OUTDOOR KITCHEN REQUEST

☐ City East   ☐ Mawson Lakes

Name of Div/School/Unit/External User: _____

Contact Name (please print): _____ Phone: _____ Fax: _____

Date of use _____ Start Time: _____ Finish Time: _____

Contact Person on Day of use: _____ Phone: _____

Please also complete and attach a FM-153 Staff Function Approval or FM-112 Student Group-Club-Society Function Application form .

Cleaning of Outdoor Kitchen

Please ensure you read the cleaning instructions provided before you begin to clean the kitchen area and it's surfaces after use.

If not cleaned as per the instructions damage may occur.

Contracted Cleaners will check the Outdoor Kitchen facilities on a daily basis and notify FMU if the area is not cleaned and tidied after use. A cleaning fee will be charged to your cost centre.

In the event of any damage being caused by the User the cost centre provided will be recharged for the cost of repairs/replacements.

Cost centre: ☐☐ ☐☐☐☐☐ ☐☐☐☐

_____ _____
Signature   Date

Number of Cooking Plates: 1   2   3

Hot Plate 3 – Vegetarian Only

I undertake that:

- I have read, understood and will abide by the Outdoor Kitchen Facility Usage Agreement.

- I have read, understood and will abide by the Food Act 2001 and will meet the requirements of the Australian New Zealand Food Standards Code. Food will be stored, cooked and served in hygienic conditions. (Refer http://www.dh.sa.gov.au/pehs/Food/kit-charities-community.htm)

- The Outdoor Kitchen will be operated in accordance with the Outdoor Kitchen Operating Instructions provided with the key at the time of use.

_____ _____
Signature   Date

** The University is committed to providing and maintaining a safe and healthy environment for staff, students, and visitors, and as such activities or functions held on campus will be undertaken in compliance with the University's By-laws and Occupational Health Safety and Welfare procedures (http://www.unisa.edu.au/ohsw/procedures/default.asp) including the procedure for Drugs and Alcohol. **

UPON COMPLETION PLEASE SUBMIT THIS FORM TO FM ASSIST

STAFF USE ONLY

Outdoor Kitchen Facilities _____   *Booked by FM Assist Staff*   Yes☐   No☐

Campus Facilities Manager   Approved ☐   Not Approved ☐   *Reason* _____

Signed: _____   *Date:* _____

(Campus Facilities Manager or nominee)

Copies to: Applicant☐   Security☐   Grounds☐   Commercial Services Manager☐   Other ☐   Original to be retained by FM Assist ☐

THIS APPROVAL MUST BE CARRIED WITH YOU AT SET UP AND DURING THE FUNCTION AND MUST BE PRODUCED WHEN REQUESTED BY AN AUTHORISED PERSON