WAIVER-FOOD SAFETY TRAINING
DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
SFN 53216 (3-08)

Sponsor Name:	Site Name:
Local Agency Number:	Telephone Number:

I request a waiver of the training requirement for the following reason (check one):

1. ☐ The employee has educational experience that meets or exceeds the minimum requirement (college degree or technical training in foodservice or related area of study-**attach copies of transcripts**).

   _____ _____
   Name of Employee Indicate Area of Study

2. ☐ Limited food preparation is done at this site (3-hour Sanitation Update course is required instead of 10-hour Sanitation & Safety course.):
   ☐ Meals are contracted ☐ Serve only snacks ☐ Prepare breakfast and snacks, lunch is contracted

   ☐ Other (describe below)

3. ☐ Other reason for waiver (explain circumstances):

Completed by:

Name of Authorized Representative:

For DPI Use Only:

☐ Approved ☐ Not Approved

Name	Title	Date

Return to:
Department of Public Instruction
Child Nutrition and Food Distribution Programs
600 East Boulevard, Dept. 201
Bismarck, ND 58505-0440
or
Fax: 701-328-2461