

Checklist for New or Remodeled Food Service Establishments**

**Some items may not be required for limited food service establishments or beverage bars. Please consult our office for more information.

Drinking Water Source

Connection to an existing approved public water system: Yes _____ No _____

Name of public water system: _____

Public water system I.D. number: _____

Connecting to a well: Yes _____ No _____

In order to use your own potable well, you must have the water system approved as a public water system from our office or the Washington State Department of Health. Please contact our office to determine the approval requirements. Your water system must be approved prior to operating the food service establishment.

Sewage Disposal

Connected to public sewer: Yes _____ No _____

If yes, name: _____

Connecting to an on site sewage system: Yes _____ No _____

**If your establishment is connecting to an on site sewage system, a review of our records will be accomplished to ensure it was permitted and approved by the Health Department. Food Establishment sewage systems are required to be checked on an annual basis. The owner is required to supply the Health Department with a record of any maintenance or checks performed annually.
A list of septic system pumpers is available at our office.**

Grease trap installation: Yes _____ No _____

Drain to sanitary sewer provided at dumpster pad: Yes _____ No _____

Sinks/Dishwashing

Hot and cold running water under pressure adequate in quantity and temperature provided to all required plumbing fixtures: Yes _____ No _____

Three-compartment sink installed for washing, rinsing and sanitizing equipment and utensils that is large enough for complete immersion of equipment and utensils, except fixed and excessively large equipment: Yes _____ No _____

Commercial food service dishwasher installed with indicating thermometers on machine: Yes _____ No _____

Note: A dishwasher and a two compartment sink may be substituted for the three compartment sink noted above.

Drain boards at dishwashing equipment drain by gravity installed for both clean and soiled tableware and equipment: Yes_____ No_____

If no, indicate provisions for air drying of cleaned items and placement of soiled items:

One or two compartment sink installed for food preparation: Yes_____ No_____
Note: This requirement can be waived only with severe menu restrictions.

Separate hand washing sink installed in food preparation area: Yes_____ No_____

Single-use hand towel dispenser and liquid soap, provided at kitchen hand washing sink: Yes_____ No_____
(The use of hand sanitizer or a bleach bucket is **not** a substitute for hand washing.)

Mop sink installed outside food preparation area: Yes_____ No_____

Equipment

Fountain syrup dispenser system isolated from water supply with a vented dual check valve or other approved backflow prevention device: Yes _____ No_____

Appropriate indicating thermometers provided for hot and cold food service equipment, food storage and food transport units: Yes_____ No_____

Adequate equipment provided for all items used in conjunction with food service operation: Yes_____ No_____
(Enough refrigeration, freezer space, storage space, etc. to store and serve safe food.)

Equipment and utensils for food service are in conformance with the current standards and listing of the National Sanitation Foundation (NSF): Yes_____ No_____

If equipment and utensils are not NSF approved, please explain:

Buffet and/or salad bar commercial quality construction, Equipped with sneeze guards and capable of maintaining potentially hazardous foods at 140°F. or above, or 41°F. or below during service: Yes_____ No_____



Customer tableware disposable single service type: Yes_____ No_____

Drains

Salad bar indirectly drained: Yes_____ No_____

Food preparation sinks indirectly drained: Yes_____ No_____

Dishwasher indirectly drained: Yes_____ No_____

Dipper well indirectly drained: Yes_____ No_____

Ice machine and ice bins indirectly drained: Yes_____ No_____

Surfaces

Finish materials of the following items are smooth, non-absorbent, light colored, easily cleanable and easily accessible for cleaning, durable, free from cracks and open seams:

Floors, walls, ceilings, Partitions and attached equipment in all food preparation rooms, food storage rooms and bathrooms Yes_____ No_____

If no, explain:

Food contact surfaces of utensils and equipment non-toxic, corrosion resistant, (no enamelware), durable: Yes_____ No_____

Cutting blocks hard maple or similar non-absorbent material: Yes_____ No_____

Non-food contact surfaces of equipment corrosion resistant, durable, safe: Yes_____ No_____

Four inch mop-board provided at all floor/wall junctures: Yes_____ No_____

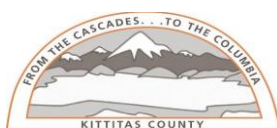
Carpeting installed in establishment: Yes_____ No_____ Location: _____

Two foot backsplashes provided behind all sinks, food preparations surfaces: Yes_____ No_____

Six foot backsplashes provided behind all moveable tables or equipment: Yes_____ No_____

Walls, partitions, wall coverings and ceilings of walk-in refrigeration units, food preparation areas, dishwashing areas, and toilet rooms are light in color: Yes_____ No_____

Installation of utility service lines does not obstruct floor, wall, ceiling and equipment cleaning: Yes_____ No_____



Storage

Permeable food storage containers are kept off the floor and protected from contamination:

Yes _____ No _____

Exposed or unprotected sewer lines or other utility lines constructed in a manner that does not subject foods and containers of foods to contamination:

Yes _____ No _____

Separate area provided for cleaning equipment such as mops, brooms, chemicals etc.:

Yes _____ No _____

Location of these items: _____

Designated location for employee storage of personal belongings:

Yes _____ No _____

Location: _____

Adequate storage areas provided for all items used in conjunction with food service operation:

Yes _____ No _____

Adequate lighting provided throughout establishment. Lights shielded from breakage in the food preparation, service, storage and display areas and where utensils and equipment are cleaned and stored:

Yes _____ No _____

Ventilation

Ventilation and mechanical ventilation equipment installed for facility, toilet rooms and cooking equipment as required:

Yes _____ No _____

Filters or other grease-extracting equipment used in ventilation devices readily removable for cleaning and replacement, or designed to be cleaned in place:

Yes _____ No _____

Bar (Liquor Service)

Liquor bar constructed:

Yes _____ No _____

Four-compartment bar sink installed at bar:

Yes _____ No _____

Restrooms

Public Restrooms

Health Department regulations require public restrooms when customer seating is provided. Check with your local building official concerning additional regulations regarding public restrooms.

Employee Restrooms

Hand washing sink with liquid soap and hand towel(s) or heated air hand drying devices and toilet tissue dispenser provided in toilet room(s):

Yes _____ No _____

Provide hot, minimum temperature of 100°F, and cold running water provided through a mixing faucet:

Yes _____ No _____

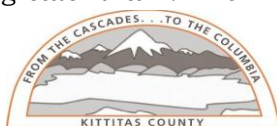
Pest Control

Only pesticides approved for food establishments used:

Yes _____ No _____

All vents and openings to the outside greater than ¼ inch

**Kittitas County
Public Health Department**
507 N. Nanum Street, Suite 102
Ellensburg, WA 98926
T: 509.962.7515
F: 509.962.7581



www.co.kittitas.wa.us/health/

**Environmental
Health Services**
411 North Ruby Street, Suite 3
Ellensburg, WA 98926
T: 509.962.7698
F: 509.962.7052

covered with ¼ inch heavy wire mesh or screen used to exclude rats and other rodents:

Yes _____ No _____

Screens or other devices used to prevent flies and other pests from entering the food service establishment:

Yes _____ No _____

Garbage Storage and Removal

Durable, easily cleanable, leak-proof, covered garbage and refuse containers provided (outside storage area, kitchen and toilet rooms):

Yes _____ No _____

Floor Plan

Attach a floor plan drawing, **to scale** (please provide scale), on a separate piece of paper showing the following:

- _____ Name of the establishment,
- _____ All fixed equipment including hand washing sinks, triple sinks, dishwashers, storage units, ventilation hood, ice machine, etc., (Please label all fixed equipment on the floor plan.)
- _____ Each room and separated areas by name, such as food storage room, food preparation room, dining area, restroom, etc.,
- _____ The size of each room and separated areas by footage (length and width, not square feet), and
- _____ Plumbing details including location of dumpster drain.

If this application is completed before the completion of a restaurant remodel, or new construction, the plans must stay the same as in the attached drawing. If the floor plans in the food establishment change, a new drawing must be submitted to the Environmental Health Department.

Signature	
_____	_____
Person preparing checklist	Date

