

Temporary Food Facility Commissary Checklist

Date: _____

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|---------------------|---------------------|-------------------|
| Name of Commissary: | | FA: |
| Address: | City: | Commissary Phone: |
| Operator Name: | | Contact Number: |
| Days of Operation: | Hours of Operation: | |
| NOTES: | | |

The above facility has the following equipment/services:

| | | |
|---|--|--|
| <input type="checkbox"/> Dishwasher Type: _____ | <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Oven |
| <input type="checkbox"/> Dry/Food Storage Area | <input type="checkbox"/> Grease Waste Disposal | <input type="checkbox"/> Potable Water Supply with Backflow Prevention |
| <input type="checkbox"/> Electrical Hook-Ups (Outdoor) | <input type="checkbox"/> Grill | <input type="checkbox"/> Preparation Refrigerator(s) ____ |
| <input type="checkbox"/> Exhaust Hood (With Fire Suppression System) | <input type="checkbox"/> Handwashing Sink(s) ____ | <input type="checkbox"/> Refuse Area |
| <input type="checkbox"/> Floor Sink | <input type="checkbox"/> Ice Supply | <input type="checkbox"/> Waste Water Discharge Port |
| <input type="checkbox"/> Food Preparation Area | <input type="checkbox"/> Janitorial Sink | <input type="checkbox"/> Steam Tables |
| <input type="checkbox"/> Food Preparation Sink ____ | <input type="checkbox"/> Refrigeration Units ____ | <input type="checkbox"/> Stove |
| <input type="checkbox"/> Freezer Units(s) ____ | <input type="checkbox"/> Outdoor Area for Cleaning Vehicle | <input type="checkbox"/> Three-Compartment Ware washing Sink |
| <input type="checkbox"/> Other | | |
| NOTES: | | |

Approved for use as an: TF01/TF04 Commissary TF02/TF05 Commissary TF03/TF06 Commissary

Environmental Health Specialist

Date

Grounded in Health