



PUBLIC HEALTH DEPARTMENT

Environmental Health Division

For additional Information, go to: www.chathamnc.org/environmentalhealth

Outdoor Cooking Operations Plan Review Application

Food Service Plan Review Fee: \$100.00

GENERAL INFORMATION	
Food Establishment Name:	
Address:	
City/State/Zip Code:	
Contact Name:	Contact Phone Number:
Food Establishment capable of supporting Outdoor Cooking Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No. If No why:	
Select Type of Outdoor Cooking Operation: <input type="checkbox"/> Permanently Installed Outdoor Cooking Operation <input type="checkbox"/> Portable Outdoor Cooking Equipment	
Permanently Installed Outdoor Cooking Operation	
Plans received, to include a sketch of the layout: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment list received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Menu received: <input type="checkbox"/> Yes (attach) <input type="checkbox"/> No	
Outdoor Portable Cooking Operation	
Design/type of cooking equipment – meets minimum equipment requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receipt of drawing of the location specific to the permanent food establishment, to include distances to entrances into the kitchen and access to restroom facilities. <input type="checkbox"/> Yes <input type="checkbox"/> No	

STRUCTURAL REQUIREMENTS
<ul style="list-style-type: none"> • Overhead Protection required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify type: _____ • Floor surface of proper construction: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify type: POCO: _____ POCE: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ • Walls required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify type: _____ POCO: _____ POCE: <input type="checkbox"/> Screens <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ • Equipment (Identify type of equipment to be used. Equipment specification to be provided.): Cooking: _____ Cold holding: _____ Hot holding: _____ Other: _____

- **Handwashing facilities required at the OCO:** Yes No If yes, identify type:
 POCO type: _____
 POCE type: _____
 Location: _____
 Distance: _____

STRUCTURAL REQUIREMENTS Continued

- **Warewashing facility required at the POCO:** Yes No
 Location: _____
 If no, all equipment and utensils must be washed/rinsed/sanitized within the permanent food establishment.
- **Lighting:** Sufficient Yes No Shielded (if applicable) Yes No
- **Garbage disposal:** Yes No If yes, identify type:
 Type: _____
- **Toilet facilities:**
 Location: _____
 Distance: _____

FOOD PREPARATION & FOOD STORAGE

- TCS foods pre-cooked and pre-cooled for service at permanent food establishment
 Yes No
- Cooking and serving areas protected from contamination: Yes No
- Equipment separated from public by minimum of 4 feet: Yes No
- Method for preventing access by patrons or public to food preparation areas
 Type: _____
- **Food protection:**
 Displayed food properly protected Yes No
- **Methods used for protection of food:**
 Type: _____
- **Adequate food storage areas:** Yes No
- **Adequate utensil storage areas:** Yes No
- **Adequate wiping cloth storage:** Yes No

Signature of Applicant/Owner/Establishment Rep:

Application Approved

Yes Yes, with conditions* No* See reason below

***Conditions/Reason(s) for Disapproval:**

Reviewers Name: _____

Date: _____