



Food Establishment Plan Review Equipment & Plumbing Information

(Please complete this form only if the requested information is not included in the submitted plans.)

Facility Name: _____

Facility Address: _____

Owner Name: _____

Note: Equipment listed in the left hand column below is required to be commercial grade and listed with one of the following: NSF (National Sanitation Foundation), ANSI (American National Standards Institute), or UL Sanitation/Commercial.

	Manufacturer	Model	Size	ID*	DD*	Comments
Hand Sink*						
3-Comp Sink*						
Mop Sink*						
Food Prep Sink*						
Walk-In Condenser						
Cold Prep Table						
Water Heater						
Refrigerator(s)						
Freezer(s)						
Ice Machine						
Exhaust Hood						

*Applies to plumbing/drainage.

ID = Indirect Drain/Indirect Plumbed

DD = Direct Drainage/Directly Plumbed