

15. Staircases protected? (If any) Yes No
16. Pets approved/current vaccination records? (If any) Yes No
17. How often will toys be sanitized? _____

What sanitizer will be used? _____ Concentration? _____

18. How many children will attend your facility? _____
19. Food prepared at facility? Yes No
 Snacks Breakfast Lunch Dinner
20. Will you be cooking raw meats? Yes No
 If so, how? _____
 What temperature are you required to cook the food item? _____
21. Will you be reheating pre-cooked foods? Yes No
 If so, at what temperature will you reheat the food? _____
22. Will you be storing cold foods? Yes No
 If so, how? _____ At what temperature? _____
23. Will you be holding hot foods? Yes No
 If so, how? _____
 At what temperature? _____
24. Will you be preparing fruits and vegetables? Yes No
 If so, how? _____
25. Will you be cooling hot foods? Yes No
 If so, how? _____
 What time frames are you required to cool down the food item? _____
26. Will you be thawing frozen foods? Yes No
 If so, how? _____
27. Will you be using gloves or utensils to handle ready to eat foods? Yes No
 If so, when and how? _____
28. How will you be washing and sanitizing dishes and kitchen utensils? _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Casper-Natrona County Health Department may nullify this document.

Signature(s): _____
 Owner(s) or responsible representative(s)

Date: _____