

Temporary Food Facility Commissary Checklist

Business Name: _____

Date: _____

Name of Commissary:		FA:
Address:	City:	Commissary Phone:
Operator Name:		Contact Number:
Days of Operation:	Hours of Operation:	
SIGNATURE OF OWNER OF COMMERCIAL KITCHEN/COMMISSARY KITCHEN		
OWNER PRINTED NAME		

The above facility has the following equipment/services:

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

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

Environmental Health Specialist

Date

Grounded in Health

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