



# Summer Food Service Program



## Pre-Operational Monitoring Form

**Child Nutrition Programs**  
Finance and Support Services  
P.O. Box 110500  
Juneau, Alaska 99811-0500  
Phone (907) 465-8711  
Fax (907) 465-8910

Site Name: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Contact and Telephone Number: \_\_\_\_\_

**Type of site (check appropriate type):**

- \_\_\_\_\_ Recreation center
- \_\_\_\_\_ Park
- \_\_\_\_\_ School
- \_\_\_\_\_ Residential camp
- \_\_\_\_\_ Church
- \_\_\_\_\_ Community building
- \_\_\_\_\_ Meal Delivery Route
- \_\_\_\_\_ Other: \_\_\_\_\_

Estimated number of children the site could serve: \_\_\_\_\_

Estimated number of personnel needed to adequately control the food service: \_\_\_\_\_

Are the present facilities adequate for an organized meal service? \_\_\_\_\_ YES \_\_\_\_\_ NO

If answer is NO, comments: \_\_\_\_\_

For the site type and meal preparation:	YES	NO	N/A
1. Shelter available for unpleasant weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate cooking facilities (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adequate storage for prepared or delivered food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DEC or Municipality permit and inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Certified Food Protection Manager for site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Food Workers have food workers cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate refrigeration for program needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What types of organized activities are possible or planned at this site?  
\_\_\_\_\_

Improvements or corrective actions needed before site operates:  
\_\_\_\_\_  
\_\_\_\_\_

Did the site have any deficiencies in the previous summer?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Monitor's Signature                      Printed Name                      Date

\_\_\_\_\_  
Site Supervisor's Signature                      Printed Name                      Date