Environmental Health Services Division

401 Fifth Avenue, Suite 1100 Seattle, WA 98104-1818 **206-263-9566** Fax 206-296-0189 TTY Relay: 711 www.kingcounty.gov/health



Public Health-Seattle & King County Request for School Food Sharing Table

Date: _					
Acaden	nic year:				
School	name and district:				
School	address:		-		
Food se	rvice manager and/or person-in-charge	of School Food Sharing Table:	-		
Contact	Email and/or Phone number:		-		
	st: If you want to offer food sharing tab	• • • •	wing:		
	 Duration of breakfast service: 				
	2. Start time of each meal period:				
	3. Duration of each meal period:				
Lunch·	f you want to offer food sharing table a	t lunch inlease specify the following:			
	Duration of lunch service:				
	2. Start time of each lunch period:				
	3. Duration of each lunch period:				
Any oth	er meal periods or offering after school	activity snacks (if so, specify):	_		
Specify	food and beverage items that will be pe	ermitted for food sharing table:			
	Perishable and/or TCS foods	Shelf stable foods			
	•	•			
	•	•			

Describe how cold perishable during food sharing time? (e.g	•	foods (TCS) items will be kept cold hanical refrigeration):
=		egated in refrigeration prior to re-use ommingled with later dated milk:
If you want to re-serve fruits will be washed prior to re-ser		ears), describe how fruit with edible skin
Will any food be donated to and address of organization a	=	e school? If so, please provide name
Will students be permitted to Packs)? If so, explain foods a		ms home (Backpack Brigade, Pantry
Printed Name	Title	_
Signature	Date	Reviewed by PHSKC staff:
Mail, email, fax or bring the co Public Health-Seattle & King Co ATTN: Thu Bui, RS/REHS	•	PHSKC Notes:

DISTRICT HEALTH CENTERS

DOWNTOWN 401 5th Ave, 11th Floor Seattle, WA 98104 206-263-9566 EASTGATE 14350 S.E. Eastgate Way Bellevue, WA 98007 206-296-9791

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