*Summer Food Service Program*
*Pre-Operational Site Visit*

**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 (and indicate if congregate or non-congregate):** |
| **Monitor's Arrival Time:** | **Monitor's Departure Time:** |

Site is a: ☐ park ☐ school ☐ recreational center ☐ residential camp
☐ homeless center ☐ other (*specify*):

Estimated number of children site can serve:

Are facilities adequate for an organized meal service? ☐ Yes ☐ No

Meals will be: ☐ prepared on site ☐ vended by: ☐ school
☐ prepared at another location ☐ Food Service Management (must be registered with OSPI)

Site has:

| | | |
|---|---|---|
| Adequate refrigeration or alternate provision? | ☐ Yes | ☐ No |
| Health inspection | ☐ Yes | ☐ No |
| Cooking/heating facilities | ☐ Yes | ☐ No |
| Place to store prepared or delivered food | ☐ Yes | ☐ No |
| Shelter for inclement weather | ☐ Yes | ☐ No |
| Hand washing facilities | ☐ Yes | ☐ No |
| Trash removal | ☐ Yes | ☐ 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:**