

Facility Name: _____

Facility Address: _____

Food sharing tables are designed to reduce food waste and provide the option for students to have extra nutritious food if they are still hungry. If your school is considering implementing a sharing table, you will need to come up with a clear plan that is supported by the principal, building staff and school nurse. The Snohomish County Health Department is requiring the plan to be reviewed and approved prior to implementing.

The written plan should address the listed requirements below. Attach any necessary supporting documents, such as educational flyers or written training plans for students and staff. An approved plan must include the methods of training employees and students and corrective actions to ensure compliance.

1. Where the sharing table will be located:

2. List which foods are allowed to be placed on the share table:

3. Who will monitor the sharing table:

4. Methods for Monitoring the Share Table:

5. What signage will be used? Attach supporting documents as necessary.

6. How will allergy concerns be addressed?

7. How will time and temperature controls be used? Remember that TCS foods must be kept at or below 41°F or be consumed or discarded within 4 hours of storage at room temperature.

8. How will the students be educated to make sure the sharing table is successful? It is important they understand that the only food that can be placed on the sharing table must come from the food that was given to them from the school kitchen within that meal period. They should understand what is allowed and not allowed to be placed on the sharing table. Attach all applicable supporting documents.

9. How will the Kitchen staff be trained? It is important that they understand that the share table cannot accept home lunch items and they should not re-use food placed on a sharing table for another day. Food needs to be thrown away after the current meal period. Attach all applicable supporting documents.

10. How will incidents which do not follow the approved plan be corrected? List corrective actions below or attach supporting documents.

Signature of Operator _____ Date _____

Signature of EHS _____ Date _____