



## **Environmental Health Services** Food Program

2000 Alameda de las Pulgas Suite #100 San Mateo, CA 94403 (650) 372-6200 | FAX (650) 627-8244 smchealth.org/food

## SCHOOL FOODSERVICE EMERGENCY READINESS PLAN STANDARD OPERATING PROCEDURE FOR A POWER OUTAGE

| Feeding Site:   | Prepared By:              |               |                  |                  |            |  |
|---|---------------------------|---------------|------------------|------------------|------------|--|
| Approved By:  | Form Completed On (Date): |               |                  |                  |            |  |
| Procedure (This procedure will take effect if the food service op | peration is without e     | electrical po | ower for this am | ount of hours.): |            |  |
|   |                           |               |                  |                  |            |  |
|   |                           |               |                  |                  |            |  |
|   |                           |               |                  |                  |            |  |
|   |                           |               |                  |                  |            |  |
| To maintain temperatures, open refrigerators and free             | zers only when            | necessar      | y.               |                  |            |  |
| Flashlights with batteries are located:                           |                           |               |                  |                  |            |  |
| Keys to foodservice offices are located:                          |                           |               |                  |                  |            |  |
| Keys to the refrigerator(s) are located:                          |                           |               |                  |                  |            |  |
| Keys to the freezer(s) are located:                               |                           |               |                  |                  |            |  |
| Facility is equipped to operate on a back-up generator            | Yes 🗌                     | No            |                  |                  |            |  |
| If yes, the generator is located:                                 |                           |               |                  |                  |            |  |
| and will be operated by:  |                           |               |                  |                  |            |  |
| Alternate inventory and menus available                           |                           | ☐ Yes         | ☐ No             |                  |            |  |
| Emergency inventory available                                     |                           | ☐ Yes         | ☐ No             |                  |            |  |
| Manual can opener available                                       |                           | ☐ Yes         | ☐ No             |                  |            |  |
| Facility is equipped to operate steam heat                        |                           | ☐ Yes         | ☐ No             |                  |            |  |
| Facility is equipped to operate on gas power                      |                           | ☐ Yes         | ☐ No             |                  |            |  |
| Alternate arrangements have been made                             |                           | ☐ Yes         | ☐ No             |                  |            |  |
| with whom:  | sh on delivery            | ☐ Purch       | nase order       | ☐ Charge         | ☐ Donation |  |
| Cellular phones   | ·                         | Yes           | ☐ No             | _ •              | _          |  |
| If yes, cellular phone number(s):                                 |                           |               |                  |                  |            |  |
| Monitor refrigerator temperatures every n                         | ninutes                   |               |                  |                  |            |  |





## **Environmental Health Services** Food Program

2000 Alameda de las Pulgas Suite #100 San Mateo, CA 94403 (650) 372-6200 | FAX (650) 627-8244 smchealth.org/food

| Monitor milk cooler te   | mperatures every<br>- | minutes                  |          |       |  |  |
|--------------------------|-----------------------|--------------------------|----------|-------|--|--|
| Monitor freezer temper   | eratures every        | minutes                  |          |       |  |  |
| Monitor internal temp    | eratures of food eve  | ery minutes              |          |       |  |  |
| Use food within          | hours                 | Discard food within      | ho       | hours |  |  |
| Actions required when    | n temperatures exc    | eed minimum for food saf | ety are: |       |  |  |
| Additional refrigeration | n storage is availabl | le                       | ☐ Yes    | □ No  |  |  |
| If yes, where?:          |                       |                          |          |       |  |  |
| Additional freezer stor  | age is available      |                          | ☐ Yes    | ☐ No  |  |  |
| If yes, where?:          |                       |                          |          |       |  |  |
| The following will be    | washed and sani       | tized manually:          |          |       |  |  |
| Utensils                 |                       |                          | ☐ Yes    | ☐ No  |  |  |
| Serving dishes           |                       |                          | ☐ Yes    | ☐ No  |  |  |
| Pans                     |                       |                          | ☐ Yes    | ☐ No  |  |  |
| Utensils                 |                       |                          | ☐ Yes    | ☐ No  |  |  |
| Smallware                |                       |                          | ☐ Yes    | ☐ No  |  |  |
| Equipment                |                       |                          | ☐ Yes    | ☐ No  |  |  |
| Disposable servicew      | are available:        |                          |          |       |  |  |
| Cups                     |                       | Quantity:                |          |       |  |  |
| Plates                   |                       | Quantity:                |          |       |  |  |
| Silverware               |                       | Quantity:                |          |       |  |  |
| Bowls                    |                       | Quantity:                |          |       |  |  |
| Aluminum Pans            |                       | Quantity:                |          |       |  |  |