

28.2 Food Service Request Form

FOOD SERVICE REQUEST FORM

Incident Name: _____ Management/Fiscal Code: _____

Resource Order No. _____ Request No. _____ Date: _____

I. Requested Date, Time, Meal Types, and Number of Meals

1. Requested Date and Time for first meal, Date: _____ Time: _____

2. Estimated numbers for the first three meals

1st meal: _____ [] Hot Breakfast [] Sack Lunches [] Dinner

2nd meal: _____ [] Hot Breakfast [] Sack Lunches [] Dinner

3rd meal: _____ [] Hot Breakfast [] Sack Lunches [] Dinner

3. Fresh Food Boxes (Alaska Only): _____

This Block for NICC / AICC Use Only.

Actual agreed upon Date/Time first meals are to be served: Date: _____ Time: _____

(Minimum guaranteed payment is based on these estimates, see Section G2.2):

1st meal: _____ [] Hot Breakfast [] Sack Lunches [] Dinner

2nd meal: _____ [] Hot Breakfast [] Sack Lunches [] Dinner

3rd meal: _____ [] Hot Breakfast [] Sack Lunches [] Dinner

II. Location

Reporting location: _____

Incident Contact person: _____

Contracting Officer's Technical Representative: _____

Food Unit Leader: _____

III. Support Information for Contractors

Nearest authorized potable water source: _____

The benefiting unit is responsible for providing the following services:

1. Gray water removal
2. Potable water
3. Department of Health notified (optional)

Incidents requesting additional potable water tenders, gray water tenders, handwash stations, or refrigerated units must assign new request No. for each additional resource ordered.

IV. Estimated Incident Duration and Needs

1. Anticipated Duration of Incident: _____

2. Anticipated Peak Number of Personnel at Incident: _____

3. Spike Camps? [] Yes [] No, Number: _____, No. of meals per camp per day: _____

V. For Additional Information

Contact: _____ Telephone: _____

GACC: _____ Telephone: _____