

# ***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** \_\_\_\_\_

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**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 \_\_\_\_\_

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**Kitchen Clean-up  
Crew Coordinator**

Name \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

Form Developed on \_\_\_\_\_ Form Revised on \_\_\_\_\_



# 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** \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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 \_\_\_\_\_

Form Developed on \_\_\_\_\_ Form Revised on \_\_\_\_\_



# 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** \_\_\_\_\_

<b>Task</b>	<b>Responsible Individual(s)</b>
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** \_\_\_\_\_

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**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 \_\_\_\_\_

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**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** \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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** \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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** \_\_\_\_\_

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**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 \_\_\_\_\_



# 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 \_\_\_\_\_  
\_\_\_\_\_

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## **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 \_\_\_\_\_  
\_\_\_\_\_

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## 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)

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## 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 \_\_\_\_\_  
\_\_\_\_\_

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## 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 \_\_\_\_\_  
\_\_\_\_\_

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**3) Name** \_\_\_\_\_

Position \_\_\_\_\_ E-mail \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_\_

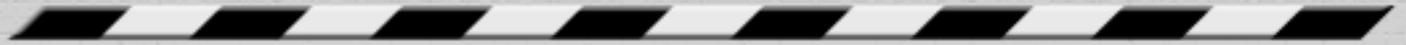
Item(s) \_\_\_\_\_

(H) Phone \_\_\_\_\_ (W) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

# Local Community Resources



<b>Local Food Sources Emergency Contacts .....</b>	<b>Form B-1</b>
<b>Local Beverage Suppliers Emergency Contacts .....</b>	<b>Form B-2</b>
<b>Local Cleaning and Chemical Supplies Emergency Contacts .....</b>	<b>Form B-3</b>



# 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

---

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



# 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 \_\_\_\_\_

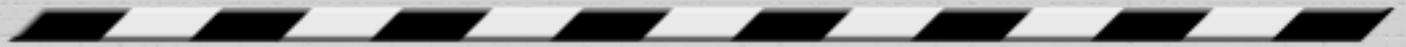
Quantity \_\_\_\_\_

(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**

- Alcohol swabs ..... \_\_\_\_\_
- Bleach ..... \_\_\_\_\_
- Detergent, floors ..... \_\_\_\_\_
- Detergent, food contact surfaces ..... \_\_\_\_\_
- Soap, hand ..... \_\_\_\_\_
- Soap, dish ..... \_\_\_\_\_
- Sanitizer test strips ..... \_\_\_\_\_

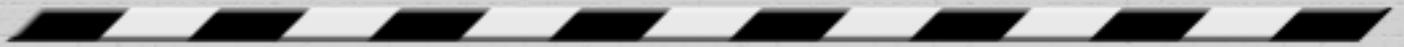
**Miscellaneous**

**Quantity Needed**

**Quantity on Hand**

- First aid kit ..... \_\_\_\_\_
- Batteries ..... \_\_\_\_\_
- Flashlights ..... \_\_\_\_\_
- 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.*

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

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

## Sample Menu B Emergency Feeding Breakfast

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

*\*NFD: Non-fat dry*

**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

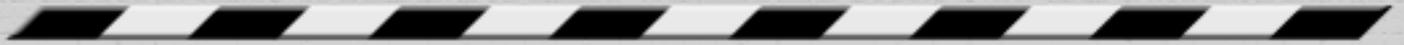
**Menu 11**  
Chili with Beans and Beef  
(Canned or Ground Beef)  
Crackers  
Applesauce  
Coffee  
Tea

**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?

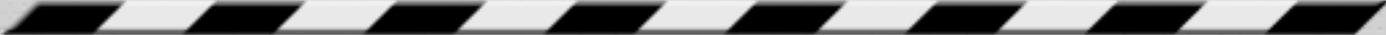
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30. Does the shelter have any security systems installed? Are there clear directions or personnel available who know how to disable the security system?

---

\*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 \_\_\_\_\_





# 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