# Outdoor Cooking Operations Plan Review Checklist

## GENERAL INFORMATION

**Food Establishment Name:**

**Address:**

**City/State/Zip Code:**

**Contact Name:**

**Contact Phone Number:**

**Food Establishment capable of supporting Outdoor Cooking Operation:**

☐ Yes  ☐ No. If No why:

**Select Type of Outdoor Cooking Operation:**

☐ Permanently Installed Outdoor Cooking Operation  
☐ Portable Outdoor Cooking Equipment

### Permanently Installed Outdoor Cooking Operation

**Plans received, to include a sketch of the layout:**

☐ Yes  ☐ No

**Equipment list received:**

☐ Yes  ☐ No

**Menu received:**

☐ Yes (attach)  ☐ No

### Outdoor Portable Cooking Operation

**Design/type of cooking equipment – meets minimum equipment requirements:**

☐ Yes  ☐ 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:**

☐ Yes  ☐ No

## STRUCTURAL REQUIREMENTS

- **Overhead Protection required:**
  - ☐ Yes  ☐ No  
  - If yes, identify type:

- **Floor surface of proper construction:**
  - ☐ Yes  ☐ No  
  - If yes, identify type:
    - POCO:
    - POCE:  ☐ Asphalt  ☐ Concrete  ☐ Wood
    - ☐ Other:

- **Walls required:**
  - ☐ Yes  ☐ No  
  - If yes, identify type:
    - POCO:
    - POCE:  ☐ Screens  ☐ Concrete  ☐ Wood
    - ☐ 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:
• 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

Application Approved
□ Yes □ Yes, with conditions* □ No* See reason below

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

Reviewers Name ___________________________ Date: ___________________________