



FOOD PREPARATION – OUTSIDE THE CITY OF PORT-OF-SPAIN

From: Principal Medical Officer of Health,
Public Health Department,
Port-of-Spain Corporation,
#35 Frederick Street,
PORT OF SPAIN.

To: Medical Officer of Health

Department: _____

Date: _____

Attention: Public Health Inspector

The Applicant Mr./Ms. is
desirous of selling foodstuff viz: in
the City of Port-of-Spain. He/She intends to prepare foodstuff at (Address):

.....
which is within your jurisdiction.

Please advise on the suitability and health status of the premises.

These premises are suitable: ☐ not suitable: ☐ for the preparation of food for public consumption and are
recommended ☐ not recommended ☐

Comments of Public Health Inspector
.....
.....

.....
Stamp of Department Date Signature of P.H.I.

THIS CERTIFICATION IS VALID FOR SIXTY (60) DAYS

DECLARATION

I hereby declare that the premises situated at
(Name in Block Letters)

.....
is a place where food intended for human consumption is prepared for the purpose of sale.

.....
Signature of Applicant

.....
ID Card/Passport/Driver's Permit

For use by P.H.Department, P.O.S. Corporation only.

Documents Produced:

Medical Certificate:

Two White Coats/Overalls/Shirt Jacks:

Identification:

Badge No.:

Date issued:

Badge Type: IT ☐ SO ☐

P.H.I.:
