



**FOOD SAFETY PROGRAM**

**Food Establishment Plan Review Packet**

This plan review packet is designed to guide you through the plan review process and help you submit accurate and complete plans for Asotin County Health District (ACHD) to review. A copy of the Washington State Retail Food Code, Chapter 246-215 WAC:

**APPLICANT INFORMATION**

Name of Food Establishment (FE):		
Site Address:		
City:	State:	Zip Code:
Owner Name:		
Mailing Address:		Phone:
City:	State:	Zip Code:
Plan Review Contact Name/Company:		
Phone:	Cell"	Email:
Billing to be sent to:		
Mailing Address:		Phone:
City:	State:	Zip Code:
Email Address:		

**Type of plan review:**

- New establishment **OR**
- Existing establishment with:  Menu changes  Equipment changes  Remodeling

**Type of operation (check all that apply):**

<input type="checkbox"/> Bakery	<input type="checkbox"/> Deli	<input type="checkbox"/> Meat Market
<input type="checkbox"/> Basic Grocery	<input type="checkbox"/> Espresso Shop	<input type="checkbox"/> Produce Sales
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Fish Market	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Ice Cream	<input type="checkbox"/> School Kitchen/Student Store
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Lounge	<input type="checkbox"/> Smoke House

Will any specialized processes (e.g. vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying food, growing sprouts, molluscan shellfish tank) be done in the food establishment?

Yes  No

Will any customer seating be provided?

Yes  No

What is the estimated opening date?

Who will be the manager/person in charge?

**Before beginning construction, the following must be submitted to ACHD for review and approval:**

√	Item	Description
	<b>Menu/Food Preparation steps</b>	Provide a detailed menu of all the food and drinks you will be serving. Provide food preparation steps for all menu items. If using a commissary, explain what food preparation activities will be occurring at the commissary kitchen and what activities will be done at the food service location. <ul style="list-style-type: none"> <li>• All foods must come from an approved source.</li> <li>• No home prepared items allowed.</li> </ul> <b>Any changes to the menu must be submitted and approved by ACHD for prior approval.</b>
	<b>Site Plan</b>	Provide a site plan. Site plan must identify the building in relation to streets, sidewalks, parking and garbage area.
	<b>Floor Plan</b>	Provide a complete floor plan of your food establishment including any outdoor cooking or seating area(s) if applicable. Show the location of all equipment (sinks, refrigeration, countertop appliances etc), <ul style="list-style-type: none"> <li>• A plumbing plan must be included showing all indirect drainage.</li> <li>• For remodel of existing establishments - provide a copy of your existing floor plan with all changes highlighted.</li> </ul> <b>Any changes to the floor plan submitted, must be pre-approved by ACHD</b>
	<b>Equipment List</b>	Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade, (NSF or equivalent).
	<b>Finish and Lighting Schedule</b>	Provide the materials used for all floors, walls, ceilings, counter tops and shelves. <ul style="list-style-type: none"> <li>• Finish surfaces must be smooth, easily cleanable, and non-absorbent in all food preparation; food storage, ware washing areas, and bathrooms.</li> <li>• Grout and concrete must be smooth and sealed to make water resistant and cleanable.</li> </ul> Provide list of all light fixtures used in the food establishment. Lighting over any food preparation; food storage, and ware washing areas must be shielded, covered, or shatterproof.
	<b>Garbage Disposal</b>	<b>Provide the dumpster size and location, including its distance from the building. Provide the disposal company name and the frequency of pick-up.</b> Describe the garbage enclosure material and floor surface, (i.e. is the dumpster located on concrete or asphalt, is it sloped to drain or does it have a drain to sewer).
	<b>Clean Up Response Plan</b>	Provide a policy and procedure for effective clean-up of vomit & diarrhea in the food establishment. <b><i>This must be visibly posted for employees.</i></b>
	<b>Employee Health Policy</b>	Provide a policy and procedure for food employee illness reporting to ensure steps are taken to preclude transmission of foodborne illness or communicable diseases. <b><i>This must be visibly posted for employees</i></b>
	<b>Commissary Kitchen Agreement (if applicable)</b>	if you are not using your own commissary, a written and signed commissary agreement must be provided. The commissary agreement must include a list of all services provided by the commissary, such as restroom use, dry goods storage, use of refrigerator space (including the number of cubic feet of refrigeration space allocated to you), etc.

Plan review for projects that require a permit or approval from ACHD will be billed at the standard hourly rate, including time spent reviewing the project at the pre-application phase, to be paid at the time of plan submittal. Additional time spent reviewing plans and conducting pre-occupancy inspections is billed at the standard hourly rate.

- **Plan review and pre-occupancy inspections for projects that begin construction without written ACHD approval is charged at 1.5 times the standard hourly rate.**
- **Plan review submittals must be submitted to ACHD at least 14 days before the projected date of opening or the permit fee will be one and a half times the original permit fee. Applications submitted less than three days before the projected date of opening will not be processed due to the time needed to review the application.**

Review of submittals begins only after all required documentation and fees have been received.

<b>SIGNATURES</b>	
<p>By signing this form, you attest to the accuracy of the information provided, affirm that you will comply with Chapter 246-215 WAC, and will allow ACHD access to the establishment and its records as specified in Chapter 246-215 WAC. You agree to notify ACHD in advance of changes in menu, equipment, operation, or ownership.</p> <p><b>You will receive written notification to proceed with construction when your plan review has been approved by ACHD.</b></p>	
Signature of applicant:	Date:
Printed name:	Phone:

## Plan Review Guidelines for Food Establishments

**Before beginning construction**, submit the proposed menu, food preparation sheet(s), and plans to ACHD for review and approval. This includes remodeling as well as new construction.

**Before beginning operation**, a permit must be obtained from ACHD. To receive a permit, a plan review application and checklist packet must be submitted to ACHD for review and approval and a preoperational inspection must be completed.

**Menu and food prep sheet(s)** must include all foods and beverages that will be prepared and served, along with a description of all food preparation steps for all items and an estimate of the maximum number of meals served per day. Any future changes in the menu or equipment must be pre-approved by the Health District.

### All plans must include:

- Name and address of the food establishment.
- Name and phone number of contact person.
- Site plan
- Building layout including food preparation, dishwashing, dining, serving, storage areas, and restrooms. Include any outdoor seating and/or cooking area information as applicable.
- Equipment layout including make and model numbers.
- Finished surface materials list including lighting schedule.
- Plumbing layout, including floor drains.
- Ventilation system layout.
- Garbage storage and cleaning facilities.
- Storage area for employees' personal items.
- Number of seats for patrons.
- Commissary kitchen name, address, a copy of the floor plan, and a signed commissary agreement (if applicable).

**Site plan** must identify the building in relation to streets, parking, onsite wells, sewage disposal systems, and garbage storage/cleaning and any other storage areas.

**Potable Water:** The water supply must be approved and must be drinking water quality standards in accordance with chapters 246-290 and 246-291 WAC. Adequate potable hot water is required for all food preparation activities, hand washing, utensil washing, and facility cleaning. Food establishments on a private well must have the well registered with Washington State Department of Health Office of Drinking Water, (509) 329-2100, as a public water system and be approved before ACHD Food Safety Program will approve plans.

**Sewage disposal:** In areas where public sewer is not provided, on-site sewage disposal systems must be approved by ACHD. The system must be designed and sized to accommodate the number of seats in the food establishment, the type of foods being served and all other pertinent wastewater activity. It is recommended that when submitting a plan review packet for review by ACHD Food Safety Program, ACHD On-Site Septic Program be provided with information required for review and approval of the on-site sewage disposal system first. Garbage storage area and cleaning facilities: Outdoor garbage storage areas must be constructed in compliance with city or county building code and have a storage surface constructed of non-absorbent material that is smooth, durable and sloped to drain.

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**Restrooms** must be within 200 feet of the food establishment and conveniently located for food employees to use during all hours of food preparation and operation. If customer seating is provided for onsite consumption of foods/beverages, restrooms must be conveniently located and accessible to customers during all hours of operation.

**Equipment layout:**

- Provide make and model numbers of all equipment (including countertop appliances).
- All food equipment must be commercial grade, certified by an American National Standards Institute (ANSI)- accredited certification program (i.e. NSF or equivalent).
- Equipment must be designed to reach and maintain required food temperatures.
- Refrigeration requirements are based on your menu. Cooling of potentially hazardous foods (PHF's) will require equipment that is capable of meeting cooling requirements for PHFs, e.g. a walk-in refrigerator. •Adequate refrigerated storage must be available to allow adequate separation of raw and ready-to-eat foods.
- Reheating equipment must be capable of reheating from 41° F to 165° F within two hours.
- Hand washing sinks are required in all food preparation areas, service areas and restrooms. Each sink must be equipped with hot and cold running water with a mixing faucet, soap, paper towel dispensers, and hand washing reminder signs. Hand washing sinks must be large enough to accommodate washing of both hands together without contacting the faucet head or sink basin.
- One or more food preparation sinks, with an indirect waste drain, are required if produce is cleaned on site or if the ice bath method is used to cool liquid foods.
- A three-compartment sink is required for utensil washing. Sinks must have adequate drain boards, racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation. Sinks must be large enough to fit the largest utensil(s) submerged in the sinks. Hot water for manual dishwashing must be 110°F.
- A mechanical dishwasher may be used in addition to the utensil sinks. Dishwasher layout must include scrap troughs, booster pumps, indirect drain, and water heater locations.
- A mop/utility sink is required and must be located so foods are not contaminated.
- A running-water dipper well may be required for bulk ice cream scoops or other types of in-use serving utensils.
- Sneeze guards are required for displayed foods such as buffet lines, salad bars, self-serve foods, condiments, etc.
- Splash guards around sinks may be required to prevent contamination of foods and food contact surfaces.
- Food contact surfaces of all equipment and utensils must be made of food-grade material and be nonabsorbent, smooth and easily cleanable.

**Finished surface list:** All surfaces in food/beverage preparation areas, food storage areas and restrooms must be smooth, easily cleanable, non-absorbent, and durable. Provide a list of all finish materials for floors, walls, counters, shelving, and ceilings.

**Plumbing layout:** Provide location of floor sinks for equipment that requires indirect waste lines.

**Ventilation system layout:** Provide the location of all hoods and vent systems. These systems must meet city or county building code fire regulations.

**Application process**

- For new establishments, an application for plan review and checklist and permit application must be submitted to ACHD at least 14 days before the projected date of opening or the permit fee will be one and a half times the permit fee.
- Applications submitted less than three days before the projected date of opening will not be processed due to the time needed to review the application.
- You will receive written notification to proceed with construction when your plan review has been approved by the Health District.

**Before you open**

- The Application for a Food Establishment permit, and the permit fee must be submitted and paid at least three business days prior to the scheduled pre-operational inspection.
- A pre-opening inspection of the food establishment and/or commissary must be conducted and approved.
  - All construction must be completed - refrigeration equipment plugged in, plumbing operational, and dishwashers operational at the time of the pre-operational inspection.



## Commissary Agreement

This agreement between the commissary owner and the establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary. This commissary agreement is not transferrable to other parties and becomes null and void upon change of ownership of either party. It is the vendor's responsibility to notify Asotin County Health District (ACHD) in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by ACHD. This suspension is effective until a new agreement is provided in writing to ACHD and approved.

Applicant Information			
Vendor Name:			
Permit #:			
Mailing Address:			City:
State:	Zip:	Phone:	
Email:			Cell:
Days of week vendor uses commissary: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Vendor hours of operation:			
Commissary Information			
Name of Commissary:			
Mailing Address:			City:
State:	Zip:	Phone:	
Email:			Cell:
Days of week commissary provides access to vendor: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Hours of operation:			
Services provided by commissary			
<input type="checkbox"/> Potable Water	<input type="checkbox"/> Wastewater Disposal	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Dry Storage
<input type="checkbox"/> Bathroom Access	<input type="checkbox"/> Ice Machine (indirectly drained)	<input type="checkbox"/> Walk-in Refrigeration Space, indicate ft provided	<input type="checkbox"/> Freezer Space, indicate ft provided
<input type="checkbox"/> Reach in Refrigeration		<input type="checkbox"/> Cooking Equipment	<input type="checkbox"/> Cart Storage Space
<input type="checkbox"/> Food Preparation Sink	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> 3 Compartment Sink	<input type="checkbox"/> Food Preparation Space
Signatures			

***By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by ACHD***

Signature of Commissary Owner:	Printed Name of Commissary Owner:	Date:
Signature of Vendor Owner:	Printed Name of Vendor Owner:	Date: