

# KITCHEN USE FORM

## TO BE COMPLETED IF USE OF AN ECASD KITCHEN IS REQUESTED

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:

_____ Food & Nutrition Program staff	_____ Group members/students on site
_____ Licensed Caterer off-site	_____ Other _____
_____ Licensed Caterer on-site	_____ Other _____
3. Types of food to be handled:

_____ Pre-packaged, ready-to-serve items	_____ Raw meat, poultry or fish
_____ Pre-cooked, heat and serve items	_____ Other _____
_____ Cold items, ready-to-eat (without heating)	_____ Other _____
4. Please check degree of access/use desired:

_____ Water	_____ Other _____
_____ Electrical outlets	_____ Other _____
_____ Refrigeration/freezers	_____ Other _____
_____ Hot Holding Equipment	_____ Other _____
_____ Serving Line	_____ Other _____
_____ Kitchen utensils (check list attached)	
_____ Dish soap/sanitizer	

**5. Necessary Orientation has been completed for the above named VFC: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Kitchen Manager or F&N Director Signature: \_\_\_\_\_**

6. The following items require approval for use from Food and Nutrition Director.

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

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

- |                             |                   |
|-----------------------------|-------------------|
| _____ Convection Oven       | _____ Other _____ |
| _____ Dish Machine          | _____ Other _____ |
| _____ Steamer               | _____ Other _____ |
| _____ Commercial Microwave  | _____ Other _____ |
| _____ Mixer                 | _____ Other _____ |
| _____ Steam Jacketed Kettle | _____ Other _____ |

**Food & Nutrition Director signature: \_\_\_\_\_**

When form is complete and use has been approved, copies of the form should be distributed by the F&N Department to:  
Facility Use/Buildings & Grounds Office, Building Manager, and F&N Director (if completed by Kitchen Manager).