410, Rm 200/253-4109) (All events)		
<input type="checkbox"/> Yes <input type="checkbox"/> No Approved/Current PO <input type="checkbox"/> Request does not exceed quarterly limit		
Comments:		
Name	Signature	Date
Station Safety (Bldg 757/253-6380) (Events which pose a risk to public safety or involve known/unknown environmental impact)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		

Comments:		
Provost Marshal (Bldg 608, 2nd Floor) (Events involving alcohol)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Fire Department (Bldg 6119/255-1122) (Events involving an open flame/fire hazard)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Preventive Medicine (Bldg 110, Public Health Reception Desk 3d Floor/255-8400) (Events involving food and drinks)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Environmental (Bldg 100, Environmental Receptionist, 1st Floor/253-6963) (Events with known/unknown environmental impact)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Staff Judge Advocate (Bldg 1, Rm 216/253-3913)		
Recommendation	Signature	Date
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Comments:		
Executive Officer, MCAS Iwakuni (Bldg 1, Rm 200)		
Final Decision	Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Comments:		

Instructions for Request for
Special Function/Fundraising Event Form

Date: Self-explanatory

Requesting Organization: Use full official title of organization

Event Description: Check appropriate box(es)

Date and Time of Event: Enter the entire time frame and date of the planned event (e.g., 1300 - 1700, 23 July 2023)

Purpose: Describe the purpose of the event, to include how the funds will be utilized (whether for a specific event, scholarship, private organization support, etc.).

Items to be sold: In general terms with any descriptors that may help the decision-making process. For example, instead of simply saying "baked goods," it would be helpful if instead "Individually wrapped baked goods" were used.

Description of any Requested DoD Support: Describe any support requested to include building space (interior), signage, manpower, chairs/tables, equipment. Do not include any equipment being rented from Outdoor Recreation, etc., as that is not considered DoD support.

Alcohol to be Consumed? This is for special events only.
Alcohol **may not** be sold or offered as a fundraising activity.

11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION

12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK

APPROVE

DISAPPROVE

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. DUTY TITLE/POSITION	d. SIGNATURE OF APPROVAL AUTHORITY

e. ADDITIONAL GUIDANCE:

Large empty rectangular area for providing additional guidance.

RISK ASSESSMENT MATRIX		Probability (Expected frequency)				
		Frequent: Continuous, regular, or inevitable occurrences	Likely: Several or numerous occurrences	Occasional: Sporadic or intermittent occurrences	Seldom: Infrequent occurrences	Unlikely: Possible occurrences but improbable
Severity (expected consequence)		A	B	C	D	E
Catastrophic: Mission failure, unit readiness eliminated; death, unacceptable loss or damage	I	EH	EH	H	H	M
Critical: Significantly degraded unit readiness or mission capability; severe injury, illness, loss or damage	II	EH	H	H	M	L
Moderate: Somewhat degraded unit readiness or mission capability; minor injury, illness, loss, or damage	III	H	M	M	L	L
Negligible: Little or no impact to unit readiness or mission capability; minimal injury, loss, or damage	IV	M	L	L	L	L
LEGEND: EH - Extremely High Risk H - High Risk M - Medium Risk L - Low Risk						
13. RISK ASSESSMENT REVIEW (Required when assessment applies to ongoing operations or activities)						
a. DATE	b. LAST NAME	c. RANK/GRADE	d. DUTY TITLE/POSITION	e. SIGNATURE OF REVIEWER		
14. FEEDBACK AND LESSONS LEARNED						
15. ADDITIONAL COMMENTS OR REMARKS						

Instructions for Completing DD Form 2977, "Deliberate Risk Assessment Worksheet"

1. Mission/Task Description and Execution

Date(s): Briefly describe the overall Mission or Task and execution date(s) for which the deliberate risk assessment is being conducted.

2. Date Prepared: Enter date form was prepared.

3. Prepared By: Information provided by the individual conducting the deliberate risk assessment for the operation or training.

Legend: **UIC** = Unit Identification Code; **CIN** = Course ID Number; **OPORD** = operation order; **DSN** = defense switched network; **COMM** = commercial

4. Subtask/SubStep of Mission/Task: Briefly describe all subtasks or substeps that warrant risk management.

5. Hazard: Specify hazards related to the subtask in block 4.

6. Initial Risk Level: Determine initial risk level. Using the risk assessment matrix (preceding block 13), determine level of risk for each hazard specified. Use probability and severity to determine risk level; enter risk level into column.

7. Control: Enter risk mitigation resources/controls identified to abate or reduce risk relevant to the hazard identified in block 5.

8. How to Implement / Who Will Implement: Briefly describe the means of employment for each control (i.e., OPORD, briefing, rehearsal) and the name of the individual, unit or office that has primary responsibility for control implementation.

9. Residual Risk Level: After controls are implemented, determine resulting probability, severity, and residual risk level.

10. Overall Risk After Controls are Implemented: Assign an overall residual risk level. This is equal to or greater than the highest residual risk level (from block 9).

11. Supervision Plan and Recommended Course of Action:

Completed by preparer. Identify specific tasks and levels of responsibility for supervisory personnel and provide the decision authority with a recommend course of action for approval or disapproval based upon the overall risk assessment.

12. Approval/Disapproval of Mission/Task: Risk approval authority approves or disapproves the mission or task based on the overall risk assessment, including controls, residual risk level, and supervision plan.

13. Risk Assessment Review: Should be conducted on a regular basis. Reviewers should have sufficient oversight of the mission or activity and controls to provide valid input on changes or adjustments needed. If the residual risk rises above the level already approved, operations should cease until the appropriate approval authority is contacted and approves continued operations.

14. Feedback and Lessons Learned: Provide specific input on the effectiveness of risk controls and their contribution to mission success or failure. Include recommendations for new or revised controls, practicable solutions, or alternate actions. Submit and brief valid lessons learned as necessary to persons affected.

15. Additional Comments or Remarks: Preparer or approval authority provides any additional comments, remarks, or information to support the integration of risk management.

Additional Guidance: Blocks 4-9 may be reproduced as necessary for processing of all subtasks/substeps of the mission/task. The addition and subtraction buttons are designed to enable users to accomplish this task.

Sample Draw for a Bake Sale Event

DELIBERATE RISK ASSESSMENT WORKSHEET						
1. MISSION/TASK DESCRIPTION AND EXECUTION DATE(S) Conduct bake sale from (time - time) on (date) at (location) to raise funds for the (organization/unit).					2. DATE PREPARED	
3. PREPARED BY						
a. NAME (Last, First, Middle Initial)			b. RANK/GRADE		c. DUTY TITLE/POSITION	
d. UNIT		e. WORK EMAIL			f. TELEPHONE (DSN, Commercial (Include Area Code))	
g. UIC/CIN (as required) N/A		h. TRAINING SUPPORT/LESSON PLAN OR OPORD (as required) N/A			i. SIGNATURE OF PREPARER	
Five steps of Risk Management: (1) Identify the hazards (2) Assess the hazards (3) Develop controls & makes decisions (4) Implement controls (5) Supervise and evaluate (Step numbers not equal to numbered items on form)						
	4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
+	Set up equipment for event	1. Lifting injuries 2. Tent/table collapse 3. Trip/fall	M	1. Brief volunteers on proper ergonomics and lifting techniques. 2. Ensure adequate volunteers are assigned to each task to ensure safe execution 3. Set up all equipment, including tents and tables, per manufacturer's guidelines. 4. Ensure all equipment is properly weighed down. 5. Identify and remove/mitigate any trip/fall hazards (curbs, fences, etc).	How: Proper instruction and supervision of all volunteers throughout set up Who: (Name)	L
-	Sales/Operations	1. Inclement weather, wind conditions 2. Heat injuries 3. Emergencies 4. Trips and falls	L	1. Continuously monitor weather prior to and during the event for inclement conditions that may require canceling the event. 2. Ensure all volunteers have access to fresh water and that they hydrate regularly. 3. Provide adequate rest periods/work in shifts. 4. In case of emergencies (fire/evacuations) follow instructions from facility and emergency personnel 5. Continuous monitoring of area surrounding the activity to keep it clear of obstacles.	How: Continuous monitoring of weather and canceling/postponing event given conditions Who: (Name)	L

	4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
<input type="checkbox"/> + <input type="checkbox"/> -	Proper hygiene and sanitation	1. Food contamination	L	1. Only prepared and individually wrapped baked goods will be sold. 2. All volunteers will be instructed on proper hand washing procedures. 3. Proper hand washing facilities are available inside the Commissary. 4. Hand sanitation will be provided at the point of sales.	How: All volunteers will be instructed on proper sanitation.	L
					Who: (Name)	
10. OVERALL RESIDUAL RISK LEVEL (All controls implemented): <input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LOW						
11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION By my signature below I certify that I have read, understand, and will ensure the site lead and all volunteers follow the procedures outlined above. A supervisor familiar with these procedures will be present at all times from set up through break down.						
12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE						
a. NAME (Last, First, Middle Initial)		b. RANK/GRADE	c. DUTY TITLE/POSITION	d. SIGNATURE OF APPROVAL AUTHORITY		
e. ADDITIONAL GUIDANCE:						

Sample DRAW for a BBQ/Food Sales Event

DELIBERATE RISK ASSESSMENT WORKSHEET						
1. MISSION/TASK DESCRIPTION AND EXECUTION DATE(S) Conduct (BBQ/food sales) from (time - time) on (date) at (location) to raise funds for the (organization/unit).					2. DATE PREPARED	
3. PREPARED BY						
a. NAME (Last, First, Middle Initial)			b. RANK/GRADE		c. DUTY TITLE/POSITION	
d. UNIT		e. WORK EMAIL			f. TELEPHONE (DSN, Commercial (Include Area Code))	
g. UIC/CIN (as required) N/A		h. TRAINING SUPPORT/LESSON PLAN OR OPORD (as required) N/A			i. SIGNATURE OF PREPARER	
Five steps of Risk Management: (1) Identify the hazards (2) Assess the hazards (3) Develop controls & makes decisions (4) Implement controls (5) Supervise and evaluate (Step numbers not equal to numbered items on form)						
	4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
<input type="checkbox"/> + <input type="checkbox"/> -	Set up equipment for event	1. Lifting injuries 2. Tent/table collapse 3. Trip/fall	M	1. Brief volunteers on proper ergonomics and lifting techniques. 2. Ensure adequate volunteers are assigned to each task to ensure safe execution 3. Set up all equipment, including tents and tables, per manufacturer's guidelines. 4. Ensure all equipment is properly weighed down. 5. Identify and remove/mitigate any trip/fall hazards (curbs, fences, etc).	How: Proper instruction and supervision of all volunteers throughout set up Who: (Name)	L
<input type="checkbox"/> + <input type="checkbox"/> -	Sales/Operations	1. Inclement weather, wind conditions 2. Heat injuries 3. Emergencies 4. Trips and falls	L	1. Continuously monitor weather prior to and during the event for inclement conditions that may require canceling the event. 2. Ensure all volunteers have access to fresh water and that they hydrate regularly. 3. Provide adequate rest periods/work in shifts. 4. In case of emergencies (fire/evacuations) follow instructions from facility and emergency personnel 5. Continuous monitoring of area surrounding the activity to keep it clear of obstacles.	How: Continuous monitoring of weather and canceling/postposting event given conditions Who: (Name)	L

	4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
<input type="checkbox"/> + <input type="checkbox"/> -	Proper hygiene and sanitation	1. Food contamination	M	1. All volunteers involved in food preparation, handling and sales will have attended the Safe Food Handling course provided by Prev Med. 2. Proper PPE will be provided and utilized by all volunteers involved in preparation, handling and sales of food. 3. All perishable items will be stored at an appropriate temperature both prior to and after preparation per Safe Food Handling instructions and as reflected in the Food Event Application. 4. All volunteers will be instructed on proper hand washing procedures. 5. Proper hand washing facilities are available (location). 4. Hand sanitation will be provided at the point of sales.	How: All volunteers preparing and handling food items will be instructed on proper sanitation and will have attended the Safe Food Handling Course. Who: (Name)	L
	<input type="checkbox"/> + <input type="checkbox"/> -	Grilling and cooking operations	1. Fire 2. Burns/heat related injuries	M	1. All grilling will take place a minimum of 10' away from any buildings, tents, structures, etc. 2. A 10lb ABC fire extinguisher will be on hand during all grilling operations. No deep frying operations will be allowed. 3. A fire safety sheet will be prominently displayed on location. 4. First aid kit will be on hand. 5. Only combustible lighter/starter fluid or self-starting charcoal will be used. 6. All unused charcoal and starter fluid will be kept a minimum of 5' away from the grill. 7. Charcoal will be drenched with water and allowed to cool prior to disposal.	How: Site lead will conduct a pre-event brief/inspection to ensure all equipment and supplies are properly placed and maintained throughout the event. Who: (Name)
10. OVERALL RESIDUAL RISK LEVEL (All controls implemented): <input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LOW						
11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION By my signature below I certify that I have read, understand, and will ensure the site lead and all volunteers will follow the procedures outlined above. A supervisor familiar with these procedures will be present at all times from set up through break down.						

[Empty box for mission or task description]

12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK APPROVE DISAPPROVE

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. DUTY TITLE/POSITION	d. SIGNATURE OF APPROVAL AUTHORITY

e. ADDITIONAL GUIDANCE:

[Large empty box for additional guidance]

	4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
<input type="checkbox"/> + <input type="checkbox"/> -	Sales/Operations	1. Fuel spills. 2. Heat injuries 3. Falls	L	1. Volunteers will be briefed to remain clear of lanes of traffic and not to approach vehicles until they are completely stopped and turned off. 2. Ensure all volunteers involved in fueling know how to safely operate fuel dispensers. 3. Ensure all volunteers are aware of proper procedures in case of a fuel spill. 4. Ensure all volunteers have access to fresh water and that they hydrate regularly. 5. Provide adequate rest periods/work in shifts. 6. Appropriate step stools will be provided to volunteers for cleaning windshields on large vehicles. 7. Continuous monitoring of area surrounding the activity to keep it clear of obstacles.6. In case of emergencies (fire/ evacuations) follow instructions from facility and emergency personnel	How: Proper instruction to all volunteers involved in all activities throughout the event. Continuous monitoring of operations throughout the event Who: (Name)	L
	<input type="checkbox"/> + <input type="checkbox"/> -	Proper hygiene and sanitation	1. Food contamination	L	1. Only prepared and individually wrapped baked goods will be sold. 2. All volunteers will be instructed on proper hand washing procedures. 3. Proper hand washing facilities are available inside the Commissary. 4. Hand sanitation will be provided at the point of sales.	How: All volunteers will be instructed on proper sanitation. Who: (Name)
10. OVERALL RESIDUAL RISK LEVEL (All controls implemented):						
<input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LOW						

11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION
 By my signature below, I certify that I have read, understand and will ensure that the site lead and all volunteers will follow the procedures outlined above. A supervisor familiar with these procedures will be present at all times from set up through break down.

12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK APPROVE DISAPPROVE

a. NAME <i>(Last, First, Middle Initial)</i>	b. RANK/GRADE	c. DUTY TITLE/POSITION	d. SIGNATURE OF APPROVAL AUTHORITY

e. ADDITIONAL GUIDANCE:

TRI-SERVICE FOOD CODE

Unit / Organizational Food Event Application

Complete this application and submit to the Preventive Medicine Authority (PMA) **at least 30 days** prior to the start of the event.

1. Event: _____
2. Location: _____
3. Dates: (Include Set Up) Event: _____ Set Up _____
4. Name(s) of Sponsoring Organization and Telephone Numbers _____

5. POC Name: _____ Telephone _____

6. List all foods and beverage items to be served. Include where food will be prepared and who will prepare the items

Food / Beverage	Prepared by	Preparation location

7. Identify the sources for each meat, poultry, seafood item, and ice:

Item	Source

Time/Temperature Control for Safety Food (TCS) must be kept **HOT 135°F or above or **COLD 41°F** or below.** Examples of TCS: Meat products, Eggs, Fish and shellfish, Dairy, Cream or custard, Cooked vegetables, Potato dishes, Protein-rich plants, Raw sprouts, Cut leafy greens, Cut garlic in oil, Sliced melons and tomatoes.

8. If TCS is transported to the event, what is the length of time in transport? _____
9. How will the food be transported? _____
10. If TCS is used, how will the food be kept hot or cold? _____

11. Hand washing facilities, including location in relation to food service and preparation? _____

Section below to be completed by the PMA

Approved Disapproved Signature: _____ Date: _____

Reason for Disapproval: _____

Special restrictions or requirements: _____

A COPY OF THIS FORM IS REQUIRED AT THE EVENT. HAIR COVERS OR BALL CAPS ARE REQUIRED TO BE WORN BY ALL COOKS (THERE IS NO EXCEPTION TO THIS RULE). FOLLOW ALL FOOD SERVICE GUIDELINES AND TRAIN ALL OF YOUR WORKERS.

Instructions for Unit/Organizational Food Event Application

1. General Information

- This form is required for all fundraising and special events involving food (e.g., baked goods, snacks, BBQs, etc.) or drinks.
- Attention to detail and specificity are critical when completing this form to avoid delays in processing your request.
- Any questions regarding this form should be directed to the Preventive Medicine Office at the Family Branch Health Clinic

2. Detailed Instructions

a. Block 1, Event: List the organization's official name and the event.

b. Block 2, Location: List the event location as shown on the fundraising request.

c. Block 3, Dates (include set up): List the event dates and times as shown on the fundraising request.

d. Block 4, Name(s) of Sponsoring Organization and Telephone Numbers: List the name and telephone number of the sponsoring organization.

e. Block 5: List the name, telephone number, and email address of the organization's point of contact for this particular event.

f. Block 6: List all of the foods to be served, including where the food will be prepared and who will prepare the items. If the fundraiser is a bake sale, and all goods will be prepared/pre-wrapped, it is not necessary to list each individual item.

g. Block 7: Only applicable if time/temperature control for safety (TCS) food is involved (TCS must be kept HOT (135° or above or COLD 41° or below). If TCS food is involved, be very specific about how the food will be transported, length of time in transport, and how the food will be kept hot or cold.

h. Block 8: List the purchase source. If baked items are involved, list where the ingredients will be purchased.

NOTE: Other than the Commissary and Marine Corps Exchange, the only local source of food items/ingredients approved for resale is the Hiroshima COSTCO. For questions regarding resale of food and/or drink items, please contact the CSC or the SJA.

i. Block 9: Describe location of any available handwashing facilities in relation to food preparation and service locations. Also indicate if hand sanitizer will be available.