



Environmental Health Protection Services Food Service

Office (501) 661-2171 FAX (501) 661-2572
4815 West Markham Street, Slot #46 Little Rock, AR. 72205

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 Food Service/Cooking Site/Vending Company/Prep Site: _____

Address: _____ City: _____ State: _____

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

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

Hours of Operation for this Cooking 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

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

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EQUIPMENT & STORAGE SPACE

Number, Size and Type of Refrigerators 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 for which meals will be provide and or

deliver

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:

NOTICE OF ACTION DOCUMENTATION FORM

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

deliver

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)

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	Thursday	Friday		
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SNACK	Sunday	Monday		
	Tuesday	Wednesday		
	Thursday	Friday		
	Saturday			

Special Comments regarding This Site:

Signature of Program Sponsor: _____

Date: _____