

## **Summer Food Service Program**



Child Nutrition Programs
Finance and Support Services
P.O. Box 110500
Juneau, Alaska 99811-0500
Phone (907) 465-4788
Fax (907) 465-8910

## **Pre-Operational Visit Form**

Site Name:		Date of Site Visit:			
Site Ad	dress:				
Site Co	ntact and Telephone Number:				
F			_ Church _ Community _ Other:	v building	
	ed number of children the site could ser ed number of personnel needed to ade		I the food sei	vice:	
Are the	present facilities adequate for an organ	ized meal serv	rice? Y	'ES NO	
If answ	er is NO, comments:				
For the	site type and meal preparation:		YES	NO NO	
	Shelter available for unpleasant weather	er?			
2.	Adequate cooking facilities (if applicable	e)?			
3.	Adequate storage for prepared or deliv	ered food?			
4.	Storage space for records at site?				
5.	DEC or Municipality permit and inspect	ions?			
6.	Certified Food Protection Manager?				
7.	Food Workers have food workers cards	?			
8.	Adequate refrigeration for program nee	eds?			
What ty	ypes of organized activities are possible	or planned at t	this site?		
Improv	ements or corrective actions needed bef	fore site opera	tes:		
Did the	site have any deficiencies in the previou	ıs summer? 			
Monito	or's Signature Printed N	ame	Date	-	
Site Su	pervisor's Signature Printed N	ame	Date	-	