



DISTRICT FOOD SERVICE SCHOOL KITCHEN USE FORM

****TO BE COMPLETED IN CONJUNCTION WITH THE DISTRICT FACILITY RENTAL FORM****

Please Note: There is a 2 hour personnel minimum charge for non-production kitchens (ex: elementary kitchens) and a 4 hour personnel minimum charge for production kitchens (ex: secondary kitchens). See facility rental rate schedule for amounts.

School: _____ Group requesting use of kitchen _____

Name of Event _____ Date of use _____

Time of occupancy: From: _____ To: _____ Licensed Food Manager (LFM) _____

LFM's Phone number _____ LFM's e-mail address: _____

If food storage is required in FS units, name of contact: _____

Contact's E-mail address: _____

Type of food to be stored: _____

Items 1-4 are to be completed with the LFM:

1. Licensed Food Manager has completed food safety training? Yes _____ No _____ NA _____

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	_____ Ice machine
_____ Refrigeration/freezers	_____ Kitchen utensils (check list attached)
_____ Dish soap/sanitizer	_____ Other _____
_____ Hot holding equipment	_____ Other _____
_____ Electrical outlets	_____ Other _____

Licensed Food Manager Sign Off on Items 1-4:

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

5. Licensed Food Manager signature required for access _____

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

6. Food Service staff assistance required for _____

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

_____ Convection oven	_____ Dish machine	_____ Steamer
_____ Combi Oven	_____ Mixer	_____ Meat Slicer
_____ Steam Jacketed Kettle	_____ Other	_____ Other

Completed copies to be distributed by Facility Use Coordinator to Licensed Food Manager, Custodian, Food Service Director, Assistant Food Service Director and Executive Director of Business Services.