

ODF Mobile Food Services Incident Resource Agreement



Type 3 Mobile Food Services Sample Menus

(For Advance Approval by FDUL)

Hot and Hot Container Breakfasts	Date	Date	Date	Date	Date	Date	Date	Approved Yes / No		Approved Yes / No	
Eggs, fresh (2 or 3); or liquid (6 oz)								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat, 4 oz raw weight Type: fresh, frozen, or pre-cooked								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread, 1-1.5 oz Pancakes, French Toast, or Waffles, 3-4 oz AND Potatoes								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, ½ pint Whole, 2%, Skim, Rice, Soy White and Chocolate								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit, fresh or canned AND 100% Juice, 5.5 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cereal, cooked, 6 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposed By: _____ Date: _____ Approved By: _____ Date: _____
Kitchen Manager *Food Unit Leader*

All changes to a previously approved menu MUST be reviewed and approved in advance by the Food Unit Leader. This form does not constitute an order for meals. It verifies **ONLY advance agreement on**, and **approval** of the Resource Provider's menu items.

Type 3 Mobile Food Services Sample Menus Contd. P2

(For Advance Approval by FDUL)

Cold Container Breakfasts	Date	Date	Date	Date	Date	Date	Date	Approved Yes / No		Approved Yes / No	
Cereal, dry-cold, 2 each, ¾ oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast Protein Item Minimum 8 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% Juice, 1 each, 5.5 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muffins OR Equivalent equal, 5 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, ½ pint Whole, 2%, Skim, Rice, Soy White and Chocolate								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit, fresh or canned, 5.5 oz OR Dried, 4 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Food Unit Leader

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Type 3 Mobile Food Services Sample Menus Contd. P3

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Shift Provisions/ Sack Lunches	Date	Date	Date	Date	Date	Date	Date	Approved Yes / No		Approved Yes / No	
Primary Entrée 1 Type: Sandwich/Wrap - Meat								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Entrée 1 Type: Sandwich/Wrap - Non-Meat								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candy/Cookie/Dessert								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips/Pretzels/Crackers								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Protein								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nuts/Seeds/Trail Mix								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial Item								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Fruit and Vegetables #1								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Fruit and Vegetables #2								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Fruit and Vegetables #3								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Food Unit Leader

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Type 3 Mobile Food Services Sample Menus Contd. P4

(For Advance Approval by FDUL)

Hot and Hot Container Dinners	Date	Date	Date	Date	Date	Date	Date	Approved Yes / No		Approved Yes / No	
Primary Entrée 1 - Meat Type:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Entrée 2 – Non-Meat, 4 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables, 4 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potatoes OR Substitute, 6 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread, 2 slices, 1 to 1.5 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, ½ pint Whole, 2%, Skim, Rice, Soy White and Chocolate								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dessert, 4 oz								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad, two types 1 tossed green AND 1 prepared								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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