



Kitchen Corps, Inc.

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THE DIFFICULT WE DO RIGHT AWAY, THE IMPOSSIBLE TAKES JUST A LITTLE BIT LONGER

Temporary Kitchen Questionnaire

Please complete as much information as possible so that KCI can provide the most accurate proposal. It is important that the food service staff as well as the maintenance are included in this planning.

PROJECT NAME:

OPERATIONS:

1. Type of facility? (i.e. hospital, school, etc.)
2. How many meals are served per day?
3. Food Service Management Company (if applicable)
4. How many staff are working in the kitchen at any given time?
5. What is the current square footage of the kitchen facility?
6. Will the menu be modified during the temporary kitchen use?

EQUIPMENT:

Check all that apply, all units are equipped with sinks and tables:

- | | | |
|-------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Fryer | <input type="checkbox"/> Combi Oven | <input type="checkbox"/> Walk-In Cooler (Size: _____) |
| <input type="checkbox"/> Double Stack Convection Oven | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Walk-In Freezer (Size: _____) |
| <input type="checkbox"/> 36" Griddle | <input type="checkbox"/> Flight Type | <input type="checkbox"/> Trayline |
| <input type="checkbox"/> Steam Kettle | <input type="checkbox"/> Rack Type | <input type="checkbox"/> Other(s): |
| <input type="checkbox"/> 5 Pan Steamer | <input type="checkbox"/> Reach-In Cooler | |
| | <input type="checkbox"/> Reach-In Freezer | |

SITE CONDITIONS:

1. Is propane or natural gas available? (which one if any)
2. How much power is available? (Amps & Phase)
3. Is there potable water available?
4. Is there an existing grease trap available?
5. How much space is available for the temporary facility?
6. Will the temporary facility be placed against a loading dock?
7. What type of ground will the temporary facility be placed on?

ADDITIONAL COMMENTS/REQUESTS: