

**DC Department of Parks and Recreation
Office of Food and Nutrition Services**

PRE-OPERATIONAL VISIT FORM

Site Name: _____ Site Number: _____

Site Address: _____

Site Telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

_____	Recreation center	_____	Library
_____	School	_____	Day Care
_____	Church	_____	Other
_____	Housing Authority		

Estimated number of children the site could serve: _____

Estimated number of needy children in area: _____

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

Is another site needed in this area? _____ Yes _____ No

If answer is no, comments:

For the estimated number of children, does the site have: Yes No

Shelter for inclement weather?	_____	_____
Adequate cooking facilities (if applicable)?	_____	_____
Adequate storage for prepared or delivered food?	_____	_____
Storage space for records at site?	_____	_____
Adequate refrigeration?	_____	_____
Access to a telephone?	_____	_____

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

Improvements or corrective actions needed before site operates?

Monitor's Signature

Date

**DC Department of Parks and Recreation
Office of Food and Nutrition Services**

		Yes	No
1.	Are the refrigeration units clean?		
2.	Are they maintained at required temperature?		
3.	Will food be stored properly in dry area?		
4.	Is there evidence of rodent or insect infestation?		
5.	Are there obvious fire, health and/or safety hazards observed in the center?		
6.	Is food service conducted in compliance with generally accepted health and sanitation practices?		
7.	Is there running hot water in facility?		
8.	Are there "hand washing" signs posted?		
9.	Are restrooms adequately facility clean?		
10.	Is there adequate feeding space, i.e., tables and chairs?		
11.	Is there a fire extinguisher?		

Brief Description of Findings:

Correction Action Needed:

Comments:
