DAIL-NP-17.96 Kitchen Checklist

Date:			Name of Facility	
Number of Meals	Congregate	HDM	Both AAAIL:	
Kitchen suitable for proposed volume	e?			
	Y N	N/A	Onsite Food Preparation: Y N Dishes washed on site: Y N Food Service Permit to Operate: Y N Expiration Date:	1
Facility Clean and in Good Repair			Health Department Inspection Date: Score:	
Appropriate Lighting			Fire Inspection Approval Date:	
Nonslip Floors or Mats			· · · · · · · · · · · · · · · · · · ·	
Hand wash Sink			Comments: (Include description of supply purchase and storage, meal service ar	nd
Dishwasher or 3 Compartment Sink	(transportation, etc.)	
Walk-in or Reach-in Refrigerator			,	
Walk-in or Reach-in Freezer				
Appropriate Oven Space				
Appropriate Number of Ranges				
Worktable				
Steam table				
Icemaker				
Appropriate Dry Food Storage				
Mop Sink				
Chemical Storage Area				
Hot Food Carriers				
Cold Food Carriers				
Other Equipment:				
Adequate Trained Staff			Signature Date	