

## APPLICATION FOR SCHOOL NOURISHMENT PROGRAM FORM

**Note:** Completed applications must be submitted to the Middlesex-London Health Unit each school year by October 1.

ANSWER ALL QUESTIONS ON THIS APPLICATION

|   |                              |   |                          |
|---|------------------------------|---|--------------------------|
| <b>Section A: Program Information</b>   |                              |   |                          |
| Name of school:   |                              |   |                          |
| Address of school:  |                              |   |                          |
| Name of coordinator:  |                              | Mailing address:  |                          |
| Contact telephone number:   | Fax number:                  | e-mail address:   |                          |
| Normal days of operation:   | Hours of operation:          | Number of students anticipated:                           |                          |
| <b>Level of risk: (check all that apply)</b><br><br><input type="checkbox"/> Low risk (all pre-packaged food)<br><br><input type="checkbox"/> Medium risk (some handling, i.e. toast, bagels, cut fruit)<br><br><input type="checkbox"/> High risk (cooking, i.e. bacon and eggs) |                              |   |                          |
| <b>Section B: Foods</b> (attach a separate sheet if necessary)  |                              |   |                          |
| Type of foods to be prepared/sold   | Where food will be purchased | Name of person in charge of food purchasing & preparation | Contact telephone number |
|   |                              |   |                          |
|   |                              |   |                          |
|   |                              |   |                          |
|   |                              |   |                          |
|   |                              |   |                          |
|   |                              |   |                          |
|   |                              |   |                          |

| Section C: Food Premises Checklist   |                          |                          |          |
|--|--------------------------|--------------------------|----------|
| Item List  | Yes                      | No                       | Comments |
| Running water from approved source (city water, secured well water)                      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Running hot & cold water   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Liquid soap/ paper towel (Disposable gloves in addition are optional)                    | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Number and location of hand washing facilities (Used only for hand washing)              | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Sanitizer (Chlorine 100ppm, Quaternary ammonium 200ppm, Iodine 25ppm)<br>Please specify  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Probe thermometer  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Refrigerators (with thermometers) 4°C or less<br>Specify temperature currently observed. | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Freezers (with thermometer) -18°C or less<br>Specify temperature currently observed      | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Cooking equipment (If any, specify)  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Hot holding equipment (If any, specify) > 60°C   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Utensil washing facilities (3 or 2 compartment sink/dishwasher with temperature gauge)   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Garbage disposal   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Single service dishes/multi-use utensils<br>Please specify                               | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Aprons/ hair confinement   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Sanitizer test strips (test papers) for checking sanitizer concentration                 | <input type="checkbox"/> | <input type="checkbox"/> |          |

|  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| All food stored 15 cm off the floor  | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Chemicals labeled and stored properly<br>(separate from food)                                    | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Certified Food Handler on-site<br>Specify total number of staff/volunteers &<br>number certified | <input type="checkbox"/> | <input type="checkbox"/> |  |

|   |              |              |
|---|--------------|--------------|
| I _____ certify and accept responsibility for ensuring the above mentioned. |              |              |
| Applicant signature:  | Print name:  | Date:        |
| <br><br><br>  | <br><br><br> | <br><br><br> |

\*Note: The requirements above are in accordance with the Ontario Food Premises Regulation (R.R.O. 1990, Reg. 562) or local by-laws.

\*For any questions on how to fill out this form or regarding school nourishment programs, please contact the Environmental Health Team at (519) 663-5317 ext. 2300 or check [www.healthunit.com](http://www.healthunit.com) for reference materials.