



**Garfield County Health District**  
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<b>GCHD Official Use Only</b>	
Date: _____	Approval Date: _____
Approved For: _____	Approved By: _____
Permit Number: _____	Permit Sent: _____

**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.