



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
 Food Services Department
 750 Bissell Ave, Richmond CA 94801
 Tel: (510) 307-4580 Fax: (510) 233-1805

NUTRITION ANALYSIS REQUEST FORM (FOOD ITEM)
(MIDDLE & HIGH SCHOOL)

The following information must be provided via FAX, email or mail
 at least three weeks prior to event

Each product you wish to serve must have an individual form (One Product per form)

1. Name of Product	
2. Serving Size of Product In Weight (g/oz)	

3. See CA Dept. of Education Quick Reference Card for more information.

	Per Serving Amount	Requirements
Calories		Snack < or = 200 Entrée < or = 350
Total Calories from Fat (g)		= or <35% of Total Calories
Total Calories from Sat. Fat (g)		< 10%
Trans Fat (g)		<0.5 g
Sugar (g)		= or <35% by weight
Sodium (mg)		Snack = or < 230 mg Entrée = or < 480 mg

4. Attach a copy of the product label with list of ingredients, portions & volume

5. Name of Contact Person	
Email of Contact Person	
Phone Number of Contact Person	

6. Date of Event	
Time of Event	
School Site	

EMAIL Dylan.Hatami@wccusd.net FAX (510) 233-1805 Attn: Dylan Hatami

MAIL Dylan Hatami, Nutrition Specialist-Area Supervisor
 WCCUSD – Nutrition Center
 750 Bissell Avenue, Richmond, CA 94801

FOOD SERVICES OFFICE ONLY

DATE RECEIVED:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
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