

# 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	<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>				
	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>	

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

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