

# FACILITIES USE APPLICATION

Independent School District #314, 531 Elmhurst Ave S, Braham, MN 55006

**Request must be submitted five business days in advance.**

Name of Organization or Person \_\_\_\_\_

Is this an ISD 314 officially sponsored event?  Yes or  No

*If no, you must furnish documentation (certificate of insurance) that liability insurance is provided.*

Address \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

*I hereby certify that I am an agent of the above named organization and am authorized to accept in their name the responsibility for observance of the rules and regulations of Braham ISD #314.*

Signed \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email address: \_\_\_\_\_

Building Requested: \_\_\_\_\_

Day of Week: \_\_\_\_\_ Date/Dates: \_\_\_\_\_ No. of Meetings: \_\_\_\_\_

Exceptions: \_\_\_\_\_

Activity Supervisor/Instructor: \_\_\_\_\_

Set-Up Begins: \_\_\_\_\_  am  pm Clean-Up Ends: \_\_\_\_\_  am  pm

Set-up must be complete by \_\_\_\_\_  am  pm

Activity Begins: \_\_\_\_\_  am  pm Activity Ends: \_\_\_\_\_  am  pm

Purpose: \_\_\_\_\_ Approx. No. Attending \_\_\_\_\_

## AREA OR AREAS TO BE USED

- |   |  |
|---|--|
| <input type="checkbox"/> Multi-purpose/Perform Arts Rm (C100) | <input type="checkbox"/> Community Room (B100)   |
| <input type="checkbox"/> Classroom _____                      | <input type="checkbox"/> FACS (D110)             |
| <input type="checkbox"/> HS East Gymnasium                    | <input type="checkbox"/> HS Commons Area         |
| <input type="checkbox"/> HS West Gymnasium                    | <input type="checkbox"/> Elementary Gymnasium    |
| <input type="checkbox"/> HS Media Center                      | <input type="checkbox"/> Elementary Media Center |
| <input type="checkbox"/> HS Building Kitchen                  | <input type="checkbox"/> Elementary Cafeteria    |
| <input type="checkbox"/> Elementary Building Kitchen          | Other _____                                      |

## EQUIPMENT OR SUPPLIES NEEDED

- |  |                                      |                                   |                                       |                                      |   |
|--|--------------------------------------|-----------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Chairs                          | <input type="checkbox"/> Tables      | <input type="checkbox"/> Lighting | <input type="checkbox"/> Audio Visual | <input type="checkbox"/> P.A. System | <input type="checkbox"/> Sanitizer (see pg 3) |
| <input type="checkbox"/> Performing Arts Sound Equipment | <input type="checkbox"/> Other _____ |                                   |                                       |                                      |   |

FOR SCHOOL USE ONLY:  Approved  Disapproved \_\_\_\_\_ Date

Rental Fee \_\_\_\_\_

Custodian needed:  Yes or  No If yes, # of hours: \_\_\_\_\_

Service time FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Total Fee: \_\_\_\_\_

Supervisor/Other Fee \_\_\_\_\_

Sound Tech. Fee \_\_\_\_\_

Total Due \_\_\_\_\_

Date Paid \_\_\_\_\_

\_\_\_\_\_  
Community Educ. Director or Superintendent

**PLEASE NOTE:** Qualified adult supervision must be provided at all times. Also, if arrangements must be changed or canceled, please contact the appropriate office as follows: Comm Ed Dir: 320-396-5218 or Supt. 320-396-3313 x5199 / Original to Requestor.

Copy to: Facilities, Instructor, Principal, Custodians, Finance, Food Service, Supt.

**UPDATE: January 2018**

District Policy #902 Form

**(This page left page intentionally)**

# Guidelines for use of Facilities:

(Facilities are defined as ANY interior or exterior areas under control of the district)

1. No one is allowed in the facility that is not part of your group. Supervisors must ensure those involved, including guests, have left the facility.
2. Only use rooms in the facility that you have specifically requested access.
3. Please use the restrooms located in the commons area if using the 5-12 building or directly across from the gym in the PreK- 4 building.
4. Be responsible for meeting the following expectations, and in general, returning the facilities to acceptable conditions as defined by the district:
  - a. lights off and doors locked
  - b. baskets returned to original position
  - c. floors swept, vacuum and clean common areas and restrooms
  - d. equipment put away
  - e. Those serving food in cafeteria must follow \*guidelines on page 3
  - i. \*Supply fee WILL be charged
5. Monitor activity to ensure safety of all participants.
6. If the facility is not left in acceptable condition fees will be charged.
7. Contact numbers:

Emergency		Call 911
Isanti County Sheriff	Dispatch	763-689-2141
Braham Police	Dispatch	320-396-3383
Director of Building and Grounds	Jeff Campbell	763-286-7283
Superintendent	Ken Gagner	320-288-6634
Elementary Principal	Jeff Eklund	651-335-6858
HS Principal / Activities Director	Shawn Kuhnke	320-266-5426

# CLEANLINESS AND SANITATION OF THE CAFETERIA

**Purpose:** Ensure cleanliness and sanitation of areas when food is served  
**Scope:** Groups, Parents or Individuals involved in the use of Cafeterias  
**Instructions:**

1. Inform children where to dispose trash and garbage.
  2. Immediately wipe up spills as they occur. Use only designated cloths.
  3. Clean and sanitize all tables, counters, and all other serving areas that were in use.
    - o Specific supplies must be used to ensure all areas are cleaned and sanitized in the most appropriate manner. You may not bring in your own cleaning supplies or solutions. The Food Service Department will have for sale a pre-mixed bottle of detergent/disinfectant/sanitizer needed to maintain the cleanliness and sanitation of the areas of use.
- **One time use = \$3.00 charge** – *submit cash or check payable to Food Service with the Facilities Use Application*
    - o (Includes bottle of Sunburst No-Bac & 1 cleaning towel)
  - **Season use per sport/activity = \$40.00 charge** - *submit cash or check payable to Food Service with the Facilities Use Application*
    - o (Includes refillable bottle of Sunburst No-Bac labeled for your group & 2 cleaning towels per use)

**Verification:**

- The Custodial and Food Service Department will communicate to ensure that parties are following this policy by visually observing the cleanliness of the areas used or rented. Groups not in compliance will be charged additional fees (\$25.00 minimum).

## SUNBURST CHEMICALS

# Sunburst No-Bac

Detergent/Disinfectant/Sanitizer

- Highly Effective Detergent - Blend of Wetting Agents and Sequestering Agents to Lift, Emulsify, and Suspend Soil.
- Disinfectant:
  - \*Pseudomonas aeruginosa
  - \*Shigella dysenteriae
  - \*Salmonella enterica
  - \*Escherichia coli
  - \*Enterobacter faecalis
  - \*Streptococcus salivarius
  - \*Listeria monocytogenes
  - \*Staphylococcus aureus (& Methicillin resistant)
  - \*Campylobacter jejuni
- Sanitizer--No Rinse Required on Food Contact Surfaces
  - \*Escherichia coli
  - \*Staphylococcus aureus
- Fungicidal
  - \*Trichophyton mentagrophytes
  - \*Aspergillus niger
- Virucidal
  - \*Vaccinia Virus
  - \*Hepatitis B (HBV) Virus
  - \*HIV-1 (AIDS virus)
  - \*Hepatitis C (HCV) Virus
  - \*Canine Parvovirus
  - \*Influenza A2/Japan
  - \*Herpes simplex Type 1
  - \*Avian Influenza A H5N1 Virus
  - \*Feline Calicivirus (surrogate for Norwalk / Norovirus)
- Deodorizer - 2 Stage
  - \*Kills Odor Causing Bacterial Agents
  - \*Leaves Area Clean Smelling
- Mildewstatic