LIMITED SERVICE CHARITABLE FOOD OPERATION (LSCFO) SURVEY

Facility Name: ____________________________ Date: _____________
Address, City: ____________________________ Phone: ______________
Organization: ____________________________ Website: ______________
Organization Address: ____________________________
Mailing Address: ____________________________
Facility Manager: ____________________________ Kitchen Manager: ______________
Email: ____________________________ Email: ______________
Phone: ____________________________ Phone: ______________
☐ Year-Round ☐ Seasonal-dates: ____________ LSCFO Registration #: ______________

FOOD OPERATION

Days of service: Su M T W Th F Sa  Service: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snack
# of meals served: _______/day _______/week  Times: ____________ ____________ ____________ ____________
Food Safety Manager Certificate: ☐ Yes ☐ No
Food handlers: ☐ Staff ☐ Volunteers  Food Handler Card(s) for staff: ☐ Yes ☐ No
Food sources: ☐ Purchase ☐ Donations  ☐ Food Bank ☐ Permitted facility ☐ Private individual (☐ prepared food)
LSCFO: ☐ Pre-packaged non-potentially hazardous foods, whole produce  ☐ Pre-packaged cold potentially hazardous foods
☐ Heat, portion, assemble commercially-prepared foods/ingredients  ☐ Reheat, portion commercially prepared food with no further processing, for same day
Food prep: ☐ Boil (pasta, rice) ☐ Raw meat/poultry/seafood/eggs/pork (permit required)  ☐ Cool ☐ Heat/Reheat  ☐ Cut (fruit, vegetables) ☐ Assemble (PB&J, salad bag)
☐ None
Food service: ☐ Packaged ☐ Cook/warmer line ☐ Buffet ☐ Table (no hot/cold hold)  ☐ Protection/sneeze guard
Food distribution: ☐ Onsite ☐ To permitted facility ☐ To unpermitted facility/location
☐ Offsite locations (☐ structure or ☐ park, parking lot)

KITCHEN EQUIPMENT / FACILITIES

Handwashing: # of sinks _______ ☐ Soap/PT dispensers ☐ None  ☐ Commercial ☐ Residential
Sink locations: ____________________________
Food prep sink: ☐ Direct connection ☐ Indirect connection  ☐ None  ☐ Commercial ☐ Residential
# of basins: _______ # of Drainboards: _______
Warewashing: ☐ Manual - compartments: ☐ 1 ☐ 2 ☐ 3 # of Drainboards: _______
☐ Automatic: ☐ Chemical ☐ High temperature  ☐ Commercial ☐ Residential

LSCFO Survey
| Cooking equipment: |  |  |  |  |  |  |  |  |  |  |  |
|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Microwave         | Stove            | Oven             | Griddle          | Fryer            | None             | Commercial       | Residential      |                  |                  |                  |
| Other:            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Hood over equipment: | Type I | Type II | 6” overhang | None | Commercial | Residential |                  |                  |                  |                  |
| Hot holding equipment: | Steam table | Heat lamp | Chafing dish | None | Commercial | Residential |                  |                  |                  |                  |
| Other:            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Cold holding equipment: | Walk-in refrigerator | Walk-in freezer | None | Commercial | Residential |                  |                  |                  |                  |                  |
| Other:            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Food storage:     | Dry storage room | Adequate shelving | Outside structure |                  | Commercial | Residential |                  |                  |                  |                  |
| Waste Disposal:  | Floor sink       | Floor drain      | Grease trap      | Grease interceptor |                  |                  |                  |                  |                  |                  |
| Miscellaneous:   | Mop sink         | Employee toilet  | Public toilet    | Backflow preventer |                  |                  |                  |                  |                  |                  |
| Structural – good condition: | Floor | Wall | Ceiling |                  |                  |                  |                  |                  |                  |                  |

**OTHER**

- Illness or injury reporting – policy and procedure

**COMMENTS**