

Commercial Vendor Questionnaire

1. Name of business: _____

2. Address of business:

3. Address of location where meals are prepared and/or packaged:

4. Type of meal preparation:

- a. Repack purchased meal components:
- b. Prepare meals:

5. Days of the week meals are prepared for the School Food Authority (SFA):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

6. Hours of operation for meal preparation and/or packaging facility: _____

7. Number of employees:_____

8. Days of the week meals are distributed:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

9. Meals prepared:

- Breakfast
- Lunch
- Snack

10. Number of meals prepared/packaged per day:_____

11. Number of days of meals in each student package (if participating in SSO):_____

12. Size of the meal prep site:_____ Square Feet

13. Indicate the size and type of:

Refrigeration Equipment:_____

Freezer Equipment:_____

Heating Equipment:_____

Holding Equipment:_____

14. Length of time meals are stored prior to distribution:_____

I certify that the information provided above has been recorded accurately.

Vendor Name:_____

Vendor Signature:_____