

Environmental Health Services Division

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www.kingcounty.gov/health

Public Health-Seattle & King County Request for School Food Share Tables

***This document must be available for review by your Regulatory Authority
(WAC 246-215-09415)**

Date: _____

Academic year: _____

School name and district:

School address:

Person-in-charge and/or person onsite of School Food Share Tables:

Contact Email and/or Phone number: _____

Breakfast: If you want to offer food sharing table at breakfast, please specify the following:

1. Duration of breakfast service: _____
2. Start time of each meal period: _____
3. Duration of each meal period: _____

Lunch: If you want to offer food sharing table at lunch, please specify the following:

1. Duration of lunch service: _____
2. Start time of each lunch period: _____
3. Duration of each lunch period: _____

Any other meal periods or offering after school activity snacks (if so, specify):

Specify food and beverage items that will be permitted for food sharing table:

Perishable and/or TCS foods	Shelf stable foods
<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ ▪ ▪ ▪ 	<ul style="list-style-type: none"> ▪ ▪ ▪ ▪ ▪ ▪ ▪

Describe how cold perishable/time temperature control foods (TCS) items will be kept cold during food sharing time? (e.g., ice packs, ice sheets, mechanical refrigeration):

Describe how foods/beverages listed above will be segregated in refrigeration prior to re-use or donation. For example, ensuring milk does not get commingled with later dated milk:

If you want to re-serve fruits with edible skin (apples, pears), describe how fruit with edible skin will be washed prior to re-service:

Will any food be donated to organizations other than the school? If so, please provide name and address of organization and foods to be donated:

Will students be permitted to take food sharing table items home (Backpack Brigade, Pantry Packs)? If so, explain foods and distribution to students:

Plan prepared by (print name) _____ Date _____

Title _____

Reviewed and Notes by PHSKC staff:

Mail, email, or bring the completed request to:
Public Health-Seattle & King County
ATTN: Thu Bui, RS/REHS
Thu.bui@kingcounty.gov

DISTRICT HEALTH CENTERS

DOWNTOWN
401 5th Ave, Suite 1100
Seattle, WA 98104
206-263-9566

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-477-8050