

Condon School District 25J

Code: **KG/KGF/EDC-AR(3)**
Revised/Reviewed: 1/08/02; 11/09/05; 11/20/08;
4/13/16
Orig. Code(s): KG/KGF/EDC-AR(3)

District Property Use Request Kitchen/Cafeteria

Condon School District 25J
210 East Bayard Street
Condon, OR 97823
(541) 384-2581

Date: _____

The (organization) _____ requests the use of the district Kitchen/Cafeteria
on (day) _____, (date) _____
from (time in) _____ to (time out) _____.

Additional Information _____.

The purpose of this use is for _____.

Terms and conditions of Kitchen/Cafeteria Use

1. It is agreed that the party or parties using the school kitchen/cafeteria will exercise every care in protecting district property and in the event damage results from improper use will reimburse the district for repairs or loss.
2. All authorized use of the school kitchen/cafeteria requires the user to leave the premises in a condition equal to or better than when authorized for use.
3. School kitchen/cafeteria will be adequately policed during the authorized activity and extreme care will be exercised to prevent any damage to district property/facilities. Any expense incurred due to damage will be the responsibility of the user.
4. A representative of the group/organization will meet with a kitchen worker and receive orientation to kitchen equipment, procedures, and instructions on following the Kitchen/Cafeteria Use Checklist (see copy attached).
5. An individual with a food handlers certificate will be on site at all times.
6. A refundable deposit in the amount of \$100 will be required. The exceptions to the deposit being refunded are addressed below.
7. The Kitchen/Cafeteria Use Checklist will be followed and completed. If the user fails to follow/complete the checklist, the deposit may not be refunded.

8. If the Kitchen/Cafeteria Use Checklist is not returned within five working days following use of the kitchen facility the deposit will not be refunded.
9. The organization must show proof of liability insurance for the requested activity.
10. A copy of the state permit authorizing the event will be provided to the district.
11. Any violation or wanton disregard of district policy will result in automatic forfeiture of deposit and denial of future use requests.

My signature below confirms that I have carefully read and agree with the terms and conditions for use of the Kitchen/Cafeteria as stated in items 1. through 11. above.

Organization Representative: _____ Date: _____

Address & Phone Number: _____

Please submit this form to the district office no later than five days prior to date of desired facility use.

The following items must accompany this request:

1. Proof of liability insurance for the requested activity;
2. Copies of the food handlers certificate(s) the organization will be working under;
3. A copy of the state permit authorizing the event; and
4. A deposit in the amount of \$100.

Principal/Superintendent Authorization: _____

Date of Authorization: _____

FOR DISTRICT USE ONLY

Attach the Following to the Original Request for Filing:

- Proof of Liability Insurance
- Copies of the Food Handlers Certificate(s)
- Copy of the State Permit Authorizing Event Deposit Amount & Check Number: _____

Key Provided Yes No

If yes, initial of organization representative: _____

Key Returned by organization representative on: _____

Initial of organization representative: _____

Deposit returned to organization representative on _____ after receiving signed copy of
Kitchen/Cafeteria Use Checklist _____
(Initials)

Copies To:

Organization Representative
Kitchen Manager
District Office

**Condon School District 25J
Kitchen/Cafeteria Use Checklist**

1. _____ Keep kitchen clean at all times!
2. _____ An individual with a food handlers certificate will be on site at all times.
3. _____ Use care while working with utensils and equipment in the kitchen. Much of it is old, expensive and not easily replaced.
4. _____ Clean all surfaces with bleach water to sanitize changing bleach water often.
 - (a) Clean all cafeteria tables with bleach water.
 - (b) Clean outside of cupboards.

(Bleach water solution = 1 tsp. Bleach to one gallon water. **Change Bleach Water Often.**
5. _____ Wipe stainless surfaces and sink with wet towel then dry with a dry towel when finished using.
6. _____ Clean all dishes, cooking pans and utensils and return to their proper storage areas.
7. _____ Do not leave food in aluminum pans overnight.
8. _____ Remove all leftover food from walk-in cooler upon completion of kitchen use.
9. _____ Oven and oven racks are to be left clean.
10. _____ Clean mixer, including all grooves as well as the wall behind the mixer.
11. _____ Make sure ovens and cook surfaces are turned off.
12. _____ Sweep floors and cleanup any spills on floor.
13. _____ All garbage and recyclables will be removed from the premises at the user's expense immediately following the activity.
14. _____ Lock cooler.
15. _____ Launder towels and have them returned the day following use of the kitchen.
16. _____ **Lock all doors.**

Please initial each item to verify that it was completed and bring in this form by 8:30a.m. the first business day following use of the kitchen/cafeteria facility to be approved by the kitchen manager.

[Theresa Jamieson,] Kitchen Manager
Organization Representative

Date