

TO BE COMPLETED IN CONJUNCTION WITH THE DISTRICT BUILDING USE FORM DISTRICT FOOD SERVICE SCHOOL KITCHEN USE FORM FOR SCHOOL SPONSORED GROUPS

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 e-mail 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 <input type="checkbox"/> Licensed Caterer off-site <input type="checkbox"/> Licensed Caterer on-site	<input type="checkbox"/> Group members/students on site <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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3. Types of food to be handled:

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

<input type="checkbox"/> Water <input type="checkbox"/> Electrical outlets <input type="checkbox"/> Ice machine <input type="checkbox"/> Refrigeration/freezers <input type="checkbox"/> Hot holding equipment <input type="checkbox"/> Serving line <input type="checkbox"/> Kitchen utensils (check list attached) <input type="checkbox"/> Dish soap/sanitizer	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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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 <input type="checkbox"/> Dish machine <input type="checkbox"/> Steamer <input type="checkbox"/> Fryer <input type="checkbox"/> Mixer <input type="checkbox"/> Meat Slicer <input type="checkbox"/> Steam Jacketed Kettle	<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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