



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health

Emergency Operations Plan

*This serves as the Emergency Operations Plan as stated in **Food Code 8-404.11** for no water or boil water operations. Emergency Operations requires limiting/simplifying food preparation processes and a limited menu.*

Please provide copy of limited menu

Establishment Name: _____

Address: _____

Phone number: _____ Email: _____

Customer will be served: _____ Dine In _____ Carry Out Only

Indicate how portable toilets and handwashing for customers will be provided for dine in

Water source will be: _____ Bottled/Bulk Potable Water Source: _____

_____ Boiled Water

Boiled water will be brought to a rolling boil and boiled for one minute

Boiled Water Storage containers: _____

*An emergency operations plan is implemented during a boil water notice when there is known contamination of the water systems. During a system pressure or boil water advisory when there has not been a confirmed positive sample, a full emergency operations plan is not required.

Ice must be obtained from an approved water source, transported and stored to prevent contamination.

Source of Ice: _____

Transport and storage containers for ice: _____

A handwashing setup is required with a gravity flow handwashing container with a continuous flow spigot and a catch basin (if equipment allows, let water drain into existing sink). How many handwashing set-ups will be used? _____ Describe handwashing setup:

A contingency plan is required for flushing toilets. Describe the process for flushing toilets using alternate water supply OR indicate that a porta potty will be provided.

Mechanical warewashing machines and chemical dispensers cannot be used. Sanitizer at proper concentration must be mixed in three compartment sink and utensils must be washed, rinsed and sanitized using the sink. Describe the cleaning and sanitizing process, and state what sanitizer will be used and how it will be mixed:

These additional items are required in an emergency water plan. Initial each to acknowledge each requirement as part of the written plan.

_____ Only single service eating and drinking utensils will be used.

_____ There will be no bare hand contact with food.

_____ Catch basins for sinks will be emptied into sanitary sewer using a can wash, mop sink, toilet, or other operational drain.

_____ Any food or ice prepared using unapproved water source will be discarded.

_____ If safe alternate water source is exhausted, facility will close.

_____ Water using fixtures that have unapproved water source have been turned off with signs posted that water fixtures cannot be used. This includes sinks, ice machines, warewashing machines, beverage dispensers, etc.

Additional Information:

By signing below, I will follow the above plan for the duration of the emergency. If I cannot maintain safe conditions , I will contact the local health department and cease operations.

Signed: _____ Date: _____