

Jax Kitchen

New Client Application

Date: _____

Business Name (legal): _____ **Business Name d/b/a** _____

Your Name: _____

Address: _____, City _____, Zip _____

Primary Phone: _____ Name: _____

Secondary Phone: _____ Name: _____

Email _____ **Company Website** _____

Authorized Key Holders:

First: _____ Last: _____ Phone: _____

First: _____ Last: _____ Phone: _____

First: _____ Last: _____ Phone: _____

First: _____ Last: _____ Phone: _____

Describe what you will be using Jax Kitchen for:

Approximate hour usage per month _____

Date: _____ Received Insurance Certificate \$100K with Jax Kitchen listed as Cert. Holder

Date: _____ Licensed by Department of _____ Make copy of License _____

Date: _____ Payment of 1st Month Rent Food MGR Cert _____

***Items listed above required to be complete prior to Fob & Safe Touch Security given to client**

***Received Fob**

Received by: _____ Trained by: _____

***Received Safe Touch Security Code** _____

Received by: _____ Trained by: _____

Orientation Checklist

INSTRUCTIONS:

Jax Kitchen Staff must initial each line, only after the item has been reviewed and completed.

	Date		Staff initial
1. Client Application	_____	Verify all information is complete	_____
2. Client Agreement	_____	Completed & initials pgs. 2,3,5,6,7	_____

Discuss Equipment procedures.

1. Equipment Manuals	_____	Show location	_____
2. Hood suppression Removes smoke and gas fumes. Puts large fire out.	_____	Pull handle for large fire. Causes release of chemical. Requires clean-up and recharge. Cost to client \$1,000 .	_____
3. Fire Extinguishers	_____	Show location (2 front & 2 in back)	_____
4. Emergency escapes	_____	Show location (2 front & 2 in back)	_____
5. Light switches, Alarm	_____	Show location (last one out turn-off, please set alarm)	_____
6. Odd noises equipment	_____	Stop using; write a note leave on desk	_____
7. Warm freezer & cooler	_____	Please call # on freezer door	_____
8. Clean - Floor Drain & Sinks, Replace Trash Bags, Wipe Carts, Sweep & Mop			_____
9. Sanitizing solution	_____	Show location explain how.	_____
10. Wash hands often	_____	Helps prevent sickness.	_____
11. Cleaning Supplies, paper towels, trash bags		Show location.	_____
12. Clean-up after yourself... do not leave a problem for someone else.....			_____

This **New Client Orientation Checklist** has been completed by me. *Client is responsible to train their staff.*

Your Name

Signature

Date

Upload to client's online file. _____