



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

KITCHEN EQUIPMENT / FACILITIES	
Handwashing: # of sinks _____ <input type="checkbox"/> Soap/PT dispensers <input type="checkbox"/> None Sink locations: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Food prep sink: <input type="checkbox"/> Direct connection <input type="checkbox"/> Indirect connection <input type="checkbox"/> None # of basins: _____ # of Drainboards: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Warewashing: <input type="checkbox"/> Manual - compartments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 # of Drainboards: _____ <input type="checkbox"/> Automatic: <input type="checkbox"/> Chemical <input type="checkbox"/> High temperature	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential

Cooking equipment: <input type="checkbox"/> Microwave <input type="checkbox"/> Stove <input type="checkbox"/> Oven <input type="checkbox"/> Griddle <input type="checkbox"/> Fryer <input type="checkbox"/> None <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Hood over equipment: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> 6" overhang <input type="checkbox"/> None	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Hot holding equipment: <input type="checkbox"/> Steam table <input type="checkbox"/> Heat lamp <input type="checkbox"/> Chafing dish <input type="checkbox"/> None <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Cold holding equipment: <input type="checkbox"/> Walk-in refrigerator <input type="checkbox"/> Walk-in freezer <input type="checkbox"/> None <input type="checkbox"/> Preparation unit <input type="checkbox"/> Reach-in	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Food storage: <input type="checkbox"/> Dry storage room <input type="checkbox"/> Adequate shelving <input type="checkbox"/> Outside structure	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Waste Disposal: <input type="checkbox"/> Floor sink <input type="checkbox"/> Floor drain <input type="checkbox"/> Grease trap <input type="checkbox"/> Grease interceptor	
Miscellaneous: <input type="checkbox"/> Mop sink <input type="checkbox"/> Employee toilet <input type="checkbox"/> Public toilet <input type="checkbox"/> Backflow preventer	
Structural – good condition: <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling	

**OTHER**

Illness or injury reporting – policy and procedure

**COMMENTS**
