

CHART 5- MAIN/SATELLITE KITCHEN OPERATIONS CATERED MEALS

(Attach 1 chart per kitchen)

Organization Name: _____ Date: _____

Kitchen Name: _____

Kitchen Address: _____

Kitchen Phone: _____ Contact Person: _____

Certified Manager Name: _____ Certification Date: _____

Allergen Certificate Name: _____ Certification Date: _____

Type of Kitchen: Main
 Satellite

List all dining/HDM sites served from this kitchen:

Average Number of Meals Prepared/Served Weekly

	Congregate	Home Delivered	Total
Week _____	_____	_____	_____
Meals Offered:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

NUTRITION SITE PRODUCTION

Cycle Menu Type *(Check one)*

1 month (4 weeks) Quarterly (13 weeks) Seasonal ___ Weeks
 Other ___ Week(s) Other (please specify) _____

Food Preparation *(Check all that apply)*

Prepared Fresh *(Scratch-Cooked Daily)*
 Cook Freeze on Site Cook Chill on Site Convenience Entrees
List: ___ % Scratch Entrees ___ % Convenience Entrees

CATERED MEALS

Yes No Total Cost per Meal _____

Type of Operation:
 National Caterer Local Caterer Vocational School School
 Restaurant Hospital Other, Specify _____

FOOD SERVICE LICENSE

All Nutrition Services Applicants: Attach copy of valid food service license and most recent health inspection report for the main/satellite kitchen(s) and caterers indicated above.