



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. P.O. Box 9825

Vancouver, WA 98666-8825

Email: EPH@clark.wa.gov Phone: (564) 397-8428 Fax: (360) 397-8091

DONATED FOOD DISTRIBUTING ORGANIZATION - ANNUAL NOTIFICATION FORM

Name of Establishment		Phone	
Location Address		City	State Zip Code
Director / Manager		Phone	email
Person in Charge	Tax ID#	Phone	email

1. CHECK ALL THAT APPLY TO ORGANIZATION OR PROGRAM:

- ☐ A food bank where clients self-select foods or foods are pre-bagged for customer pick up
- ☐ A home delivery program that delivers pre-bagged food to a client's home
- ☐ A hot or cold meal program that prepares food in one location and serves at **another** location
- ☐ A hot or cold meal program that prepares food in one location and serves at the **same** location
- ☐ All foods are offered to the public free of charge
- ☐ Other: _____

2. CHECK ALL APPLICABLE FOOD SOURCES:

- ☐ Purchases from wholesale or retail sources
- ☐ Local grocery stores and /or retail outlet donations
- ☐ Scheduled or random donations from individuals
- ☐ Other: _____

3. PLEASE ATTACH A LIST OF TYPES OF FOODS SERVED OR DISTRIBUTED.

4. CHECK THE MONTHS OR PARTIAL MONTHS OF OPERATION:

Jan Feb Mar April May June July Aug Sept Oct Nov Dec

5. DAYS/HOURS FOOD IS BEING PREPARED OR SERVED:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

6. I UNDERSTAND:

- My food service establishment must meet the requirements of Chapter 246-215 WAC Washington State Retail Food Code.
- I have read and understand the provisions of Chapter 246-215 WAC, "DONATED FOOD DISTRIBUTING ORGANIZATIONS".
- All potentially hazardous food items are served within 8 hours of preparation and are not cooled and reheated on-site.
- There is a "PERSON IN CHARGE" (PIC) at all times at the food establishment. This person in charge is responsible for ensuring that provisions are adhered to by all food workers, that the facilities have equipment necessary to maintain safe food and handle food safely.
- The applicant is responsible for completing the annual notification form **and** notifying Clark County Public Health of all changes in the food establishment activities, mailing address and/or phone number.

Signature: _____	Title: _____
Printed Name: _____	Date: _____

Environmental Health Specialist Signature: _____	Date: _____
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