

Public Health & Social Services Department

Environmental Health Division
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Email: foodapplication@co.thurston.wa.us
Website: www.co.thurston.wa.us/health/ehfood

Donated Food Distribution Application & Worksheet Chapter 246-215-09400(3) WAC

Organization:					
Site Address:					
Mailing Address:Street		~.			
Street		City	S	tate	Zip
Phone Number:	Fax Number: _				
Contact Person:	Phone Number	:			
Email Address (optional):					
Food Source(s):					
Food Storage Location:					
Food Preparation Location:					
Food Delivery Location(s):					
Food Distribution Day(s):	Time(s)	:			
Estimated number of meals:	Dai	ily/	Weekly /	Monthly	
Гуріcal Menu:					

A sketch or pictures of the kitchen would be helpful

Description of Kitchen:						
(Attach extra sheets if needed for description)						
Number & Size of Sinks: (ie: 1, 2 or 3 compartment sink, hand wash sink)						
Equipment List & Type of Equipment (Commercial or Home Style)						
Water Source:	□Private Well	□Public Water System Name:				
Sewage Disposal : Notes:	☐Onsite Septic System	□Sewer				
notes.						
Date:						
This information will need to be updated every year.						
Office Use Only						
Reviewed by:		Date:				
Reviewers Notes:						