**EQUIPMENT NEEDS ASSESSMENT APPLICATION Fall 2011**

|  |  |
| --- | --- |
| Name of Person Submitting Request: | **Tracy Morrison** |
| Program or Service Area:  | **Food Services** |
| Division: | **Administration** |
| When was the last Program Efficacy document completed? | **2009-2010** |
| What rating was given? | **Continuation** |
| Equipment Requested | **Microwave** |

1. Provide a rationale for your request.

|  |
| --- |
| This request is to have a microwave available for students to heat or reheat food items brought from home or frozen entrées purchased from the PS snack bar. This request would help students and staff on the north end of campus with time restraint. |

1. Indicate how the content of the EMP One-Sheet and latest Program Efficacy Report support this request. How is the request tied to program planning? *(reference the page number(s) where the information can be found on the EMP and Program Efficacy).*

|  |
| --- |
|  This request is ties into the EMP and Program Efficacy Report by food services continuing to improve the quality of food and services by utilizing new trends and initiatives to better serve and retain students on the north end of campus. Pg. 6&7 Efficacy Report. |

1. Indicate if there is additional information you wish the committee to consider *(for example: regulatory information, compliance, updated efficiency and/or student success data or planning etc).*

|  |
| --- |
| In order to be in compliance with the State and Federal Health Regulation we must have adequate working equipment to operate the Food Services.  |

1. Evaluation of related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources. (for example Department Budget, VTEA or Perkins)

|  |
| --- |
|  |

1. What are the consequences of not funding this equipment?

|  |
| --- |
| Students and staff will have to walk to south end of campus to utilize the cafeteria microwave which can put a time restraint on being prompt to classes. |