

MUST be completed before site can be approved to operate

Sponsor:	Site Name:
Site Supervisor Name:	Start Date:
Site Address (include city):	Meal Types Offered:
Monitor's Arrival Time:	Monitor's Departure Time:

Site is a:		
<input type="checkbox"/> park	<input type="checkbox"/> school	<input type="checkbox"/> recreational center
<input type="checkbox"/> homeless center	<input type="checkbox"/> other (<i>specify</i>):	
Estimated number of children site can serve:		
Are facilities adequate for an organized meal service?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meals will be:		
<input type="checkbox"/> prepared on site	<input type="checkbox"/> vended by:	<input type="checkbox"/> school
<input type="checkbox"/> prepared at another location	<input type="checkbox"/> Food Service Management (must be registered with OSPI)	
Site has:		
Adequate refrigeration or alternate provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooking/heating facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place to store prepared or delivered food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shelter for inclement weather	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hand washing facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trash removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List types of organized activities planned for this site:

Concerns that need to be addressed prior to site operations:

I certify the above site has been visited and has the capability to serve meals for the number of children anticipated for this site (or will have the capacity after concerns noted above are addressed).

Signed: _____ **Date:** _____

Name and Title: _____

