

REQUEST FOR SELF-PREP OR CENTRAL KITCHEN SITE INSPECTION SUMMER FOOD SERVICE PROGRAM

Date: _____

Requested by: _____
Mississippi Department of Education

Average Daily Meals: _____

Maximum Capacity: _____
(At One Seating)

Number of Children Present on Day of Inspection: _____

Sponsor Contact Person: _____

Telephone Number: _____

Name of Sponsor: _____

County Location: _____

Address of Sponsor: _____

Name of Site: _____

County Location: _____

Address of Site: _____

White - Mississippi State Department of Health
Yellow - Mississippi State Department of Health
Pink - Sponsor
Gold - Mississippi Department of Education

USE THE STATE DEPARTMENT OF HEALTH FORM 301 FOR THE INSPECTION. RETURN WHITE AND YELLOW COPY OF THE 301, AND THE WHITE AND YELLOW COPY OF THIS FORM TO THE FOOD SANITATION BRANCH - MSDH.