

SCHOOL FOOD SERVICE OPERATOR SURVEY

ULSTER COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH DIVISION
239 GOLDEN HILL LANE
KINGSTON, NY 12401

School District: _____

Superintendent of the District: _____

School: _____

Address: _____

Phone Number: _____

Principal: _____ Phone: _____

Population of the School: _____

Superintendent of Buildings & Grounds: _____ Phone: _____

WATER SUPPLY

Municipal: Yes _____ No _____
System _____

Private System: Yes _____ No _____
Type (Well, Spring): _____
Treatment: _____

SEWAGE DISPOSAL

Municipal: Yes _____ No _____
System _____

Private System: Yes _____ No _____
Type: _____
Treatment: _____

FOOD SERVICE

Cafeteria: Yes _____ No _____ Cafeteria Seating Capacity: _____

Supervisor: _____ Phone: _____

Kitchen: Yes _____ No _____

Food Prepared On Site: Yes _____ No _____

Food Prepared Off Site: Yes _____ No _____

Source: _____

The above information is correct for the 20__-20__ school year.

Signature

Date