



Clallam County Environmental Health
Health and Human Services
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[WAC 246-215](#) Chapter 9

Donated Food Distribution Application & Worksheet

Chapter 246-215-09400(3) WAC

Organization: _____ UBI: _____

Site Address: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____ Fax Number: _____

Contact Person: _____ Phone Number: _____

Email Address (optional): _____

Food Source(s) – list donors:

Food Storage Location: _____

Food Preparation Location: _____

Food Delivery Location(s): _____

Food Distribution Day(s): _____ Time(s): _____

Estimated number of meals: _____ Daily / Weekly / Monthly

Typical Menu (or foods available for donation or distribution):

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 : Onsite Septic System Sewer

Notes: _____

Signature: _____

Title: _____

Date: _____

This information will need to be updated every year.

Reviewed by: _____ Date: _____

Reviewers Notes: _____