

# Food Establishment Plan Review Process



A person wanting to operate a new food establishment shall submit a permit application and a plan review packet at **least 30 calendar days** prior to the desired date of opening.

The intent of this packet is to help guide you through the plan review process. The food plan review process is important to ensure you have the correct equipment and processes needed to make safe food.

## **Before you turn in your application.**

Ensure you've met with your local building, planning, and zoning departments for any additional requirements. Make sure to inquire about grease traps and cooking hoods. Ensure you have water and wastewater verification. Ensure you have a Washington State business license.

## **When am I required to do plan review?**

When you start a new business in a new or existing building. Plan review is also required during remodels. You are also required to do plan review when you change your menu or change your commissary kitchen for a mobile unit.

## **How long does this process take?**

Our goal is to email an approval or ask additional plan review questions within 10 business days of receiving a complete plan review packet. An incomplete packet will delay the approval process.

## **What else should I know?**

Plan review fees and operating fees are non-refundable. Operating permits expire one year from your permitting date. Do not purchase equipment or begin construction until your plan review process is completed.

## **What happens once I'm approved?**

We will either email or mail an approval letter to you. This letter will state which permit you need and the permit fee you must pay to operate. Once you are ready to open, pay the corresponding permit fee and schedule a pre-opening inspection with Environmental Health staff at LEAST 5 business days before you plan to open.

## **Questions?**

Staff is available by phone in either Goldendale at 509-773-4565 or White Salmon at 509-493-1558. Staff is also available for in-person consultations by appointment only from 9 a.m. to 4 p.m. You can submit your application to the Health Department Monday through Friday, 8 a.m. to 5 p.m.

**Please continue to the next page.**

Goldendale Office  
228 West Main Street  
MS-CH 14  
Goldendale, WA 98620  
509-773-4565

Klickitat County Health Department

White Salmon Office  
501 NE Washington St/ PO Box 159  
White Salmon, WA 98672  
509-493-1558

# Food Establishment Plan Review Process



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

Use this checklist to prepare a complete plan review application. Ensure to submit a completed plan review packet(s) and checklist with the required plan review fee.

✓	Item	Description	KCHD Use Only
1	<b>Water Verification</b>	<b>Provide proof that the facility is connected to an approved water system.</b>	
2	<b>Sewer/Septic Verification</b>	<b>Provide proof that the facility is connected to an approved sewer or septic system.</b>	
3	<b>Application</b>	<b>Provide a complete application.</b>	
5	<b>Floor Plan</b>	<b>Provide a floor plan of your facility.</b> Floor plan must show locations of all equipment, restrooms, storage areas, etc.	
6	<b>Equipment List</b>	<b>Provide a list off all large equipment being used for your operation.</b>	
7	<b>Finish List</b>	<b>Provide a list of the type of material used to finish walls, ceilings, floors, and counter tops.</b>	
8	<b>Menu</b>	<b>Provide a detailed menu of all food and beverages you will serving or a list of food and beverages you will be selling.</b> Try to include any seasonal items or specials.	
9	<b>Food Sources</b>	<b>Provide a list of all food and beverage suppliers.</b>	
10	<b>Personnel Hygiene</b>	<b>Include policies for hand washing, ill food workers, and prevention of bare hand contact</b>	
11	<b>Cleaning and Sanitation</b>	<b>Provide written procedures describing the type and concentration of sanitizer used, how you intend to clean equipment (including CIP equipment)</b>	
12	<b>Food Preparation Steps</b>	<b>Provide a description of how each menu item will be prepared.</b>	
13	<b>Waste Disposal</b>	<b>Provide a method of waste disposal.</b>	
14	<b>Fees</b>	<b>Include your plan review fee and operation fee.</b>	
<b>For Mobile Units</b>		<b>Please provide commissary information on separate sheet.</b>	
15	<b>Commissary Kitchen Agreement</b>	<b>Provide a commissary agreement.</b>	
16	<b>Sales Site Agreement</b>	<b>Provide a sales site agreement for mobile stops.</b>	
17	<b>Labor and Industries Approval</b>	<b>Provide a copy of your L&amp;I approval.</b>	
18	<b>Commissary Items</b>	<input type="checkbox"/> Floor Plan <input type="checkbox"/> Additional Equipment (if any) <input type="checkbox"/> Additional Water / Sewer agreements (if any)	

I understand I cannot open this food establishment until I have received written approval from Klickitat County Health Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please continue to the next page.**

Goldendale Office  
 228 West Main Street  
 MS-CH 14  
 Goldendale, WA 98620  
 509-773-4565

Klickitat County Health Department

White Salmon Office  
 501 NE Washington St/ PO Box 159  
 White Salmon, WA 98672  
 509-493-1558

# Food Establishment Plan Review Process



## FACILITY INFORMATION

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

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Health Department  
Use Only

## OWNER INFORMATION

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_

## HOURS OF OPERATION

Open 24 Hours a day       Seasonal Operation       Annual Operation

If seasonal, provide months of operation: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

As the owner and operator of this facility, I do hereby make application for a permit to operate a food service establishment in compliance with the rules and regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or location.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Goldendale Office  
228 West Main Street  
MS-CH 14  
Goldendale, WA 98620  
509-773-4565

Klickitat County Health Department

White Salmon Office  
501 NE Washington St/ PO Box 159  
White Salmon, WA 98672  
509-493-1558

# Food Establishment Plan Review Process



Provide a description of your project:

---

---

---

- Yes     No    **Will you offer catering? If yes, ask about the catering application.**
- Yes     No    **Will you offer off-site food delivery?**
- Yes     No    **Is there customer seating inside the facility?**
- Yes     No    **Is there customer seating outside the facility?**
- Yes     No    **If you have seating, is the restroom accessible for patrons without passing through food prep areas or storage areas?**
- Yes     No    **Do you have to go outside to access any food storage, equipment, cooking or preparation areas?**

**Where will all chemical cleaning products be stored?**

---

---

---

**Where will all employee belongings be stored?**

---

---

---

- Yes     No    **Are all single-service items protected from customer contamination by a sneeze guard? (this includes salad bars, buffet lines, espresso counters)**
- Yes     No    **Is a 3-compartment sink with attached drain boards on both sides provided?**
- Yes     No    **Is each compartment of the 3-bin sink large enough to submerge and wash all equipment?**
- Yes     No    **Can you completely fill 2 compartments of the 3-compartment sink with hot water without the temperature dropping below 100F?**
- Yes     No    **Does your menu include fresh fruit and vegetable items (lemons, limes, onions, tomatoes, potatoes, lettuce, or berries)?**
- Yes     No    **If your menu does include fresh fruit and vegetables, is an indirectly drained food prep sink with an attached drain board available?**

# Food Establishment Plan Review Process



Yes    No   **Will any food be self-service? If so, explain.**

---

---

Yes    No   **Will you be preparing raw meats or seafood? If so, explain.**

---

---

- Yes    No   **Is all lighting above food preparation, storage, and service areas shatterproof or covered?** (this is required)
- Yes    No   **Are 12" high splash guards installed on both sides of ALL handwash sinks?**
- Yes    No   **Are 12" high splash guards installed between all sinks that are less than 18" apart?**
- Yes    No   **Are soap and paper towel dispensers installed inside the splash guard area at all hand wash sinks locations?**
- Yes    No   **Are all hand wash sink basins at least 10" long by 10" wide by 5" deep?**
- Yes    No   **Do you have a mop sink?** (this is required)
- Yes    No   **Is the mop sink located so food and equipment are not contaminated when in use?**
- Yes    No   **Does the mop sink have a vacuum breaker installed?**
- Yes    No   **Is all equipment commercial grade, NSF or UL-S?**
- Yes    No   **Will there be any cooking or food preparation outside? If so, show all locations on your floor plan.**
- Yes    No   **Will any food be cured or use curing ingredients?** (will require a variance)
- Yes    No   **Will any food additives be used to preserve or change food so it no longer needs refrigerated?** (will require a variance)
- Yes    No   **Will a display tank for molluscan shellfish (clams, oysters, lobsters) be used?** (will require a variance)
- Yes    No   **Will custom processing of animals for a customer's personal use as food and not for sale or service be offered?** (like deer or game meat) (will require a variance)
- Yes    No   **Will any food be specifically grown for sale or service in the food establishment?** (like sprouts, basil, mint) (will require a variance)
- Yes    No   **Will any food be vacuum packaged or reduced oxygen packaged?** (will require a variance)
- Yes    No   **Will any food be smoked as a method of food preservation rather than flavor?** (will require a variance)

# Food Establishment Plan Review Process



Yes     No    **Will any food be cooked or hot held overnight? If so, explain.**

---

---

---

Yes     No    **Will any food of animal origin be undercooked at the customer's request? (steak, hamburger, eggs)**

---

---

---

Yes     No    **Will any food prepared in the establishment be made with raw animal ingredients? (dressings made from raw egg or anchovies)**

---

---

---

Yes     No    **Will any food be stored or prepared at another commercially permitted location? If so, please list the name and contact information.**

---

---

---

---

Yes     No    **Are all ice bins, ice machines, dishwashers, food preparation sinks, hot wells, drips trays, espresso machines, beer taps, and dipper wells indirectly drained with an air gap? (using a bucket is not allowed)**

Yes     No    **If a soda fountain system is used, is a reduced pressure backflow assembly (RPBA) installed and tested?**

**Continue to the next page.**

# ESTABLISHMENT EQUIPMENT LIST



**FACILITY NAME:** \_\_\_\_\_

List all food service equipment, include the make and model numbers. Examples include but are not limited to, refrigerators, sinks, ovens, steam tables, blenders, ice machines, and ALL countertop appliances. If the make and model number cannot be found, please provide a picture of the item.

Ensure to show all items from the equipment list on the floor plan. All items must be commercial grade and meet ANSI standards (NSF, ETL, or UL Sanitation Listed).

Example:

Equipment	Make	Model
Ice Machine	GAPP	IM-987
Rice Cooker	Procter Silex	37560R
Reach In Refrigerator	Supera	R3R-1

**Please submit the floor plan, finish schedule, and the equipment list together.**

Equipment	Make	Model

If necessary, please ask for a second page.

Goldendale Office  
 228 West Main Street  
 MS-CH 14  
 Goldendale, WA 98620  
 509-773-4565

Klickitat County Health Department

White Salmon Office  
 501 NE Washington St/ PO Box 159  
 White Salmon, WA 98672  
 509-493-1558

# ESTABLISHMENT FINISH SCHEDULE



**FACILITY NAME:** \_\_\_\_\_

Provide the materials used for all floors, walls, coving, and ceilings.

- All bare wood surfaces (doors, trims, counters, shelves, cabinets, etc) must be painted or sealed.
- Floors must be constructed of smooth, easily cleanable, non-absorbent material.
- Coving must be installed at all wall/floor junctions and 4" in height.
- Walls must be constructed of smooth, easily cleanable, non-absorbent materials. Fiber Reinforced Plastic (FRP) or similar waterproof material is recommended on wall surfaces behind sinks and areas exposed to moisture.
- Ceilings above the kitchen, lounges, wait and service areas must be constructed of smooth, easily cleanable, non-absorbent materials. Unsealed acoustical ceiling tiles are not allowed. Vinyl covered ceiling tiles such as vinyl rock or other washable surfaces are allowed.
- All lighting over food preparation, handling, and storage areas must have cover or shatterproof bulbs.

**Please submit the floor plan, finish schedule, and the equipment list together.**

	Floors	Coving	Walls	Ceiling	Counters
<b>Kitchen</b>	Vinyl tile	6" rubber base	FRP	Painted gypsum board	laminate
<b>Wait Area</b>	Vinyl tile	4" rubber base	Painted gypsum board	Vinyl rock	laminate
<b>Lounge</b>	Sealed concrete	4" rubber base	Varnished wood	Vinyl rock	granite
<b>Dining</b>	Carpet	4" rubber base	Painted gypsum board	Painted gypsum board	n/a
<b>Bathrooms</b>	Ceramic tile	Ceramic tiles	Painted gypsum board	Painted gypsum board	n/a

	Floors	Coving	Walls	Ceiling	Counters
<b>Kitchen</b>					
<b>Wait Area</b>					
<b>Lounge</b>					
<b>Dining</b>					
<b>Bathrooms</b>					
<b>Shelving</b>					
<b>Lighting</b>					

Feel free to add more pages if needed during the plan review process.



# ESTABLISHMENT MENU & FOOD PREP



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

The menu review and the flow of food through an establishment is one of the most vital processes to prevent food borne illness. A menu or listing of all of the food and beverage items being offered to consumers must be submitted.

During this plan review process KCHD staff look at food flow through receiving, storage, preparation, and end service to the consumer. The source of food and quantity of food served is reviewed along with how you prepare and store food. It is important to note here that having the correct facilities will often control what menu items can be served.

There are three standard food processes the majority of establishments use;

## 1. FOOD PROCESSING WITH NO COOKING STEP

- a. Receive. Store. Prepare. Hold. Serve
  - i. Examples include; salads, deli meats, sandwiches, cheeses, sashimi

## 2. FOOD PREPARATION FOR SAME DAY SERVICE

- a. Receive. Store. Prepare. Cook. Hold. Serve.
  - i. Examples include; hamburgers, fried chicken, hot dogs

## 3. COMPLEX PROCESSES

- a. Receive. Store. Prepare. Cook. Cool. Reheat. Hot Hold. Serve.
  - i. Examples include; refried beans, leftovers, rice
  - ii. Some complex processes may require a variance or HACCP

Knowledge of how the food flows through the establishment from receiving to the consumer is extremely important and very useful when establishing critical control points to prevent foodborne illness. Knowing these critical control points is also crucial for active managerial control. During review special attention is given to food items and processes that involve;

- **Multiple ingredients being assembled or mixed**
- **Time and temperature control for safety (TCS) foods**
- **Foods prepared or held for several hours prior to service**
- **Foods requiring cooling and reheating**
- **Foods with multiple step processing (passing through the danger zone multiple times)**

Provide the food preparation steps for all menu items. Include how each menu item is obtained, stored, prepared, cooked, hot held before serving, or thawed. Menu items that are prepared in an identical way may be grouped together. Ready to eat items with minimal food preparation steps can be omitted.

**The next page contains a few examples of proper food preparation steps. You may also opt to use a traditional food flow chart.**

# ESTABLISHMENT MENU & FOOD PREP



## Examples:

**BBQ Pork/Beef/Chicken:** All meats are delivered frozen and stored in the walk-in refrigerator to thaw. After the meats are thawed, they are marinated in our house sauce over night in the walk-in cooler. Meats are then cooked in the smoker; pork cooked to 145F, beef cooked to 145, and chicken cooked to 165F. After cooking, the meats are shredded and mixed with our BBQ sauce and cooled in hotel pans at a 2 inch food depth in the walk-in cooler. After the meats reach 41F we cover them with plastic wrap. Meats are then reheated to 165F in the steamers then adjusted to hot hold at 135F. Leftover items are cooled in the walk-in cooler with hotel pans at a 2 inch food depth.

**Ham/Turkey/Roast Beef Sandwiches:** All deli meats are purchased pre-cooked and delivered at or below 41F. Items are transferred to the deli walk-in cooler to cold hold. Deli meats are sliced, portioned, and placed in the preparation reach-in refrigerator daily. All fruits and vegetables are rinsed each morning in the food preparation sink and stored in the reach-in deli refrigerator. Sandwiches are made to order cold, or heated on a panini grill. Employees will don gloves during the preparation of all ready to eat sandwich items.

**Bubble Tea:** Tapioca pearls are purchased dehydrated. Two cups of tapioca pearls are cooked on the stove in boiling water for 30 minutes. Once the pearls are soft, they are placed in the colander to drain and then placed at 2 inch food depth uncovered in the walk-in refrigerator to cool. The next day, cold tapioca pearls are portioned and then placed in the reach-in cooler. Flavors are mixed and tapioca pearls are added per customer order.

**Chicken Salad:** Raw chicken is purchased frozen and thawed in the walk-in refrigerator. Chicken is marinated overnight in the walk-in refrigerator. Chicken is then cooked on the grill to 165F. After the cooking process, the chicken is sliced, placed in a hotel pan, and cooled overnight in the walk-in cooler. After the chicken is cooled to 41F, it is portioned into individual servings and placed in the reach-in refrigerator until order. Chicken is then mixed with greens and salad toppings per order. All salad greens are rinsed each morning in the food preparation sink and stored in the reach-in cooler.

**Please attach your method of food preparation steps to this application.**

**Continue to the next page.**

# HEALTH REPORTING AGREEMENT



**Food Establishment:** \_\_\_\_\_

The purpose of this agreement is to inform food employees of their responsibility to notify the person in charge when they experience any of the conditions listed below.

I agree to report to the person in charge the following symptoms, including the onset date of symptoms;

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

## **Future Medical Diagnosis;**

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

## **Future Exposure to Foodborne Pathogens;**

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, E. coli O157:H7 or other EHEC/STEC infection, or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and agree to comply with;

- Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
- Work restrictions or exclusions that are imposed upon me; and
- Good hygiene practices

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Food Employee Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Food Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_