

Macon County Heritage Center

Sign –In Sheet

Date: _____ Day: _____

Business/Group/ Individual: _____

Responsible Person: _____

Helpers/Assistants: _____

_____ Check Here If More Helpers/Assistants Are Listed On Back

Prep Time In: _____

Production Start Time: _____ Production End Time: _____

Equipment You Are Using:

(Check All That Apply)

6- Burner Stove _____ Dry Storage _____

Convection Oven _____ Griddle _____ Refrigerator _____

Freezer _____ Other _____

Was all the equipment you are using in good repair and clean for your use?

Yes _____ No _____

Product you are making today: _____

Is the use of the facility today for packaging only? Yes _____ No _____

FOR MCHC USE ONLY:

Production Time Total: _____ Rate: _____ Daily Total: _____

Production Hours This Month: _____.