



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Public Health

**EMERGENCY OPERATIONS PLAN for FOOD ESTABLISHMENTS**

*This serves as the Emergency Operations Plan as stated in Food Code 8-404.11. Emergency Operations require limiting/simplifying food preparation processes and a limited menu. Please provide a copy of limited/simplified menu.*

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Title/Relationship to Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Service:       Dine In       Carry Out Only

Please answer the following. If any boxes are checked "No," please explain below:

**YES**      **NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Potable water source available for food preparation, food contact surfaces, and washing of utensils and equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sewage/wastewater not backing up into facility or accumulating on property   |
| <input type="checkbox"/> | <input type="checkbox"/> | Power/electricity available  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to maintain proper food temperatures   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ice obtained from a potable water source, transported and stored to prevent contamination                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Availability of operable handwashing station with potable water source   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical warewashing machines and chemical dispensers not being used   |
| <input type="checkbox"/> | <input type="checkbox"/> | Dishes washed, rinsed and sanitized in three compartment sink using sanitizer at proper concentration              |
| <input type="checkbox"/> | <input type="checkbox"/> | Single service eating and drinking utensils only being used  |
| <input type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with food   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any food or ice prepared using non-potable water source will be discarded  |
| <input type="checkbox"/> | <input type="checkbox"/> | If safe, alternate water source is exhausted, facility agrees to close immediately                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Flushing toilets or contingency plan in place for flushing toilets   |
| <input type="checkbox"/> | <input type="checkbox"/> | Water using fixtures with non-potable water source turned off with signs posted that water fixtures cannot be used |

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I attest that all of the information provided above is true and accurate. I understand that if I cannot maintain safe conditions in this facility, I will contact the local health department and cease operations immediately.

\_\_\_\_\_  
Owner/Manager Signature

\_\_\_\_\_  
Date

**Please submit this form to your local health department once completed. The facility is able to reopen after submission if the owner/manager attests that all answers above are "Yes." Any "No" responses will need to be reviewed by the local health department or Department of Health & Human Services.**