**Western Dubuque Community School District**

**Food Service Facility Use Agreement**

This form is an agreement of the signed parties to utilize the food service facility in a professional and sanitary matter, to ensure proper care and use of food service facility, and to leave facility in same condition as upon arrival.

As **Kitchen Manager or Elementary Food Service Worker:**

* I agree to leave kitchen facility at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, clean and sanitary for the use of event below.

School

* I will make note of condition of facility, equipment and supplies before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ occurs on\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date

Name of Event

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Kitchen Manager Signature

Date Signed

As **Event Main Contact**:

* I agree to use facility as agreed upon with Director of Food Service and on-site kitchen manager/staff.
* I agree to be financially responsible for any unintentional or intentional misuse of the food service facility, equipment and supplies therein, that leads to monetary charges for the food service department (including any labor hours used to get facility back to condition it was signed over in and for any consumed supplies).
* I agree with the kitchen manager’s above noted conditions of the facility upon arrival.
* I agree that the facility is being left in the same condition as it was upon arrival for above event.
  + This includes the cleaning of all equipment that was used, all supplies consumed have been replaced or noted below\* for invoicing from the food service department, and all waste is disposed of properly.

\*Report of Condition & Listing of Consumed Supplies Not Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Date Signed

Event Main Contact Signature

Kitchen Manger Report of Facility after Event:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Kitchen Manager Signature

**After final Report of Facility by Kitchen Manager, please return the completed form to the Director of Food Services**