



Whitman County Environmental Health Department
1205 SE Pro Mall Blvd. Ste 203
Pullman, WA. 99163
Phone: (509) 332-6752 Fax: (509) 334-4517
eh@whitmancounty.net

| WCHD Official Use Only | |
|------------------------|----------------------|
| Date: _____ | Approval Date: _____ |
| Approved For: _____ | Approved By: _____ |
| Permit Number: _____ | Permit Sent: _____ |

Whitman County Kitchen Approved Kitchen/Commissary Application

Name of Kitchen: _____

Owner of Kitchen: _____ Phone Number: _____

Address of Kitchen: _____

Mailing Address: _____ Email Address: _____

Intended Use (check all that apply):

- | | | |
|----------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Temporary Event(s) | <input type="checkbox"/> Commercial Commissary | <input type="checkbox"/> Caterers/Mobiles |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Limited Risk Menus | <input type="checkbox"/> Complex Menus |
| <input type="checkbox"/> Preparation | <input type="checkbox"/> Cooling | <input type="checkbox"/> One Business |
| <input type="checkbox"/> Multiple Businesses | <input type="checkbox"/> Storage | <input type="checkbox"/> Service |

| Yes | No | Whitman County Certified Kitchen Requirements (minimums) |
|-----|----|------------------------------------------------------------------------------------------------|
| | | Plumbed Sink (2 compartments or more) |
| | | Dedicated handwash sink (hot and cold running water, soap, paper towels or air drier) |
| | | Sanitizer available on site at all times (bleach) |
| | | Dish and utensil cleaning capabilities and supplies (dishwashers, 3-compartment sink, etc) |
| | | Refrigerators that maintain $\leq 41^{\circ}\text{F}$, and a thermometer in each refrigerator |
| | | Ovens with ventilation (hood) |
| | | Dry storage areas that are free from contamination (pests, excessive moisture, etc) |
| | | Easily cleanable surfaces in food preparation areas (no cracks, no carpet, sealed floors) |
| | | Regular garbage pick-up |
| | | Covered lighting |
| | | Ability to securely lock food product in location (not accessible to the public) |

| Yes | No | Additional Requirements for Commercial Kitchen |
|-----|----|---------------------------------------------------|
| | | All equipment is NSF/ANSI certified or equivalent |

All kitchens must be approved and permitted by Whitman County Public Health. Schedule an inspection to verify the minimum requirements are met. Any variations to the initial application, intended use of the kitchen, or changes made to the kitchen must be reported to the Environmental Health Department.

Kitchen Operator _____
Printed Name Signature Date

Regulatory Authority _____
Printed Name Signature Date



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FLOOR PLAN WORKSHEET

- 1. Sketch the top view (overhead) of your kitchen in the box below.**
- 2. Identify and label features including:** hand wash facilities, cooking equipment, hot and cold holding equipment, refrigeration, worktables and preparation areas, storage areas, sanitizing solution bucket locations and serving areas.
- 3. Fill out the check list below,** accurately assessing what kitchen features are present in your facility.