
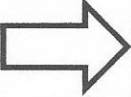




Food Shuttle of Western New York--Log Sheet

Questions: call the day's dispatcher or leave a message on Food Shuttle's Hot Line 716-688-2527

Erie County Department of Health require log sheets
Monthly logs due: End of each month

NOTE: Fill in **ALL SHADED** areas--**PLEASE PRINT**--Each **PICK UP** must have **ONE TOTAL WEIGHT**--leave **NO BLANK AREAS**
If you don't know **TOTAL WEIGHT**, make an **educated guess using this simple guide:** 1 cart (**lighter** foods: bread, rolls)=100 lbs
1 cart (**heavier** foods: apples, potatoes)=200 lbs

Pick up Month:	PICK UP (ex: Wegman's--Losson)	 FOOD TEMP R = room C = chilled F = frozen	 FOOD TYPES (CIRCLE ALL THAT APPLY) DO NOT LIST POUNDS! BG = Baked Goods PF = Prepared Food M=Meat D = Dairy P = Produce O = Other	TOTAL WEIGHT Pounds	DROP OFF (ex: St Vincent de Paul)	 Pick Up TIME	 ROUND TRIP MILES
	BUSINESS NAME & LOCATION (one NAME & LOCATION per line)	RC F	BG PF M D P O		ORGANIZATION	RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F
		RC F	BG PF M D P O			RC F	RC F

MAIL: Susan Hahn
1061 Baseline Road
Grand Island, NY 14072

EMAIL: FoodShuttleSue@aol.com

YOUR NAME: _____ (PLEASE PRINT)

YOUR EMAIL ADDRESS: _____

PHONE NUMBER: _____

Circle the Food Shuttle
Branch you usually work with:
Amherst
KenTon
Southtowns