

**REQUEST FOR
SCHOOL CAFETERIA KITCHEN USE**

Please read and complete this form to schedule use of the school cafeteria kitchen.

Desired date for use of the school cafeteria kitchen: _____

Desired hours for use of the school cafeteria kitchen (Please select AM or PM):

Starting Time: _____ AM or PM Ending Time: _____ AM or PM

Name of Group or Club: _____

Name of Person in Charge of Group/Club: _____

Phone Number of Person in Charge of Group/Club: _____

Cafeteria Equipment that will be Used (Please check all that apply):

<input type="checkbox"/> Braiser	<input type="checkbox"/> Oven	<input type="checkbox"/> Stove
<input type="checkbox"/> Dishwasher (if available)	<input type="checkbox"/> Steam Table	<input type="checkbox"/> Warmer
<input type="checkbox"/> Fryer	<input type="checkbox"/> Steamer	<input type="checkbox"/> Other: _____

Name of Technician/Manager who will be on site: _____

Telephone Number of Technician/Manager who will be on site: _____

_____ Check if you need SFNS to assign a Technician/Manager

As per USDA regulations, when the School Food & Nutrition Service (SFNS) cafeteria kitchen is used by the school or community groups for food service, one or more of the SFNS employees **must be present** to ensure control over SFNS food as well as to ensure proper use and care of equipment and facilities. If the school cafeteria kitchen is used for food preparation activities other than School Food Service, wages shall be paid by the organization.

The parish or school which authorized the use of the kitchen will be held responsible for any and all equipment that is damaged, the loss of any kitchen equipment or the misuse of any and all equipment and food that occurs during the use period.

Whenever the cafeteria (dining) is used for any activities other than the regular daily program **it must be left clean and in good condition for use by School Food & Nutrition Services**. It is not the responsibility of SFNS employees to clean the cafeteria after the use by other organizations.

Name of School

Organization Requesting Use/Signature of Representative Date

Signature of Principal Date

Signature of Pastor Date

Signature of Cafeteria Manager Date