

School District of Clear Lake Kitchen Use Form

(To be completed in conjunction with the Building Request Form)

Date:					
Organization	and Responsible Party				
Phone #		E-mail Address:	E-mail Address:		
Requested U	se Date:	Time:	Elementary	High School	
Kitchen E	quipment requestir	ng to use/borrov	v: (please be spec	ific)	
Kitchen Us	se Criteria				
ReAnThSeFlo	quest permission two week quest prior permission fron y equipment and utensils u e equipment used will be sa rving utensils need to be let fors must be swept and mo ake sure all ovens, stoves, c	n Food Service Director sed must be thoroughly anitized by the Food Se it on the counter in the pped.	to store food in refrigerary cleaned using soap and rvice Staff prior to next udish room to be sanitized	water.	r to next use.
• Ma	ake sure cooler and freezer children under age 12 allo	are closed tightly.	ica on.		
function/eve		ovens, hot holding equ		of the following equipment durage am jacketed kettle, mixer, and	
Yes, I a	gree to the above criteria.	Contac	 ct's Signature		
		Contai	ct s signature		
Approved by:	<u> </u>	Or _			
	Elementary Principal		High School Princi	pal	
	Food Service Director				

Cc: to District Office when billing is required.