Pre-Operational Visit Form

Site name: __________________________ Site number: __________________________

Site address: __________________________

Site telephone number: __________________________

Person to contact for use of site: __________________________

Type of site (check appropriate type):

☐ Recreation center ☐ Residential camp
☐ School ☐ Play street
☐ Church ☐ Playground
☐ Settlement house ☐ Other
☐ Park

Estimated number of children the site could serve: ________ Estimated number of needy children in area: ________

Estimated number of personnel needed to adequately control the food service: ________

Are the present facilities adequate for an organized meal service? ☐ Yes ☐ No

If answer is no, comments: __________________________

For the estimated number of children, does the site have: Yes No

☐ Shelter for inclement weather?
☐ Adequate cooking facilities (if applicable)?
☐ Adequate storage for prepared or delivered food?
☐ Storage space for records at site?
☐ Adequate refrigeration?
☐ Access to a telephone?

What types of organized activities are possible or planned at this site? __________________________

Improvements or corrective actions needed before site operates: __________________________

Did the site have any deficiencies in the previous summer? __________________________

__________________________________________ Date

Monitor’s Signature

United States Department of Agriculture