

HARNETT COUNTY PLAN REVIEW APPLICATION COVER LETTER FOOD SERVICE ESTABLISHMENTS

Unless directed otherwise, all items are to be submitted through the Central Permitting Office at 108 East Front St., Lillington, NC 27546 or by mail to PO Box 65, Lillington, NC 27546. You may contact the Central Permitting Office at 910-893-7525, Ext. 2. However, please contact our office with questions regarding the contents of this application.

Plans are reviewed using North Carolina's 15A NCAC 18A .2600 "*Rules Governing the Food Protection and Sanitation of Food Establishments*" and the *NC Food Code Manual*. To view these rules, go to <http://www.deh.enr.state.nc.us/rules.htm> or obtain a copy from our office at 307 West Cornelius Harnett Boulevard, Lillington, NC 27546. For additional information regarding facility design, you can access the plan review link of the Environmental Health section on the Health Department's website at www.harnett.org. Plans must be submitted to the local health department for approval **prior to** construction, renovation, or modification of such facilities.

**Franchised, chain, and prototyped facilities are required to submit a separate application and plans to the Department of Public Health, Environmental Health Section Plan Review Unit at 5605 Six Forks Rd., Raleigh, NC 27609.*

If you have questions, contact one of the following Food and Lodging staff listed below at 910-893-7547:

Gale Violette, REHS
Food and Lodging Program Specialist

Jamie Turlington, REHS
Environmental Health Specialist

Cindy Pierce, REHS
Environmental Health Specialist

Nikki Eason, REHS
Environmental Health Specialist

Plans must be submitted with the following supporting documentation:

- _____ A complete set of plans drawn to scale showing the placement of each piece of food service equipment, storage areas, trash can wash facilities, etc. along with general plumbing, electrical, mechanical, and lighting drawings
- _____ Plans must include a site plan locating exterior equipment such as dumpsters or walk-in coolers
- _____ A complete equipment list and corresponding manufacturer specification sheets
- _____ A proposed menu
- _____ A completed Food Service Plan Review Application
- _____ \$200 Plan Review Fee

09/19
gv

Food Service Plan Review Application

Type of plan: New Remodel

Name of Establishment: Northwest Harnett Elementary School

Physical Address: 736 Rollins Road

City: Fuquay-Varina State: NC Zip: 27526

Phone (if available): _____ Fax: _____

Email: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Owner (if different from Applicant): Harnett County Schools


Address: 1008 S 11th Street

City: Lillington State: NC Zip: 27546

Phone: _____ Fax: _____

Email: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature  Date: 11-15-21
(Applicant or Responsible Representative)

Hours of Operation:

Mon ___-___ Tues ___-___ Wed ___-___ Thurs ___-___ Fri ___-___ Sat ___-___ Sun ___-___

Number of Seats: 256

Facility total square feet: 3,229 sf kitchen / 4,212 sf dining (7,441 sf total)

Projected start date: August 2021

Type of Food Service:

Check all that apply

Restaurant

Sit down meals

Food Stand

Take-out meals

Drink Stand

Catering

Commissary

Meat Market

Other (explain): Elementary School

Utensils:

Multi-use (reusable): _____ Single-use (disposable): _____

Food delivery schedule (per week): _____

Indicate any **specialized process** that will take place:

Curing Acidification (sushi, etc.) Smoking

Reduced Oxygen Packaging (e.g. vacuum packaging, sous vide, cook-chill, etc.)

Has the process been approved by the Variance Committee of the DPH Food Protection Branch? _____

Indicate any of the following **highly susceptible populations** that will be catered to or served:

Nursing/Rest Home Child Care Center Health Care Facility

Assisted Living Center School with pre-school aged children or an immunocompromised population

Water Supply:

Type of water supply: (check one)

- Non-public (well)
- Community/Municipal

Is an annual water sample required of your establishment? (check one)

- Yes
- No

Wastewater System:

Type of wastewater system: (check one)

- Public sewer
- On-site septic system

Water Heater:

Manufacturer and Model: Basis of design - Bradford White model EF-100T-250E-5NA

Storage Capacity: 100.00 gallons

- Electric water heater: _____ kilowatts (kW)
- Gas water heater: 250,000 BTU's

Water heater recovery rate: 294.0 GPH

If tankless, _____ GPM ; Number of heaters: 2 total

(one dedicated for kitchen
and 2nd for school)

Person in Charge (PIC) and Employee Health

Are Persons in Charge certified food protection managers who have passed a test accredited by an approved ANSI program? yes

Eligible Person In Charge: To be determined later

Program _____ Cert. # _____ Exp. Date _____

For multiple shifts and/or occasions of absences, list all eligible Persons in Charge:

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

Eligible Person In Charge: _____

Program _____ Cert. # _____ Exp. Date _____

*Attach a copy of your establishment's Employee Health Policy

Are copies of signed Employee Health Policies on file? yes - in HACCP Book @ School

Food Sources

Names of food distributors:	Deliveries/wk
1. <u>Sysco Raleigh</u>	<u>Wednesday</u>
2. <u>R & H Produce</u>	<u>Monday</u>
3. <u>Franklin Bread</u>	<u>Monday</u>
4. <u>Maola</u>	<u>Monday</u>

Time/Temperature Control for Food Safety

Foods that will be held **hot** before serving: Hot TCS Foods with
hot hold CCPs

Foods that will be held **cold** before serving: TCS foods with CCPs of
41° or lower

Will **time** be used as a method to control for food safety? _____
Will a buffet be provided? _____ If so, attach a list of foods that will be on the buffet.

Cooling

List foods that will be cooked and cooled for later use or added to another food as an ingredient: See next page containing receipts of
preprepared food items

Describe utensils and methods used to cool foods: See next page for
HACCP cooling log instruction

Dry Storage

Frequency of deliveries per week: _____ Number of dry storage shelves: 68

Square feet shelf space: 544 ft²

Is a separate room designated for dry storage? yes-110

Food Preparation Facilities

Number of food prep sinks: 3 Are separate sinks provided for vegetables and meats? yes

Size of sink drain boards (inches): 24"

How will sinks be sanitized after use or between meat species? _____

Pre-Prepared Food List

Recipe Name for Pre-prepared Food	Recipe #
Hot Roll	899,971
Beef-a Roni	116
Chili Con Carne	126, 378, 660
Deli Turkey/ Cheese	911, 168, 1019, 797
Ham and Cheese	958, 957, 742, 743
Hot Dog Chili	119, 196
Lasagna	120
Mac & Cheese w/ Ham	925, 943
Nachos w/ Beef	732, 129, 1106
Sloppy Joes w/ Beef	688
Spaghetti with Meat Sauce	76, 137, 679
Taco Soup	759, 978
Soft Taco	1023, 127
Vegetable Soup	844
Mini Cheese Rav w/ Meat Sauce	1058

COOLING	MINUTE OF THE DAY
<p>CCP -- Hot foods that are TCS foods must be cooled to 41°F or colder by placing the food in shallow pans in a refrigerator and cool to 41°F within four hours if using the single-stage cooling method. If using the two-stage cooling method, cool to 70°F within two hours and then to 41°F within an additional four hours – 6 hours total time. The side of the container is marked with the date and time that the food was prepared. Large volumes of hot foods are not put into the refrigerator to cool; use an ice bath for cooling large containers of food before placing in the refrigerator. If food has cooled to 135 degrees, it can not be left at room temperature; it must be refrigerated immediately or placed in ice bath or blast chiller to reduce the temperature quickly. Refer to Handout 5 for information about Safe Cooling Methods.</p>	<p>Daily</p>

Daily Cooling Log for Hot Time/Temperature Controlled for Safety (TCS) Foods Instructions to Complete

The USDA Guidance for School Food Authorities: Developing a School Food Safety Program Based on the Process Approach to HACCP Principles states that schools must maintain records of cooking, cooling, and reheating temperatures and other CCPs in the food preparation process:

"Foodservice employees will record temperatures and corrective actions taken on the Cooling Temperature Log. Foodservice employees will record if there are no foods cooled on any working day by indicating "No Foods Cooled" on the Cooling Temperature Log. Foodservice manager will verify that foodservice employees are cooling food properly by visually monitoring foodservice employees during the shift and reviewing, initialing, and dating the temperature log each working day."

We recognize that school staff is usually not present 4 to 6 hours after the end of meal service; however, we must demonstrate that *reasonable efforts* were made to cool TCS foods. Therefore, the recommended procedures below should be followed to cool foods safely.

When leaving the facility at the end of the day, discard any food that has not reached 70 degrees within 2 hours after cooling has started OR has not reached 41 degrees within 4 hours after cooling has started.

Date – Note the date using a numeric code. For example, May 31, 2017 should be recorded as 5/31/16. If there were no foods cooled on a given day, record the date and note "no foods cooled" in the product column.

Observer Initials – The person who begins the cooling process must note their initials.

Product – List the name of the leftover or pre-prepared food being cooled.

Start Time – Write the time that the cooling process was started (i.e. 9:46 AM, 12:25 PM, etc.)

Start Temperature – Write the food temperature measured when the cooling process began. Use a clean, sanitized, and calibrated probe-type thermometer to measure the internal temperature of the food. Monitor temperatures of products by inserting a thermometer into the center of the food and at various locations in the product.

End Time – Write the time that the temperature was last measured for the food item. (i.e. 2:37 PM, 3:23 PM, etc.)

End Temperature – Write the food temperature observed at the last time it was measured during the cooling process. Use a clean, sanitized, and calibrated probe-type thermometer to measure the internal temperature of the food. Monitor temperatures of products by inserting a thermometer into the center of the food and at various locations in the product.

Manager Initials – The manager or the person in charge (PIC) must validate that the cooling process was executed according to safe food handling practices; i.e., TCS foods reached a safe temperature within the required amount of time to be saved for re-service.

Corrective Actions Taken – Note the corrective action taken, if any. A corrective action must be noted for any food that was discarded.

We recognize that school staff are usually not present 4 to 6 hours after the end of meal service; however, we must demonstrate that *reasonable efforts* were made to cool TCS foods. Therefore, it is recommended: When leaving the facility at the end of the day, discard any food that has not reached 70 degrees within 2 hours after cooling has started OR has not reached 41 degrees within 4 hours after cooling has started.

Dishwashing Facilities

Manual Dishwashing

Number of sink compartments: 3

Size of sink compartments (inches): Length 28 Width 20 Depth 14

Length of drain boards (inches): Right 30 Left 30

Are the basins large enough to immerse your largest utensil? yes

What type of sanitizer will be used?

Chlorine Quaternary Hot water (171°F) Other (specify) _____

Mechanical Dishwashing

Will a dishmachine be used? Yes No

Dishmachine manufacturer and model: HOBART CL44EN

Hot water sanitizing? yes or chemical sanitizing? _____

How will large utensils such as prep tables, dough mixing bowls, slicers, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Cleaned with Soap, water, Sanitizer (Spray) and let dry

How many air drying shelves will you have? 9

Calculate the square feet of total air drying space: 75 ft²

Hand washing

Indicate number and locations of hand sinks in the establishment: 6 - every 20'

Employee Area

Indicate location for storing employees' personal items: locker - 107

FOOD HANDLING PROCEDURES

Explain the following with as much detail as possible. Complete descriptions including specific areas of the kitchen and corresponding items on the plan where food is handled will expedite the plan review process. Incomplete descriptions may result in the application being returned.

Explain the entire food handling procedure for each food item on the proposed menu. Including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where and how the food will be thawed
- Where (prep tables, sink, counter, etc.) the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day) food will be handled
- Whether or not the food or any part of the food will be used as leftovers or as any ingredient in a future dish
- How the food will be cooled if applicable

FOOD PRODUCT _____

Harnett County Schools follows USDA

Mandate

All recipes include critical control points and

Safe food preparation and handling procedures,

Comprehensive recipe list

FOOD PRODUCT _____

K-5 August-September 2021 Menu

<p>23 Super Donut Pop Tart &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken N Waffles Fiesta Pizza Choose at Least One Sautéed Spinach Tater Tots Strawberry Cup Fresh Fruit</p>	<p>24 Mini Cinni Pancake Sausage Bites Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken Fajita Cheeseburger Choose at Least One Sandwich Trimmings Buttered Corn Flavored Applesauce Fresh Fruit</p>	<p>25 Breakfast Pizza Mini Loaf &/or Cereal Bar Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Spring Picnic (String Cheese, Yogurt, & Cheez-Its) Chicken Nuggets w/ Roll Choose at Least One Baby Carrots w/ Dip Seasoned Potato Wedges Sliced Peas Fresh Fruit</p>	<p>26 Bagel Bar Mini Waffles Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Buffalo Chicken Dip Pepperoni Pizza Choose at Least One Celery Cup w/ Dip Green Peas Mandarin Oranges Fresh Fruit</p>	<p>27 Honeybun Muffin &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Mini Corndog Nuggets Pulled BBQ on Bun Choose at Least One Baked Potato w/ Sour Cream Home Style Baked Beans Fruit Juice Fresh Fruit</p>
<p>30 Dunkin Stix Pop Tart &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken Nuggets with Roll Hot Ham & Cheese Choose at Least One Green Beans Roasted Ranch Potatoes Peach Cup Fresh Fruit</p>	<p>31 Mini Donuts Pancake Sausage Stick Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Nachos Popcorn Chicken w/ Roll Choose at Least One Refried Beans Hashbrown Round Pineapple Tidbits Fresh Fruit</p>	<p>1 Breakfast Pizza Mini Loaf &/or Cereal Bar Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Pizza Dippers w/ Marinara Orange Chicken & Rice Choose at Least One Steamed Broccoli w/ Cheese Buttered Corn Mandarin Oranges Fresh Fruit</p>	<p>2 Yogurt Parfait Mini Pancakes Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Baked Chicken w/ Roll Cheese Pizza Choose at Least One Mashed Potatoes w/ Gravy Lima Beans Mixed Fruit Fresh Fruit</p>	<p>3 Apple Strudel Muffin &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Cheeseburger Hot Dog w/ Chili & Slaw Choose at Least One Cucumber Cup w/ Dip Sweet Potato Fries Strawberry Cup Fresh Fruit</p>
<p>6 Holiday</p>	<p>7 Super Slice Pancake Sausage Bites Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Mac & Cheese & Roll Sloppy Joe Choose at Least One Fresh Broccoli w/ Dip Sweet Potato Fries Sliced Peas Fresh Fruit</p>	<p>8 Breakfast Pizza Mini Loaf &/or Cereal Bar Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Spaghetti w/ Meat Sauce w/ Garlic Breadstick Mini Corn Dog Nuggets Choose at Least One Buttered Corn Tossed Salad Sliced Peaches Fresh Fruit</p>	<p>9 Dunkin Stix Mini Waffles Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken Nuggets w/ Roll Pulled BBQ on Bun Choose at Least One Green Beans Home Style Baked Beans Mixed Fruit Fresh Fruit</p>	<p>10 Crunchmania Muffin &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Meatball Sub Topped w/ Mozzarella Pepperoni Pizza Choose at Least One Green Peas California Blend w/ Cheese Fruit Rush Fresh Fruit</p>
<p>13 Mini Cinni Pop Tart &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Beef-a-Roni w/ Roll Chicken Tenders w/ Roll Choose at Least One Steamed Broccoli w/ Cheese Mashed Potatoes w/ Gravy Strawberry Cup Fresh Fruit</p>	<p>14 French Toast Sticks Pancake Sausage Stick Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Soft Taco w/ Cheese & Salsa Chicken Filet on Bun Choose at Least One Cajun Pintos Diced Tomatoes & Lettuce Pineapple Tidbits Fresh Fruit</p>	<p>15 Breakfast Pizza Mini Loaf &/or Cereal Bar Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Pizza Dippers w/ Marinara Deli Turkey Wrap Choose at Least One Green Beans Sweet Potato Fries Applesauce Fresh Fruit</p>	<p>16 Mini Donuts Mini Pancakes Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken & Rice Casserole w/ Roll Corn Dog Choose at Least One Tomato Cup w/ Dip Green Peas Cherry Berry Crumble Fresh Fruit</p>	<p>17 Sausage Biscuit Muffin &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Pizza Quesadilla Hot Dog w/ Chili & Slaw Choose at Least One Mixed Vegetables Crinkle Cut Fries Peach Cup Fresh Fruit</p>
<p>20 Super Donut Pop Tart &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken N Waffles Fiesta Pizza Choose at Least One Sautéed Spinach Tater Tots Strawberry Cup Fresh Fruit</p>	<p>21 Mini Cinni Pancake Sausage Bites Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken Fajita Cheeseburger Choose at Least One Sandwich Trimmings Buttered Corn Flavored Applesauce Fresh Fruit</p>	<p>22 Breakfast Pizza Mini Loaf &/or Cereal Bar Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Spring Picnic (String Cheese, Yogurt, & Cheez-Its) Chicken Nuggets w/ Roll Choose at Least One Baby Carrots w/ Dip Seasoned Potato Wedges Sliced Peas Fresh Fruit</p>	<p>23 Bagel Bar Mini Waffles Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Mini Corndog Nuggets Pulled BBQ on Bun Choose at Least One Baked Potato w/ Sour Cream Home Style Baked Beans Fruit Juice Fresh Fruit</p>	<p>24 Early Release Honeybun Muffin &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Buffalo Chicken Dip Pepperoni Pizza Choose at Least One Celery Cup w/ Dip Green Peas Mandarin Oranges Fresh Fruit</p>
<p>27 Dunkin Stix Pop Tart &/or Cereal Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Chicken Nuggets with Roll Hot Ham & Cheese Choose at Least One Green Beans Roasted Ranch Potatoes Peach Cup Fresh Fruit</p>	<p>28 Mini Donuts Pancake Sausage Stick Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Nachos Popcorn Chicken w/ Roll Choose at Least One Refried Beans Hashbrown Round Pineapple Tidbits Fresh Fruit</p>	<p>29 Breakfast Pizza Mini Loaf &/or Cereal Bar Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Pizza Dippers w/ Marinara Orange Chicken & Rice Choose at Least One Steamed Broccoli w/ Cheese Buttered Corn Mandarin Oranges Fresh Fruit</p>	<p>30 Yogurt Parfait Mini Pancakes Fruit Juice &/or Fresh Fruit Choice of Milk</p> <p>Lunch Baked Chicken w/ Roll Cheese Pizza Choose at Least One Mashed Potatoes w/ Gravy Lima Beans Mixed Fruit Fresh Fruit</p>	

GREEN is for dry ordering and BLUE is for frozen ordering.
PB&J Available Daily.

School Nutrition Food Employee/Conditional Employee Health Policy Agreement

Reporting: Symptoms of Illness

I agree to report to the Person in Charge (PIC) when I have:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, or exposed body part (*such as boils and infected wounds, however small*).

Note: Diarrhea and vomiting from noninfectious conditions do not apply to this policy; however, a physician should make the diagnosis of the noninfectious condition causing the diarrhea and vomiting and the employee should provide written documentation to the PIC indicating the condition is noninfectious.

Reporting: Diagnosed "Big Six" Illnesses

I agree to report to the PIC when I have been diagnosed with:

1. Norovirus
2. *Salmonella* Typhi (typhoid fever)
3. *Shigella* spp. infection
4. *E. coli* infection (*Escherichia coli* O157:H7 or other EHEC/STEC infection)
5. Hepatitis A
6. Non-typhoidal *Salmonella*

Note: The PIC must report to the Health Department when an employee has one of these illnesses.

Reporting: Exposure of "Big Six" Illnesses

I agree to report to the PIC when I have been exposed to any of the illnesses listed above through:

1. An outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
2. Living with or caring for someone who has been diagnosed with Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A, or non-typhoidal *Salmonella*.
3. A household member attending or working in a setting with an outbreak of Norovirus, typhoid fever, *Shigella* spp. infection, *E. coli* infection, Hepatitis A virus, or non-typhoidal *Salmonella*.

Exclusion and Restriction from Work

If you have any of the symptoms or illnesses listed above, you may be **excluded*** or **restricted**** from work.

**If you are excluded from work you are not allowed to come to work.*

***If you are restricted from work you are allowed to come to work, but your duties may be limited.*

Returning to Work

If you are excluded from work for having symptoms of diarrhea and/or vomiting, you will not be able to return to work until **24 hours have passed** since your last episode of diarrhea and/or vomiting or you provide medical documentation from a physician.

If you are excluded from work for exhibiting symptoms of a sore throat with fever or for having jaundice (yellowing of the skin and/or eyes), Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. infection, *E. coli* infection, Hepatitis A virus, and/or non-typhoidal *Salmonella*, you will not be able to return to work until **medical documentation from a physician is provided**. An employee confirmed with norovirus should not return to work for 3 days.

If you are excluded from work for having been exposed to Norovirus, *Salmonella* Typhii (typhoid fever), *Shigella* spp. Infection, *E. coli* infection, Hepatitis A virus, and/or non-typhoidal *Salmonella*, you will not be able to return to work until the following post-exposure times: 48 hours for Norovirus; 3 days for *E. coli* or *Shigella*; 14 days for *Salmonella* Typhii or non-typhoidal *Salmonella*; and 30 days for Hepatitis A virus or if cleared after a Igg vaccination.

Agreement

I understand I must:

1. Sign this agreement annually.
2. Report when I have or have been exposed to any of the symptoms or illnesses listed above; and
3. Comply with work restrictions and/or exclusions given to me.

I understand if I do not comply with this agreement, it may put my job at risk.

Employee Name (printed)	Employee Signature	Date
Person in Charge Name (printed)	Person in Charge Signature	Date