



Livingston County Department of Health (LCDOH)

Food Service Establishment

Kitchen Component Layout

Include all equipment, appliances and storage units

Attach larger sheet if necessary



All system components must meet Part 14-1 requirements

Schematic Drawing

Facility Name: _____ NYS Public Water Supply I.D. No.: NY25 _____

Facility Address: _____

Owner/Applicant Signature

Date

Owner/Applicant Name (clearly printed)

Phone Number

Approved by: _____
Public Health Engineer, P.E.

Date

Inspected by: _____
LCDOH Staff

Date