



FOOD SERVICE ESTABLISHMENT COMMISSARY AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND LODGING UNIT
SFN 62482 (06-2024)

FOR OFFICE USE
Date Received
Amount Received
CC, Cash, MO, Check #

Commissary means a catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored, including a service center or base of operations directly from which caterers, mobile food units, or temporary food stands are supplied or serviced. A **commissary** may be required by the regulatory authority as a provision of a food service license.

FOOD SERVICE ESTABLISHMENT INFORMATION			
Business Name		License Number	
Owner/Operator	Email Address		Telephone Number
Owner/Operator Mailing Address	City	State	Zip Code
Base of Operation Physical Address	City	State	Zip Code

COMMISSARY INFORMATION*			
Name of Commissary		Commissary Telephone Number	
Commissary Physical Address	City	State	Zip Code
Commissary Owner (if different from above Food Establishment Owner/Operator)		Commissary Owner Email Address	
*If licensed as a food establishment, attach a current copy of the license. If not licensed, complete pages 2-6 and submit a floor plan drawing with the specifications detailed on page 2.			

SERVICES TO BE CONDUCTED AT COMMISSARY (check all that apply):	
Commissary to be used on a: <input type="checkbox"/> DAILY BASIS <input type="checkbox"/> WEEKLY BASIS <input type="checkbox"/> OTHER, explain: _____	
<input type="checkbox"/> Cleaning <ul style="list-style-type: none"> <input type="checkbox"/> Cleaning area <input type="checkbox"/> Mop sink/utility room <input type="checkbox"/> Utensil/warewashing area <input type="checkbox"/> Approved potable water source <input type="checkbox"/> Wastewater disposal <input type="checkbox"/> Garbage disposal <input type="checkbox"/> Food preparation area	<input type="checkbox"/> Storage <ul style="list-style-type: none"> FOOD <ul style="list-style-type: none"> <input type="checkbox"/> Refrigeration storage <input type="checkbox"/> Frozen storage <input type="checkbox"/> Dry storage NON-FOOD <ul style="list-style-type: none"> <input type="checkbox"/> Equipment, and supplies <input type="checkbox"/> Chemicals <input type="checkbox"/> Overnight storage

The below signed, attest that the commissary will be used for the designated services as indicated.

Commissary Owner Signature (if different from Food Service Establishment Owner/Operator)	Date
Food Service Establishment Owner/Operator Signature	Date

For questions or assistance, please contact the Food and Lodging Unit at 701.328.1291 or 1.800.472.2927 or email foodandlodging@nd.gov.

Submit by mail, email, or fax: ND Health and Human Services Email: foodandlodging@nd.gov
Food and Lodging Unit -or-
1720 Burlington Dr, Ste A Fax: 701-328-0340
Bismarck, ND 58504-7736

COMMISSARY APPROVAL PLAN REVIEW CHECKLIST

A. Submit a floor plan drawing of the commissary/servicing area (8.5 X 11 to scale minimum) showing the following:

- Identify the locations of all entrances, exits, food preparation, serving and seating areas, warewashing, storage areas, describe off-site storage locations, restrooms, employee changing and break room areas, loading/unloading areas or docks, chemical supply storage, and garbage room.
- Label the location and dimensions of all required sinks including handwashing sinks, dishwashing sinks, food preparation sinks, and mop or utility sinks. All sinks shall be located to prevent cross-contamination.
- Include equipment list and equipment specification sheets.
- Include room size, aisle space, and spaces between, under, or behind equipment.
- Label the location of all food storage, heating, cooling, and service equipment with the common name (examples of equipment include refrigeration, walk-in coolers, walk-in freezers, hot-holding units, buffet units, ice machines, stovetops/grills, ovens, warmers, and fryers).
- Provide exhaust ventilation layout including location of hood, and fire suppression equipment, if applicable.
- Indicate if your food establishment will have exposed (unscreened) outer openings (i.e., retractable doors, etc.)

FOOD STORAGE/DISPLAY (Food Code Chapter 3)

1. Identify the location of each on the floor plan. Provide the space (estimated in cubic feet) and list the number of units (refrigerators/freezers) available:

Dry Storage Cubic Feet	Cold Storage Number of Units	Cold Storage Cubic Feet
Freezer Storage Number of Units	Freezer Storage Cubic Feet	

Cold Storage Equipment list (select all that apply):

- Upright Reach-In
 Under counter (low boy, high boy, drawers)
 Preparation Table
 Display Unit
 Walk-In Refrigerator
 Walk-In Freezer
 Other: _____

Each refrigerator/freezer requires a thermometer to verify temperature. Refrigerators must maintain foods at 41°F or below and freezers must maintain foods frozen.

2. Description of off-site (remote) storage locations (if applicable):

FINISH SCHEDULE (Food Code Chapter 6)

3. Describe floor, wall, and ceiling coverings (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, plastic coved molding, etc.). Label each area on the floor plan. Indicate N/A as applicable.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation/Kitchen				
Dry Food Storage				
Warewashing/Dishwashing Area				

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Walk-in Refrigerators and Freezers				
Mop/Service Sink				
Garbage/Refuse Area				
Toilet Rooms and Dressing Rooms				
Other area:				

Provide the finish of the following:

Cabinets	Countertops	Shelving
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PHYSICAL FACILITIES (Food Code Chapters 4, 5, and 6)	Y	N	N/A
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<p>4. Ventilation and Fire Suppression*</p> <ul style="list-style-type: none"> ○ Grease laden vapors will be produced during cooking?** ○ Exhaust hoods present over all cooking equipment? <ul style="list-style-type: none"> ▪ If YES; Label location(s) of hoods on floor plan drawing. ○ Indicate the fire suppression or extinguishers located on-site: <ul style="list-style-type: none"> <input type="checkbox"/> 2A10BC extinguisher <input type="checkbox"/> Type K extinguisher <input type="checkbox"/> Fire suppression system <input type="checkbox"/> Other: <p>*Local regulations may govern ventilation and fire protection requirements. Submit a copy of the fire inspection report when available.</p> <p>**Grilling or frying activities which produce grease laden vapors require a hood AND fire suppression system, and a Class K fire extinguisher; ND Fire Code Chapter 3, Section 319 and ND Administrative Rule 10-07-01-04.</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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<p>5. Handwashing Facilities</p> <ul style="list-style-type: none"> ○ Identify total number of the handwashing sinks in each of the following locations: <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; height: 30px;">Food Preparation</td> <td style="width: 50%;">Warewashing Area</td> </tr> </table>	Food Preparation	Warewashing Area
Food Preparation	Warewashing Area	

All handwashing sinks must be equipped with hot and cold running water, soap, and disposable towels or heated-air drying device. Handwashing signage is required. Handwashing sink shall be used for no purpose other than hand washing.

Handwashing signs are available while supplies last. Email foodandlodging@nd.gov or download at: hhs.nd.gov/foodandlodging

6. Warewashing/Dishwashing Facilities

Select the type of warewashing/dishwashing which will be used and complete the applicable section(s):

	Y	N	N/A			
<input type="checkbox"/> Manual Dishwashing						
<input type="radio"/> 3-compartment sink(s) dimensions: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Length</td> <td style="width: 33%;">Width</td> <td style="width: 33%;">Depth</td> </tr> </table>	Length	Width	Depth			
Length	Width	Depth				
<input type="radio"/> Will the largest piece of equipment (pot/pan) fit into each compartment of the sink? If NO, how will the cleaning and sanitizing of those large items be completed <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="radio"/> What type of food-contact sanitizer will be used? Chemical type(s) (i.e. chlorine, quat, iodine, etc.) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>						
Test Strips on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
-or- Hot water sanitizing temperature <div style="border: 1px solid black; height: 30px; width: 100%;"></div>						
Maximum temperature thermometer or temperature strips on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Mechanical Dishwashing						
<input type="radio"/> Are the temperature and pressure gauges accurately working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="radio"/> What type of food-contact sanitizer will be used? Chemical type(s) (i.e. chlorine, quat, iodine, etc.) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>						
Test Strips on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
-or- Hot water sanitizing temperature <div style="border: 1px solid black; height: 30px; width: 100%;"></div>						
Maximum temperature thermometer or temperature strips on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hot water booster present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ventilation hood installed above the dishwasher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="radio"/> Will clean in place need to be done for any equipment? If yes, list or describe kitchen equipment <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Is there adequate space provided for air drying dishes and utensils? Describe the location, size, type of drainboards, wall-mounted or overhead shelves, stationary or portable racks. <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	Y	N	N/A
8. Additional Sink Facilities <ul style="list-style-type: none"> ○ Is there a mop/service sink (at least 1 is required)? ○ Is there a food preparation sink (i.e., fruit and vegetable washing)? ○ Is there a dump sink (dedicated to discarding liquids, i.e., bar area drinks or coffee)? ○ Other: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Water Supply <ul style="list-style-type: none"> ○ Is the water sourced from a city or public system? ○ Is the water sourced from a private system (i.e., private well water)? <p>If YES; a copy of the most recent bacteria and nitrate/nitrite water test will be required. Information on well water testing: https://deq.nd.gov/publications/WQ/1_GW/PrivateWells/PrivateWellSampling.pdf</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ice <ul style="list-style-type: none"> ○ Will ice be purchased commercially? ○ Will an ice machine be used on-site for ice production? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sewage Disposal <ul style="list-style-type: none"> ○ Is the sewage disposal through a city or public or system? ○ Is the sewage disposal through a private system? ○ If YES; a copy of the written approval or permit will be required. ○ Are grease traps/interceptors installed for the disposal system? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Plumbing <ul style="list-style-type: none"> ○ Is all plumbing work installed to code? (Attach certificate or proof of licensed installation) <p>If no, provide explanation.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Restrooms <ul style="list-style-type: none"> ○ Number and location to code? ○ Covered waste receptacle in women's restroom? ○ Handwashing facilities with hot/cold water? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Employee Storage <ul style="list-style-type: none"> ○ Suitable area for storage of employee belongings and changing area if necessary? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Poisonous or Toxic Materials (FDA Food Code Chapter 7) <ul style="list-style-type: none"> ○ Will only poisonous or toxic materials necessary for the operation of the establishment be allowed, be clearly labeled, and will they be stored to prevent contamination? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pest Control Management Program <ul style="list-style-type: none"> ○ Will all outside doors be self-closing and rodent proof? ○ Will all entrances (doors/windows) left open to the outside be protected against the entry of insects and rodents? (If applicable select method of protection below) <ul style="list-style-type: none"> <input type="checkbox"/> Screens (16 mesh to 1 inch) <input type="checkbox"/> Air curtains <input type="checkbox"/> Other effective means ○ Pest control management contractor planned? ○ Is area around building clear of unnecessary brush, litter, and other harborage? ○ Will all pipes and electrical conduit chases be sealed to prevent pests? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N	N/A		
17. Refuse, Recyclables, and Returnables					
○ Do all garbage or refuse containers have lids for when not in continuous use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
○ Will a dumpster(s) or compacter be used outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If yes, number</td> <td style="width: 50%;">Frequency of pick-up</td> </tr> </table>	If yes, number	Frequency of pick-up			
If yes, number	Frequency of pick-up				
○ How will refuse containers and floor mats be cleaned:					
<input style="width: 100%; height: 20px;" type="text"/>					
○ Will grease storage containers be stored on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<table border="1" style="width: 100%;"> <tr> <td>If yes, describe location</td> </tr> </table>	If yes, describe location				
If yes, describe location					

Approval of plans does not establish compliance with state or local license requirements. Approval of plans is not acceptance or issuance of a license to operate or occupy a place of business. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preoperational inspection of the establishment will be necessary to determine compliance with laws governing foodservice establishments and to determine the license approval prior to operation. I certify that the above information as submitted is correct and I fully understand that any deviation without prior approval from the Food and Lodging Unit may void this submission for plans review.

Owner/Designee Signature	Date
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*For questions or assistance, please contact the Food and Lodging Unit
 at 701.328.1291 or 1.800.472.2927 or email foodandlodging@nd.gov.*

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 Bismarck, ND 58504-7736