



ARKANSAS DEPARTMENT OF HEALTH

Environmental Health Protection Services Food Service

Office (501) 661-2171 FAX (501) 661-2572
4815 West Markham Street, Slot #46 Little Rock, AR. 72205
Attention: Kathy Spencer Katherine.Spencer@arkansas.gov

NOTICE OF ACTION DOCUMENTATION FORM

Projected Start Date: _____ Projected End Date: _____

Agreement #: _____ Program: _____

Name of Sponsoring Organization: _____

Contact Person: _____ Contact Phone: _____

Email Address: _____ @ _____ . _____

Name of **Cooking Site/Prep Site, Vending Company or Storage Only**: _____

Address: _____ City: _____ State: _____

Days of Operations for this: (Check All That Apply)

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Hours of Operation for this Site: (List Time For Each Day)

Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____

Number of Staff (paid and volunteer): _____ Kitchen/Site Managers: _____

Contact No: _____ Site Manager has Food Safety Certification ___ Yes ___ No

NOTICE OF ACTION DOCUMENTATION FORM

Type of Meal Prep: Cold Only (No Cooking) Hot Meals Pre-Package Only Storage Only

For Shared Kitchen Sites, do you have a site agreement to use this site? Yes No

What areas of the shared kitchen space will be used?

Meal Delivery

Will this kitchen prepare and deliver meals to other sites? Yes No

Yes, How many delivery vehicles will be used? _____ Will Sites pick up meals? Yes No

Describe how meals will be packaged, transported and temperature control maintained to each site:

Packaged:

Transported:

Temperature Control—Cold Holding

Temperature Control—Hot Holding

Do you have Standard Operating Procedures (SOP's) pertaining to meal delivery? yes No

NOTICE OF ACTION DOCUMENTATION FORM

EQUIPMENT & STORAGE SPACE

Number, Size and Type of Refrigeration Storage At This Site:

NUMBER: _____ SIZE: _____ TYPE: _____

Number, Size, and Type of Freezer Storage At This Site:

NUMBER: _____ SIZE: _____ TYPE: _____

Describe The Milk Storage For This Site:

Describe the Dry Storage Area For This Site:

I hereby certify that the information contained within this notification form is true and accurate to the best of my knowledge.

Signature of Program Sponsor

Date signed

NOTICE OF ACTION DOCUMENTATION FORM

List the serving site information that this Kitchen/Prep site or Storage for which meals will be provide and or delivered

Name of Site: _____

Address: _____ City: _____

County: _____ Contact Person: _____

Contact Number for this Site: _____ Total # of daily meals prepared at this site _____

Complete The Following Chart (Type of Meals Served, Days, Time and Estimated Amount)

| Type Of Meals Served | Days Meals Served | | Time Meals Served | Estimated Amount of Meals Served | Comments |
|----------------------|-------------------|-----------|-------------------|----------------------------------|----------|
| BREAKFAST | Sunday | Monday | | | |
| | Tuesday | Wednesday | | | |
| | Thursday | Friday | | | |
| | Saturday | | | | |
| | | | | | |
| LUNCH | Sunday | Monday | | | |
| | Tuesday | Wednesday | | | |
| | Thursday | Friday | | | |
| | Saturday | | | | |
| | | | | | |
| DINNER | Sunday | Monday | | | |
| | Tuesday | Wednesday | | | |
| | Thursday | Friday | | | |
| | Saturday | | | | |
| | | | | | |
| SNACK | Sunday | Monday | | | |
| | Tuesday | Wednesday | | | |
| | Thursday | Friday | | | |
| | Saturday | | | | |
| | | | | | |

Special Comments regarding This Site:

NOTICE OF ACTION DOCUMENTATION FORM

List the serving site information for this feeding site / Storage site

Name of Site: _____

Address: _____ City: _____

County: _____ Contact Person: _____

Contact Number for Site: _____ Meals Delivers ____ Meals Pick-Up ____

Complete The Following Chart (Type of Meals Served, Days, Time and Estimated Amount)

| Type Of Meals Served | Days Meals Served | Time Meals Served | Estimated Amount of Meals Served | Comments |
|----------------------|-------------------|-------------------|----------------------------------|----------|
| BREAKFAST | Sunday | Monday | | |
| | Tuesday | Wednesday | | |
| | Thursday | Friday | | |
| | Saturday | | | |
| | | | | |
| LUNCH | Sunday | Monday | | |
| | Tuesday | Wednesday | | |
| | Thursday | Friday | | |
| | Saturday | | | |
| | | | | |
| DINNER | Sunday | Monday | | |
| | Tuesday | Wednesday | | |
| | Thursday | Friday | | |
| | Saturday | | | |
| | | | | |
| SNACK | Sunday | Monday | | |
| | Tuesday | Wednesday | | |
| | Thursday | Friday | | |
| | Saturday | | | |
| | | | | |

Special Comments regarding This Site:

Signature of Program Sponsor: _____

Date: _____