

# TO BE COMPLETED IN CONJUNCTION WITH THE DISTRICT FACILITY USE FORM DISTRICT FOOD SERVICE SCHOOL KITCHEN USE FORM

School: \_\_\_\_\_ Group requesting use of kitchen \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Use: \_\_\_\_\_

Time of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_ Volunteer Food Coordinator (VFC) \_\_\_\_\_

VFC's Phone Number: \_\_\_\_\_ VFC's email address: \_\_\_\_\_

Items 1-4 are to be completed with the VFC and Kitchen Manager:

1. Volunteer Food Coordinator has completed food safety training? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Food will be prepared by:

- |  |   |
|--|---|
| <input type="checkbox"/> Food & Nutrition Program staff<br><input type="checkbox"/> Licensed Caterer off-site<br><input type="checkbox"/> Licensed Caterer on-site | <input type="checkbox"/> Group members/students on site<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|--|---|

3. Types of food to be handled:

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-packaged, ready-to-serve items<br><input type="checkbox"/> Pre-cooked, heat and serve items<br><input type="checkbox"/> Cold items, ready-to-eat (without heating) | <input type="checkbox"/> Raw meat, poultry or fish<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|---|--|

4. Please check degree of access/use desired:

- |  |  |
|--|--|
| <input type="checkbox"/> Water<br><input type="checkbox"/> Electrical outlets<br><input type="checkbox"/> Refrigeration/freezers<br><input type="checkbox"/> Hot Holding Equipment<br><input type="checkbox"/> Serving Line<br><input type="checkbox"/> Kitchen utensils (check list attached)<br><input type="checkbox"/> Dish soap/sanitizer | <input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|--|--|

**Kitchen Manager Sign Off on Items 1-4:**

Necessary Orientation by Food Service Staff has been completed: Yes \_\_\_\_\_ No \_\_\_\_\_

**Must be completed a minimum of two weeks prior to event**

5. **Kitchen Manager signature required for access** \_\_\_\_\_

- Reach In Refrigerator/Freezer
- Walk-in Freezer
- Walk-in Cooler
- Dry goods storage space

6. Additional commercial kitchen equipment or access **requiring food service staff be present:**

- |  |  |
|--|--|
| <input type="checkbox"/> Convection Oven<br><input type="checkbox"/> Dish Machine<br><input type="checkbox"/> Steamer<br><input type="checkbox"/> Commercial Microwave<br><input type="checkbox"/> Mixer<br><input type="checkbox"/> Steam Jacketed Kettle | <input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|--|--|

Completed copies to be distributed by Facility Use Coordinator to Volunteer Food Coordinator, Building Manager, Kitchen Manager and Director of Food & Nutrition.