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|---------------------|---------------------|
| Date _____ | Approval Date _____ |
| Approved For _____ | Approved By _____ |
| Permit Number _____ | Permit Sent _____ |

ENVIRONMENTAL HEALTH DIVISION - FOOD SAFETY
Kitchen & Commissary Application

Name of Kitchen: _____

Owner of Kitchen: _____ **Phone Number:** _____

Address of Kitchen: _____

Mailing Address: _____ **Email Address:** _____

Intended Use (check all that apply):

- Temporary Event(s)
- Commercial Commissary
- Caterers/Mobiles
- Cooking
- Limited Risk Menus
- Complex Menus
- Preparation
- Cooling
- One Business
- Multiple Businesses
- Storage
- Service

| Yes | No | Whitman County Certified Kitchen Requirements (minimums) |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Plumbed Sink (2 compartments or more) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dedicated handwash sink (hot and cold running water, soap, paper towels or air drier) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sanitizer available on site at all times (bleach) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dish and utensil cleaning capabilities and supplies (dishwashers, 3-compartment sink, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Refrigerators that maintain ≤41°F, and a thermometer in each refrigerator |
| <input type="checkbox"/> | <input type="checkbox"/> | Ovens with ventilation (hood) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dry storage areas that are free from contamination (pests, excessive moisture, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | Easily cleanable surfaces in food preparation areas (no cracks, no carpet, sealed floors) |
| <input type="checkbox"/> | <input type="checkbox"/> | Regular garbage pick-up |
| <input type="checkbox"/> | <input type="checkbox"/> | Covered lighting |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to securely lock food product in location (not accessible to the public) |
| <input type="checkbox"/> | <input type="checkbox"/> | All equipment is NSF/ANSI certified or equivalent |

| Yes | No | Additional Requirements For Commercial Kitchen |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All equipment is NSF/ANSI certified or equivalent |

Kitchen Operator: _____

Printed Name

Signature

Date

Regulatory Authority: _____

Printed Name

Signature

Date

Floor Plan Worksheet

- 1. Sketch the top view (overhead) of your kitchen in the box below.**
- 2. Identify and label features including:** hand wash facilities, cooking equipment, hot and cold holding equipment, refrigeration, worktables and preparation areas, storage areas, sanitizing solution bucket locations and serving areas.
- 3. Fill out the check list below,** accurately assessing what kitchen features are present in your facility.

A large, empty rectangular box with a thin black border, intended for the student to draw a top-down sketch of their kitchen. The box is currently blank.