

ESTABLISHMENT PLAN REVIEW CHECKLIST



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. Plan review fees are non-refundable.

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

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

Signature: _____ Date: _____