FULTON COUNTY

Date Issued: _____

EQUIPMENT SCHEDULE FOR SITE ASSESSMENT

Generator: _____ Address: _____

_____

(Check off the following items of equipment, if applicable)

_____	Range	(# of burners _____)	
_____	Griddle/Grill	(How many _____)	
_____	Fryer	(How many _____)	
_____	Oven	(Type(s) _____, _____)	
_____	Compartment Sink	(___ 2, ___ 3, ___ 4)	
_____	Dishwasher		
_____	Hand Sink	(How many _____)	
_____	Prep Sink	_____	Mop Sink
_____	Soda & Ice Unit	_____	Ice Maker With Bin
_____	Freezer	_____	Walk In Cooler
_____	Ice Tea Brewer	_____	Coffee Maker

List Other Equipment: _____

_____

_____

Total Seat Count _____ Days of Operation _____

Menu Provided __ yes __ no Hours of Operation _____

Print Name: _____
Facilities Manager/Owner

Signature: _____ Date: _____
Facilities Manager/Owner

(Revised – 3/16/05)