



## SCHOOL FOODSERVICE EMERGENCY READINESS PLAN EMERGENCY INVENTORY

Feeding Site: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Some foodservice operations have a three-day emergency inventory and corresponding emergency menus. Other foodservice operations select to plan menus based on current inventory at the time of the emergency. Consider the following items as part of the foodservice emergency inventory.

### NUMBER OF PROJECTED EMERGENCY MEALS

Child Meals: \_\_\_\_\_ Adult Meals: \_\_\_\_\_

### BEVERAGES

	Quantity Needed	Quantity On Hand	
<input type="checkbox"/> Bottled Water*	_____	_____	*3-5 gallons of water per person, per day is recommended.
<input type="checkbox"/> Coffee	_____	_____	
<input type="checkbox"/> Fruit Drink	_____	_____	
<input type="checkbox"/> Canned Juice	_____	_____	
<input type="checkbox"/> Lemonade	_____	_____	
<input type="checkbox"/> Milk	_____	_____	
<input type="checkbox"/> Tea	_____	_____	

### MEAT AND MEAT ALTERNATIVES

	Quantity Needed	Quantity On Hand
<input type="checkbox"/> Canned beef	_____	_____
<input type="checkbox"/> Canned chicken	_____	_____
<input type="checkbox"/> Canned tuna	_____	_____
<input type="checkbox"/> Canned turkey	_____	_____
<input type="checkbox"/> Canned beans: black, pinto, red	_____	_____
<input type="checkbox"/> Cheese, American	_____	_____
<input type="checkbox"/> Cheese, shredded mozzarella	_____	_____
<input type="checkbox"/> Dry lentils	_____	_____
<input type="checkbox"/> Eggs	_____	_____
<input type="checkbox"/> Peanut butter	_____	_____
<input type="checkbox"/> Canned entrees: stews, ravioli, chicken and dumplings	_____	_____



**GROCERIES**

	<b>Quantity Needed</b>	<b>Quantity On Hand</b>
<input type="checkbox"/> Canned soups	_____	_____
<input type="checkbox"/> Canned fruit	_____	_____
<input type="checkbox"/> Canned vegetables	_____	_____
<input type="checkbox"/> Nonfat dry milk	_____	_____
<input type="checkbox"/> Pasta	_____	_____
<input type="checkbox"/> Spaghetti sauce	_____	_____

**CONDIMENTS**

	<b>Quantity Needed</b>	<b>Quantity On Hand</b>
<input type="checkbox"/> Creamer, non-dairy	_____	_____
<input type="checkbox"/> Jelly	_____	_____
<input type="checkbox"/> Mustard	_____	_____
<input type="checkbox"/> Ketchup	_____	_____
<input type="checkbox"/> Mayonnaise	_____	_____
<input type="checkbox"/> Mustard	_____	_____
<input type="checkbox"/> Sugar	_____	_____
<input type="checkbox"/> Sugar, substitute	_____	_____

**SUPPLIES**

	<b>Quantity Needed</b>	<b>Quantity On Hand</b>
<input type="checkbox"/> Aluminum foil	_____	_____
<input type="checkbox"/> Aluminum pans	_____	_____
<input type="checkbox"/> Bowls, disposable	_____	_____
<input type="checkbox"/> Cups, disposable	_____	_____
<input type="checkbox"/> Forks	_____	_____
<input type="checkbox"/> Gloves, disposable	_____	_____
<input type="checkbox"/> Napkins	_____	_____
<input type="checkbox"/> Paper towels	_____	_____
<input type="checkbox"/> Plastic wrap	_____	_____
<input type="checkbox"/> Spoons, disposable	_____	_____
<input type="checkbox"/> Tissue, facial	_____	_____
<input type="checkbox"/> Tissue, toilet	_____	_____
<input type="checkbox"/> Trash bags	_____	_____



## CHEMICALS

	<b>Quantity Needed</b>	<b>Quantity On Hand</b>
<input type="checkbox"/> Alcohol swabs	_____	_____
<input type="checkbox"/> Bleach	_____	_____
<input type="checkbox"/> Detergent, floors	_____	_____
<input type="checkbox"/> Detergent, food contact surfaces	_____	_____
<input type="checkbox"/> Soap, hand	_____	_____
<input type="checkbox"/> Soap, dish	_____	_____
<input type="checkbox"/> Sanitizer test strips	_____	_____