HAMILTON SCHOOL DISTRICT
Sussex, WI

KITCHEN USE REQUEST

Organization Name:_____ Date:_____
Contact Person:_____ Phone:_____
Address:_____
Street City State Zip
Which facility do you wish to use:
__ HHS __ TMS __ Lannon __ Maple __ Marcy __ Woodside __ Willow
Date of Use: _____ Time: From _____ To _____.

Procedures for Use of Hamilton School District Kitchen

In order to promote the health of children and clean and safe kitchens, the Hamilton School District has adopted the following procedures for the use of Hamilton School District kitchen facilities. Please contact Food Service Manager at 246-1809 with questions.

- Groups that utilize kitchens must comply with Department of Health Sanitation requirements.
- No home cooked, canned/processed products can be brought into or disseminated from the Hamilton School District school kitchens.
- Anything served from school kitchens must be purchased through reputable/licensed retailers, i.e., retail grocery store - hot dogs versus Uncle Joe's venison hot dogs.
- No raw meat may be stored in school freezers or coolers.
- Pre-cooked products, i.e., hamburger, hot dogs, may be purchased through the Food Service Director.
- If kitchen is utilized, a food service employee shall supervise the use. The individual or group using the facility shall pay the cost of having the staff member present.
- Access to the kitchen will not be permitted until a food service employee is present.
- Students and children under the age of 18 are not allowed in the kitchen for any reason.
- Warming carts/coolers or other mobile carts can be reserved and used with permission of the Food Service Director.
- Coolers and freezers can be used with written request and permission of Food Service Director.
- Plastic gloves are available for purchase from the Food Service Director to assist in food preparation or dissemination.
- The kitchen must be left clean and arranged exactly how you found it.

Please explain what components of the kitchen facilities (i.e., serving area, cooking area, food prep, food carts, warming ovens, dishwasher and kitchen implements) you will need to use:

_____
_____
_____

Signature of applicant indicates willingness to abide by the procedures specified and reimburse for food service employee supervision fee. Prior to approval, the requestor will be contacted by the Food Service Director to discuss specific needs and related fees.

_____ _____
Requestor Date Phone

_____ _____
Director of Food Service Approval Date Principal Approval Date

---

To be completed by Food Service Director

Reserved Kitchen Facilities date(s)_____
Carts_____ Warming ovens_____ Supervisor_____

1- School Copy 2-Business Office 3-Head Custodian 4-Organization Requesting Use

APPROVED:	July 18, 2001	REVIEWED:	August 18, 2008
REVISED:	August 16, 2004	REVISED:	April 20, 2015
	July 18, 2005		
	June 19, 2006		