

TO EVIDENCE THEIR AGREEMENT these parties have subscribed their names to be effective the date and year indicated below.

Kitchen User/Name(s)		
Address		
City/State/Zip		
Phone:	Ema	ail:
Signature		
Date		
Brown County Culinary Ki	tchen Representative	
Signature		
Date		
Additional Storage Space	Being Requested	
Space Requested:	Rate:	Monthly Fee:



## **Photo and Article Release**

I hereby give the Brown County Culinary Kitchen consent to use personally identifiable information (business name, contact name, physical address, telephone number, e-mail, website, and fax) and to use photographs and other presentation materials.

I further understand that no special compensation will be provided to me for use of my food processing/kitchen-related information, materials, or photographs.

Your name	Brown County Culinary Kitchen	
 Date		

Return to:

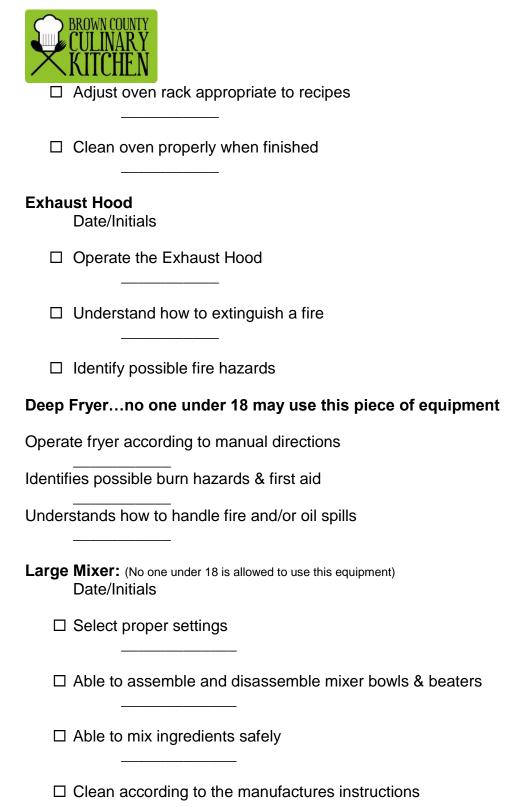
Advance Business Center 2701 Larsen Rd. Green Bay, WI 54303 Phone: 920.496.2110

Fax: 920.496.6009



The following pieces of equipment require that the Kitchen User be trained and tested on the proper usage before being cleared to use the particular piece of equipment listed below.

Dish	vasher:
	Date/Initials  Check chemicals before use
	Use proper settings to start, operate and shut off
	Load and unload using manufacture recommendations
	Clean dishwasher after use
Rang	pe: Date/Initials
	Use proper settings
	Re-light pilot if not working
	Adjust heat levels
	Shut off range properly
	Clean range properly when finished
Over	ns: Date/Initials
	Use proper settings
	Re-light pilot if not working





## Ice Machine:

Date/Initials

Dali	e/iiiilais
□ Use	proper sanitary precautions when scooping ice
□ Che	eck for proper filling and discharge of ice
□ Use	gloves and proper tools for removing and storing ice
source of from the r	on should be used at all times when handling ice as it is a major food contamination. Gloves should be worn when scooping ice machine. The scoop is the only tool that should be used to scoop by from the machine.
<b>Injuries:</b> Date	e/Initials
□ All i	njuries, no matter how minor, need to be reported
□ Able	e to complete injury/illness report form
□ Und	derstand how to submit injury report form
□ Able	e to locate the First Aid Kit & Emergency Phone Numbers
	hen User has completed the training for the proper use of the nt and how to complete reports stated in this document.
Kitchen Us	ser Signature
	Date
	unty Culinary Kitchen ative