

Emergency Readiness Plan:



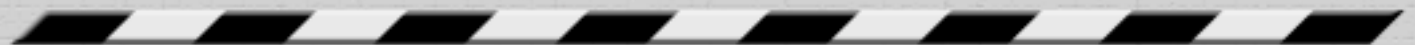
Forms for the
School Foodservice Operation



Developed by
National Food Service Management Institute
through a Cooperative Agreement

with
United States Department of Agriculture,
Food and Nutrition Service

Contact Directory



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Chain of Command

To reduce possible confusion, identify the chain of command early in the development stage. Provide a copy of the chain of command to school administrators and school foodservice personnel. Identify the Emergency Response Team coordinator(s) or other school officials who will determine when to activate the plan. Include a calling system to ensure a method for contacting everyone. Post the chain of command in a common location at each foodservice operation. Designate specific responsibilities for each of the Emergency Response Team coordinators.

1) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Emergency Response Team Coordinators

Identify Emergency Response Team coordinators who can respond in the event of a foodservice disruption. Indicate the chain of command. Consider alternate communication measures such as carriers as part of the Emergency Response Team.

Feeding Site _____

Food Service Director or Manager _____

**Food Service
Director**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

**Meal Production
Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

**Inventory/Record
Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

First Aid Coordinator

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

**Kitchen Clean-up
Crew Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____



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Emergency Response Team Coordinators (continued)

Feeding Site _____

Food Service Director or Manager _____

**Messages
Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

**Public Relations
Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

**Donations
Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

**Volunteers
Coordinator**

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____

Other Coordinator

Name _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Home Address _____



Pagers and Radio Communications

*Identify the individuals who are responsible for pagers and radio communications.
Post this list in a common location.*

Feeding Site _____

Food Service Director or Manager _____

Pagers

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Radio Communications

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

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Delegation of Tasks

This list provides routine tasks of the foodservice operation. Use this list during the time of foodservice disruption. If the designated individual is unavailable to perform the task, the Emergency Response Team coordinator(s) should delegate the task to another individual.

Feeding Site _____

Food Service Director or Manager _____

Task	Responsible Individual(s)
Manages the foodservice operation	_____
Communicates with:	
Local officials	_____
State officials	_____
Public officials	_____
Monitors food safety	_____
Answers phones	_____
Checks e-mail	_____
Schedules employees	_____
Maintains inventory of food, supplies, and bottled water	_____
Assists in menu planning based on inventory, available utilities, water supply, and storage space	_____
Reports and documents any loss of food, supplies, and/or equipment	_____
Maintains reimbursement records	_____
Determines available storage space for donations	_____
Schedules clean-up	_____
Schedules volunteers	_____
Writes thank-you notes to contributors and volunteers	_____
Prepares and presents certificates of appreciation	_____

Keys to Foodservice Operation

*Identify the individuals who will have keys to the foodservice operation.
Post this list in a common location.*

Feeding Site _____

Food Service Director or Manager _____

**Foodservice
Operation
Master Key(s)**

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

**Foodservice Office
Keys**

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____



Form Developed on _____ Form Revised on _____



Keys to Foodservice Operation

(continued)

Feeding Site _____

Food Service Director or Manager _____

Refrigerator(s) Keys

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Milk Cooler(s) Keys

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Keys to Foodservice Operation

(continued)

Feeding Site _____

Food Service Director or Manager _____

Storeroom Keys

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Freezer(s) Keys

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

School District Emergency Contacts

Identify school district contacts who will assist the foodservice operation in case of an emergency. Some examples are principals, teachers, computer support staff, nurses, clerical support staff, bus drivers, student and parent organizations, and custodians.

Feeding Site _____

Food Service Director or Manager _____

Administrator(s)

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____



School District Emergency Contacts

(continued)

Feeding Site _____

Food Service Director or Manager _____

Teacher(s)

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

School District Emergency Contacts

(continued)

Feeding Site _____

Food Service Director or Manager _____

**Computer Support
Staff**

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

**Clerical Support
Staff**

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

School Nurse(s)

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____



Form Developed on _____ Form Revised on _____



School District Emergency Contacts

(continued)

Feeding Site _____

Food Service Director or Manager _____

**Maintenance
Foreman**

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Custodian(s)

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____



School District Emergency Contacts

(continued)

Feeding Site _____

Food Service Director or Manager _____

Bus Driver(s)

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____



School District Emergency Contacts

(continued)

Feeding Site _____

Food Service Director or Manager _____

Parent Organization

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Student Organization

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Others

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____



Local Public Health and State Agency Emergency Contacts

Identify local and State contacts who will assist the foodservice operation in an emergency. Some examples are public health officials and State agency personnel. Post this list in a common location.

Public Health Official(s)

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

State Agency

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Utility and Community Relief Organization Emergency Contacts

Identify utility and community relief organizations that will assist the foodservice operation in an emergency.

Electric Company

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Gas Company

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Utility and Community Relief Organization Emergency Contacts

(continued)

Water Company

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Sanitation and Sewage

1) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Message Carriers

Identify local individuals who will serve as message carriers for the foodservice operation. Some examples of individuals are parents, volunteer organizations, and bus drivers. Remember, telephones, cell phones, e-mail, and computers may not operate in the event of an emergency.

1) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

4) Name

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Drivers and Transporters

Identify local individuals that can assist in transporting food and supplies for the foodservice operation in an emergency. Some examples are bus drivers, truck drivers, food vendors, and factory workers.

1) Name _____

Company _____

Position _____ E-mail _____

Item(s) _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

2) Name _____

Company _____

Position _____ E-mail _____

Item(s) _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

3) Name _____

Company _____

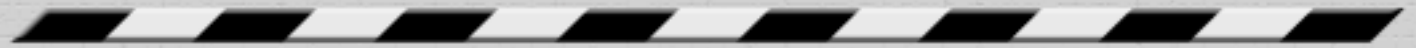
Position _____ E-mail _____

Item(s) _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

Local Community Resources



Local Food Sources Emergency Contacts	Form B-1
Local Beverage Suppliers Emergency Contacts	Form B-2
Local Cleaning and Chemical Supplies Emergency Contacts	Form B-3

Local Food Sources Emergency Contacts

*Identify local food sources that will assist the foodservice operation in an emergency.
Some examples are food companies, local restaurants, and local grocery stores.*

Food Source(s)

1) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

2) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

3) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

4) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Local Beverage Suppliers Emergency Contacts

Identify local beverage suppliers that will assist the foodservice operation in an emergency.
Some examples are dairies, beverage distributors, local restaurants, and grocery stores.

Beverage Suppliers

1) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

2) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

3) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

4) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation



Local Cleaning and Chemical Supplies Emergency Contacts

Identify individuals who will assist the foodservice operation in obtaining cleaning and chemical supplies in an emergency. Consider vendors, local restaurants, and grocery stores.

Cleaning and Chemical Supplier(s)

1) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

2) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

3) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

4) Name

Company _____
Position _____ E-mail _____
Item(s) _____
(H) Phone _____ (W) Phone _____ Cell Phone _____
Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Standard Operating Procedures

Standard Operating Procedure for an Electric Power Disruption	Form C-1
Alternate Resources for an Electric Power Disruption	Form C-2
Standard Operating Procedure for a Gas Disruption	Form C-3
Standard Operating Procedures for a Water Supply Disruption	Form C-4
Alternate Resources for a Water Supply Disruption	Form C-5

Standard Operating Procedure for an Electric Power Disruption

Feeding Site: _____

Prepared by: _____

Approved by: _____

Procedure: This procedure will take effect if the foodservice operation is without electric power for _____ hour(s).

To maintain temperatures, open refrigerators and freezers only when necessary.

Flashlights with batteries are located _____

Keys to foodservice offices are located _____

Keys to refrigerator(s) are located _____

Keys to freezer(s) are located _____

Facility is equipped to operate on back-up generator. ☐ Yes ☐ No

If yes, the generator is located _____

and will be operated by _____.



Standard Operating Procedure for an Electric Power Disruption

(continued)

Alternate inventory and menus available. ☐ Yes ☐ No

Emergency inventory available. ☐ Yes ☐ No

Manual can opener available. ☐ Yes ☐ No

Facility is equipped to operate on steam heat. ☐ Yes ☐ No

Facility is equipped to operate on gas power. ☐ Yes ☐ No

Alternate arrangements have been made ☐ Yes ☐ No

With whom _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Cellular phones ☐ Yes ☐ No

If Yes, cellular phone number(s) _____

Monitor refrigerator temperatures every _____ minutes.

Monitor milk cooler temperatures every _____ minutes.

Monitor freezer temperatures every _____ minutes.

Monitor internal temperatures of food every _____ minutes.

Use food within _____ hours; discard food within _____ hours.

Actions required when temperatures exceed minimum for food safety are: _____

Additional refrigeration storage is available ☐ Yes ☐ No

If Yes, where? _____

Additional freezer storage is available ☐ Yes ☐ No

If Yes, where? _____

The following will be washed and sanitized manually:

• Utensils ☐ Yes ☐ No

• Serving dishes ☐ Yes ☐ No

• Pans ☐ Yes ☐ No

• Smallware ☐ Yes ☐ No

• Equipment ☐ Yes ☐ No

Disposable serviceware available:

• Cups Quantity _____

• Plates Quantity _____

• Silverware Quantity _____

• Bowls Quantity _____

• Aluminum pans Quantity _____

Alternate Resources for an Electric Power Disruption

The list below identifies where to locate alternate electrical resources for the foodservice operation.

Generators

Name _____

Company _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Refrigerator Storage

Name _____

Company _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Freezer Storage

Name _____

Company _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation



Form Developed on _____ Form Revised on _____



Alternate Resources for an Electric Power Disruption (continued)

Refrigerator Trucks

Name _____

Company _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Ice

Name _____

Company _____

Position _____ E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Standard Operating Procedure for a Gas Disruption

Feeding Site: _____

Prepared by: _____

Approved by: _____

Procedure: This procedure will take effect if the foodservice operation is without gas power for _____ hour(s).

Special tools are located _____

Individuals trained to disconnect gas _____

Alternate inventory and menus available. ☐ Yes ☐ No

Emergency inventory available. ☐ Yes ☐ No

Facility is equipped to operate on steam heat. ☐ Yes ☐ No

Facility is equipped to operate on electricity. ☐ Yes ☐ No

Cellular phones are located _____ Number _____



Standard Operating Procedures for a Water Supply Disruption

Feeding Site: _____

Prepared by: _____

Approved by: _____

Procedure: This procedure will take effect if the foodservice operation is without water for _____ hour(s).

Sufficient supply of bottled water is available. ☐ Yes ☐ No

Alternate menus are available. ☐ Yes ☐ No

Disposable cups, plates, silverware, bowls, and pans are available. ☐ Yes ☐ No

Ice machine is on location. ☐ Yes ☐ No

Dispose of ice in ice machine when _____

Alternate arrangements have been made ☐ Yes ☐ No

With whom _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Alternate Resources for a Water Supply Disruption

The list below identifies where to locate alternate water supplies for the foodservice operation.

Potable Water

Name _____

Company _____

Position _____ E-mail _____

Quantity _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Other Water Sources

Name _____

Company _____

Position _____ E-mail _____

Quantity _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Home Address _____

☐ Cash on Delivery ☐ Purchase Order ☐ Charge ☐ Donation

Emergency Foodservice Inventory



Emergency Inventory Form D-1



Emergency Inventory

Feeding Site: _____

Prepared by: _____

Approved by: _____

Some foodservice operations have a three-day emergency inventory and corresponding emergency menus. Other foodservice operations select to plan menus based on current inventory at the time of the emergency. Consider the following items as part of the foodservice emergency inventory.

Number of Projected Emergency Meals

Child Meals _____ Adult Meals _____

Beverages

Quantity Needed

Quantity on Hand

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Bottled water* | _____ | _____ |
| <input type="checkbox"/> Coffee | _____ | _____ |
| <input type="checkbox"/> Fruit drink | _____ | _____ |
| <input type="checkbox"/> Canned juice | _____ | _____ |
| <input type="checkbox"/> Lemonade | _____ | _____ |
| <input type="checkbox"/> Milk | _____ | _____ |
| <input type="checkbox"/> Tea | _____ | _____ |

Meat and Meat Alternates

Quantity Needed

Quantity on Hand

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Canned beef | _____ | _____ |
| <input type="checkbox"/> Canned chicken | _____ | _____ |
| <input type="checkbox"/> Canned tuna | _____ | _____ |
| <input type="checkbox"/> Canned turkey | _____ | _____ |
| <input type="checkbox"/> Canned beans: black, pinto, red | _____ | _____ |
| <input type="checkbox"/> Cheese, American | _____ | _____ |
| <input type="checkbox"/> Cheese, shredded mozzarella | _____ | _____ |
| <input type="checkbox"/> Dry lentils | _____ | _____ |
| <input type="checkbox"/> Eggs | _____ | _____ |
| <input type="checkbox"/> Peanut butter | _____ | _____ |
| <input type="checkbox"/> Canned entrees: stews, ravioli,
chicken and dumplings | _____ | _____ |

**Recommend 3-5 gallons of water per person per day.*



Form Developed on _____ Form Revised on _____



Emergency Inventory (continued)

Groceries

	Quantity Needed	Quantity on Hand
<input type="checkbox"/> Canned soups	_____	_____
<input type="checkbox"/> Canned fruit.....	_____	_____
<input type="checkbox"/> Canned vegetables	_____	_____
<input type="checkbox"/> Nonfat dry milk	_____	_____
<input type="checkbox"/> Pasta	_____	_____
<input type="checkbox"/> Spaghetti sauce.....	_____	_____

Condiments

	Quantity Needed	Quantity on Hand
<input type="checkbox"/> Creamer, non-dairy	_____	_____
<input type="checkbox"/> Jelly	_____	_____
<input type="checkbox"/> Mustard.....	_____	_____
<input type="checkbox"/> Ketchup	_____	_____
<input type="checkbox"/> Mayonnaise	_____	_____
<input type="checkbox"/> Mustard.....	_____	_____
<input type="checkbox"/> Sugar	_____	_____
<input type="checkbox"/> Sugar, substitute	_____	_____

Paper Supplies

	Quantity Needed	Quantity on Hand
<input type="checkbox"/> Aluminum foil.....	_____	_____
<input type="checkbox"/> Aluminum pans, disposable	_____	_____
<input type="checkbox"/> Bowls, disposable.....	_____	_____
<input type="checkbox"/> Cups, disposable	_____	_____
<input type="checkbox"/> Forks	_____	_____
<input type="checkbox"/> Gloves, disposable.....	_____	_____
<input type="checkbox"/> Knives	_____	_____
<input type="checkbox"/> Napkins.....	_____	_____
<input type="checkbox"/> Paper towels	_____	_____
<input type="checkbox"/> Plastic wrap	_____	_____
<input type="checkbox"/> Spoons, disposable.....	_____	_____
<input type="checkbox"/> Tissues, facial	_____	_____
<input type="checkbox"/> Tissue, toilet	_____	_____
<input type="checkbox"/> Trash bags	_____	_____

Emergency Inventory (continued)

Chemicals

Quantity Needed

Quantity on Hand

- | | | |
|---|-------|-------|
| <input type="checkbox"/> Alcohol swabs | _____ | _____ |
| <input type="checkbox"/> Bleach | _____ | _____ |
| <input type="checkbox"/> Detergent, floors | _____ | _____ |
| <input type="checkbox"/> Detergent, food contact surfaces | _____ | _____ |
| <input type="checkbox"/> Soap, hand | _____ | _____ |
| <input type="checkbox"/> Soap, dish | _____ | _____ |
| <input type="checkbox"/> Sanitizer test strips | _____ | _____ |

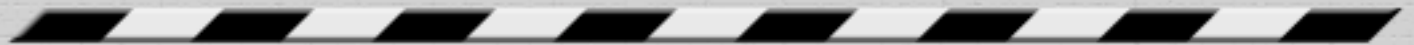
Miscellaneous

Quantity Needed

Quantity on Hand

- | | | |
|--|-------|-------|
| <input type="checkbox"/> First aid kit | _____ | _____ |
| <input type="checkbox"/> Batteries | _____ | _____ |
| <input type="checkbox"/> Flashlights | _____ | _____ |
| <input type="checkbox"/> Manual can opener | _____ | _____ |

Menus



Three Day Shelter Menu Form E-1

Three Day Shelter Menu

Sample Menu A

Use stock on hand first - use refrigerated or frozen foods first. If electrical power is out, use items in refrigerators and freezers that pose no food safety danger. All the foods identified below may not be available at the time of an emergency.

*Breakfast - each day	Cereal Fruit Juice Peanut Butter Crackers	*Main Meal - day 2	Pork and Beans Canned Vegetable Canned Fruit Peanut Butter
*Main Meal - day 1 and 3	Sliced Meat Sandwich Canned Vegetable Canned Fruit Peanut Butter Crackers	*Evening Meal - day 1, 2, and 3	Tuna Salad Sandwich Canned Fruit Peanut Butter
		*Snack (evening and afternoon)	Cookies, Canned Fruit

**Available at all times: Coffee, Milk, Tea, Creamer, Crackers, Jelly, Peanut Butter, Salt, and Pepper*

Sample Menu B Emergency Feeding Breakfast

Menu 1 Canned Fruit Toast with Peanut Butter Coffee Tea Creamer Sugar	Menu 3 Juice Cereal Bar NFD Milk Coffee Tea Creamer Sugar	Menu 5 Canned Fruit Oatmeal NFD Milk Coffee Tea Creamer Sugar	Menu 7 Apple Juice Grits Eggs Sausage (frozen ground pork) Toast Butter Jelly NFD Milk Coffee Tea Creamer Sugar
Menu 2 Juice Corn Cereal Cheese Toast *NFD Milk Coffee Tea Creamer Sugar	Menu 4 Apple Juice Grits Scrambled Eggs Toast Butter Coffee Creamer/Sugar	Menu 6 Sliced Apples Pancakes Syrup Butter Sausage NFD Milk Coffee Tea Creamer Sugar	

**NFD: Non-fat dry*

Three Day Shelter Menu (continued)

Sample Menu C
Emergency Feeding
Lunch/Dinner

Menu 1

Sliced Turkey (Turkey Roast)
Mashed Potatoes (Dehydrated)
Green Beans
Applesauce
Bread
Coffee
Tea

Menu 2

Chicken and Rice (Diced Chicken)
Peas
Mixed Fruit
Bread
Coffee

Menu 3

Sliced Ham (Boneless Ham)
Macaroni and Cheese
Green Beans
Apple Slices
Bread
Coffee
Tea

Menu 4

Turkey Roast
Mashed Potatoes
Blackeyed Peas
Bread
Coffee
Tea

Menu 5

Chicken Noodle Casserole (Canned Poultry)
Peas
Peaches
Bread
Coffee/Tea

Menu 6

Ham Sandwich (Frozen Ham)
Vegetarian Beans
Mixed Fruit
Coffee
Tea

Menu 7

Ham and Macaroni and Cheese
Green Beans
Peaches
Bread
Coffee
Tea

Menu 8

Spaghetti with Meat Sauce
(Ground Beef)
Green Beans
Pears
Bread
Coffee
Tea

Menu 9

Turkey Sandwich (Turkey Roast)
Pineapple Tidbits
Corn
Coffee
Tea

Menu 10

Hamburger with Bun
Vegetarian Beans
Pears
Coffee
Tea

Menu 11

Chili with Beans and Beef
(Canned or Ground Beef)
Crackers
Applesauce
Coffee
Tea

Menu 12

Barbecue Pork (Canned Pork)
Corn
Pineapple Tidbits
Coffee
Tea

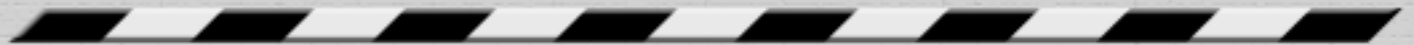
Menu 13

Beans and Rice
Peaches
Bread
Coffee
Tea

Menu 14

Hamburger Mexican Rice
(Ground Beef or Canned Beef)
Apple Slices
Corn
Coffee
Tea

Community Relief Organizations



Community Relief Organizations Form F-1



Community Relief Organizations

Questions from the community relief organization to the school district

*If the school foodservice is designated as a shelter, a contact person from the community relief organization will begin to assess the situation and determine the needs of the community. It is important to have as much information available as possible regarding the foodservice operation. Relief organization personnel may ask the following questions:**

1. Who is the designated disaster relief administrator in the school district?

2. What is the telephone number and address of the school that is serving as the community relief shelter?

3. Is there a basic floor plan for the foodservice operation, school, and restrooms locations?

4. Is there a portable generator? Who has training to operate the generator?
Is there a contract to obtain a generator?

5. Who is the designated administrator of the foodservice operation?

6. What is the home or cell telephone number of the foodservice director?

7. Is there a portable or cellular telephone in the foodservice area? What is the telephone number?

8. Does the school district have an emergency readiness plan?

9. What are the standard operating procedures?

10. Who has keys to the facility, walk-in refrigerators, freezers, coolers, and storerooms?

11. Where is the main power switch?

12. Where is the gas supply source?

Community Relief Organizations

(continued)

13. Where is the fuse or circuit breaker box?

14. Where are the air conditioner and fans? Are there any portable fans available?

15. Are portable heaters available?

16. Are blankets available?

17. Is bulk catering/transporting equipment available?

18. Is there an inventory of disposable dinnerware and flatware?

19. Where and how much water is available?

20. What system is available for holding water?

21. Are steamed jacket kettles and other stockpots available to store water?

22. Is there an agreement for procuring potable or bottled water with a local vendor?

23. Is coffee or tea available?

24. Is there a plan for additional refrigeration storage?

25. Is ice available for beverages and for keeping cold foods cold?

26. Is there a plan or contract for receiving ice? Where will it be stored?

Community Relief Organizations

(continued)

27. Will the foodservice operation need additional staff? How many? Who has authorization to be in the kitchen?

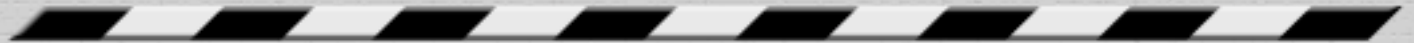
28. Has a work schedule been devised for the shelter?

29. Where is the food inventory list?

30. Does the shelter have any security systems installed? Are there clear directions or personnel available who know how to disable the security system?

*Source: Adapted from the Florida Food and Nutrition Advisory Council
Florida Department of Agriculture & Consumer Services 1998

Donations and Volunteers



Donations	Form G-1
Volunteer Log	Form G-2
Volunteers	Form G-3
Certificate of Appreciation	
Sample Thank-You Letter to an Organization	Form G-4
Sample Thank-You Letter to a Volunteer	Form G-5

Donations

*Identify organizations that provided a donation to the foodservice operation.
Write thank-you notes and provide certificates of appreciation.*

Name _____

Donation _____

E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Mailing Address _____

Name _____

Donation _____

E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Mailing Address _____

Name _____

Donation _____

E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Mailing Address _____

Name _____

Donation _____

E-mail _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

Mailing Address _____

[illegible]

Volunteers

*Identify volunteers who assisted the foodservice operation in the emergency.
Write thank-you notes and provide certificates of appreciation.*

Name _____

Service Provided _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Mailing Address _____

Name _____

Service Provided _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Mailing Address _____

Name _____

Service Provided _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Mailing Address _____

Name _____

Service Provided _____

(H) Phone _____ (W) Phone _____ Cell Phone _____

E-mail _____

Mailing Address _____



Certificate of Appreciation

*In recognition of your outstanding service
and support, this certificate is presented to*

Signed

Title

School

Date

Sample Thank-You Letter to an Organization

Date

Name of Organization

Address

City State Zip

Dear (Name of Contributor),

The (Name of school district) would like to thank you for your generous donation(s)/contribution(s) of “list specifically what was contributed/donated” during our recent “emergency/disaster.” Our foodservice operation was able to provide better services to our school and community as a result of your kindness.

Sincerely,

Foodservice Director

Sample Thank-You Letter to a Volunteer

Date

Name of Volunteer

Address

City State Zip

Dear (Name of Volunteer),

The (Name of school district) would like to thank you for generously donating your tireless energy and efforts during our recent emergency/disaster. Our foodservice operation was able to provide better services to our school and community as a result of your willingness to help.

Sincerely,

Foodservice Director