



Retail Food Program Attn: Khariana Hobbs
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 4815 West Markham St., Slot 46, Little Rock, AR 72205-3867

NOTICE OF ACTION DOCUMENTATION FORM

Projected Start Date: _____ Projected End Date: _____

___ Summer Feeding ___ At-Risk Afterschool Agreement #: _____

Name of Sponsoring Organization: _____

Contact Person: _____ Contact Phone: _____

County Program is located in: _____ (Please attach a copy of current Health Inspection License # of ADH permit: _____ Report and Permit to this document)

Name of Main Site/ Central Kitchen: _____

Site Address: _____ City: _____ State: _____

Days of Operation for this Program (Check all that Apply):

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

Hours of Operation for this Program (List time for each Day):

Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____

Kitchen/Site Manager: _____

Number of Staff (paid and volunteer): _____

Contact Phone: _____

Expiration date of Sponsor Food Safety Certification _____

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Site Type (Check Only One):

- Self-Prep (Sponsor ORGANIZATION Prepares Food)
- Vended (Purchased from a Food Service Management Company)

Level of Food Processing (Check Only One):

- Preparation Site—(Requires ADH permit) Food is handled before service or food/equipment is stored longer than meal service.
- Storage Site—(Requires ADH permit) Food stored is shelf-stable and commercially, individual prepackaged servings.
- Delivery Only—Food and related equipment is at site only during meal/snack service; food arrives individually prepackaged and does not require handling.

Do all Preparation Sites and Storage Sites have a permit in Sponsor's name? Yes No

What is the source of fresh water for food preparation and washing dirty wares?

Is wastewater disposed of using a sewer system or Septic System?

For Shared Kitchens do you have an Agreement to use this site? Yes No

What areas of the shared kitchen space will be used?

Meal Delivery

Does a central kitchen prepare or store meals that are delivered to other satellite sites? Yes No (skip to Acknowledgement)

How many sites will serve food that is prepared or stored in this kitchen? _____

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

You must submit a Standard Operating Procedure (SOP) that describes how food is packaged, transported, and maintained at proper temperatures in order for food to be transferred from a central kitchen to each satellite site. The SOP should also address the distance and travel time between a central kitchen and each satellite site.

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Acknowledgement of Program Sponsor Responsibilities
(Initial each Responsibility)

_____ I have attained food establishment permits as required for all sites included in this Notice of Action Document.

_____ I have attached / will submit a copy of the ADH Food Establishment Inspection Report to the ADH Program Compliance Specialist.

_____ I have attached the Intent to Operate Sites Form for all satellite sites that receive food prepared or stored by this program. There are ___ pages of the Intent to Operate attached.

_____ The information I provided to the ADH Program Compliance specialist about my program matches the information that I provided to DHS regarding my application for the program.

_____ I will send / have sent the ADH Program Compliance Specialist a sample menu of at least a calendar month or indicated the length of menu if I use a shorter cycle.

_____ I will send / have sent the ADH Program Compliance Specialist required Standard Operating Procedures regarding food safety for this site. I will also provide these procedures and food safety records when they are requested during inspections.

_____ I will complete /have completed ADH Food Safety Compliance Training or have an equivalent certification that I have sent the ADH Program Compliance Specialist.

I hereby certify that the information contained within this notification form is true and accurate to the best of my knowledge. Failure to provide correct information to ADH may affect program application approval and reimbursement by the Department of Human Services.

Signature of Program Sponsor

Date



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Arkansas Department of Health—Food Safety

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)

Will food be delivered from Central Kitchen?

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:

Arkansas Department of Health—Food Safety

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

Name of Site: _____
 Address: _____ City: _____
 County: _____ Contact Person: _____
 Contact Number for Site: _____ Meals Delivered ____ Meals Picked-Up ____
 Complete The Following Chart (Type of Meals Served, Days, Time and Estimated Amount)
 Will food be delivered from Central Kitchen?

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: _____



Name of Sponsoring Organization: _____

Contact Name: _____

Email: _____

Phone: _____

Vendor Preparing Food:

Self:

Outside Vendor:

NOA – INTENT TO OPERATE MULTIPLE SITES FORM SUPPLEMENT

Site Name & Address	Dates of Operation	Meal Type	Service Times	Site Supervisor's Name & Contact	Process Level	Expected Daily Meal Count