

## Temporary Food Facility Commissary Checklist

Date: \_\_\_\_\_

<b>Name of Commissary:</b>		<b>FA:</b>
<b>Address:</b>	<b>City:</b>	<b>Commissary Phone:</b>
<b>Operator Name:</b>		<b>Contact Number:</b>
<b>Days of Operation:</b>	<b>Hours of Operation:</b>	
<b>NOTES:</b>		

**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		
<b>NOTES:</b>		

Approved for use as an:  MF09 Commissary  MF10 Commissary  MF11 Commissary

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date