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?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

________________________________________  __________________________
Monitor’s Signature                           Date