DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM
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www.co.washington.or.us/hhs/environmentalhealth

INTERIOR FINISHES/SURFACES

Facility Name: _____

Address: _____
(street address) (city)

Fill out the chart below if your plans do not specify wall, floor, and ceiling surface finishes.

AREA	FINISH SCHEDULE					
	Floors	Cove Base	Walls	Ceilings	Food Contact Surfaces	Shelving
Example: Kitchen	**Example:** *Quarry Tile*	**Example:** *Quarry Tile Cove*	**Example:** *FRP Enamel Paint*	**Example:** *Vinyl Acoustical Tile*	**Example:** *Stainless Steel Work Tables, Hardwood Cutting Boards*	**Example:** *Stainless Steel*
Kitchen						
Bar						
Storage Rooms						
Service Area(s)						
Toilet Rooms						
Garbage & Refuse Storage						
Mop / Maintenance Area						
Dishwashing Areas						
Walk-in Refrigerators & Freezers						

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