



SCHOOL QUESTIONNAIRE

WWW.SNHD.INFO/PLAN-REVIEW
FOODREV@SNHD.ORG

| | | |
|--|--------|--------|
| Name of Business (DBA): | | |
| Address of Business: | | |
| Owner Name: | Phone: | Email: |
| Who may the inspector contact for Plan Review? | Name: | Title: |
| | Phone: | Email: |

| FACILITY OPERATION | | |
|--|---|-----------------|
| Have you ever operated a school before? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| The facility has: <input type="checkbox"/> A person in charge that is present during all hours of operation | | |
| What are your days & hours of operation? | | |
| Total square footage of facility: | Total # of classrooms: | Grades offered: |
| How many children will be at this school? (Total #) | | |
| Will you offer preschool that requires State childcare licensing? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you have an outdoor play area? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are school restrooms located within 250 ft of classrooms? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Water at sinks and showers is provided at max 110 F within 20 seconds: | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do any of the following pertain to your operation? (Check all that apply) | <input type="checkbox"/> Diapering <input type="checkbox"/> Laundry <input type="checkbox"/> Kiln <input type="checkbox"/> Showers <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Science lab <input type="checkbox"/> Playground <input type="checkbox"/> Pets/Animals <input type="checkbox"/> Vocational classrooms | |
| Is health room provided with: | <input type="checkbox"/> Locked cabinet for medication <input type="checkbox"/> Place for sick children to isolate and rest | |
| How do you intend to provide water for children? | | |
| How is water provided in gym and outdoor areas? | | |

FINISHES AND LIGHTING

| | | | | |
|---|--|--|--|--|
| Floor materials in rooms, and restrooms: | | | | |
| Wall materials in rooms, and restrooms: | | | | |
| Ceiling materials in rooms, and restrooms: | | | | |
| Lighting adequate for: Footcandles (fc) | Classroom? (30 fc) | Reading? (50 fc) | Toileting? (5fc) | Science/Art/Gym? (50 fc) |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

MISCELLANEOUS

| | | | | |
|---|--|--|--|---|
| What kind of food service will you provide? Must provide menu. | | <input type="checkbox"/> Ready to eat snacks <input type="checkbox"/> Reheated fully cooked commercial foods <input type="checkbox"/> Full service / cooked TCS foods | | |
| Do you have a kitchen? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you have a three-compartment sink? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | |
| What kind of food preparation equipment do you have? | | | | |
| Will food be provided by outside service? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| Name of outside food service and SNHD PR#: | | | | |
| Do you have a student store/snack stand? | | | | |
| Do you have a Pest Control Service? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Company? | | |
| Does your facility have backflow protection for the following? | | Mop Sink <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | Hose Bibs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| Hot Water Heater Capacity: | Gallons | Type of Hot Water Heater: <input type="checkbox"/> Tank <input type="checkbox"/> Tankless <input type="checkbox"/> Gas <input type="checkbox"/> Electric | | Hot Water Heater Recovery Rate: GPH |
| Is there a grease interceptor present? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | If yes, where is it located? | | <input type="checkbox"/> Outside In-ground <input type="checkbox"/> Indoors <input type="checkbox"/> Other: |