



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Plan and Menu Review for Food Establishments

Fee: _____ Fee Code: _____

This application will remain valid for one year from the date of submittal.

Establishment Name:	Name of Owner (Please print):
Establishment Location:	Mailing Address of Owner:
Name of Water Supply:	Phone Number of Owner:
Circle the months or partial months you provide or prepare food: Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.	Email Address of Owner:
Circle the days of the week you provide or prepare food: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	Signature of Owner: Your signature affirms that the information contained in this application is accurate to the best of your knowledge.

The applicable references to the Washington State Retail Food Code (WAC) 246-215 are listed.

1. Facility Review

Type of Plan Review
<input type="checkbox"/> New Establishment OR
<input type="checkbox"/> Existing Establishment with: <input type="checkbox"/> Menu Changes <input type="checkbox"/> Kitchen Remodel

Business Information			
Business is (Check one):	<input type="checkbox"/> Mobile (<i>Appendix II required</i>)	Business is (Check one):	<input type="checkbox"/> Year-round
	<input type="checkbox"/> Stationary		<input type="checkbox"/> Seasonal (operates 180 days or less annually)
Type of Business (Check all that apply):			
<input type="checkbox"/> Coffee Stand	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Bed & Breakfast (<i>Appendix III required</i>)	<input type="checkbox"/> Ice Cream
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Grocery	<input type="checkbox"/> Lounge/Bar	<input type="checkbox"/> Commissary
<input type="checkbox"/> Restaurant	<input type="checkbox"/> School	<input type="checkbox"/> Hotel Continental Breakfast	
<input type="checkbox"/> Catering w/ Restaurant (<i>Appendix I required</i>)	<input type="checkbox"/> Catering Only (<i>Appendix I required</i>)	<input type="checkbox"/> Coffee Shop w/ Food Prep	
<input type="checkbox"/> Other:			

2. Agency Approvals

Yes	No	The following section of questions will help determine if you are seeking approval from the correct agencies. If you have questions, please leave a message at (509) 886-6400.
<input type="checkbox"/>	<input type="checkbox"/>	Wholesale foods, processing wild game meat or hermetically sealed products. Contact the Washington State Department of Agriculture (WSDA) Call: (360) 902-1876.
<input type="checkbox"/>	<input type="checkbox"/>	Wholesale meat products? If so, please contact the United States Department of Agriculture (USDA).

3. Floor Plan

Check when completed:	
<input type="checkbox"/>	Attach a scaled floor plan showing the layout and arrangement of the facility and all fixed equipment. Fixed equipment, rooms, cooking, cold and hot holding facilities, storage areas (chemical/dry), restrooms, employee break areas/storage, indirect plumbing, hot water tank, etc. are labeled on the plans. WAC 246-215, WAC 2468205.

Items Required on Floor Plan:		
	Item	Description
<input type="checkbox"/>	Fixed Equipment	
<input type="checkbox"/>	Rooms Labeled	
<input type="checkbox"/>	Handwashing Sinks	
<input type="checkbox"/>	Food Prep Sinks	Food prep sinks are only required if washing produce or rinsing of meat
<input type="checkbox"/>	Dry Storage	
<input type="checkbox"/>	Refrigerators	
<input type="checkbox"/>	Restrooms	
<input type="checkbox"/>	Mop/Utility Sink	
<input type="checkbox"/>	3-Compartment Sink	
<input type="checkbox"/>	Employee Toilet Facilities Employee toilet facilities are not within the establishment but are within 200 ft. If you are not the owner of the toilet facilities, attach a written agreement with the owner of the toilet facilities stating the days of the week and hours of the day employees will have access to the toilet facilities. WAC 246-215 05235.	
<input type="checkbox"/>	Customer seating is provided. How many seats are provided inside and outside of the establishment? _____	

4. Floor, Wall, and Ceiling Finishes

List finish material for all floors, walls, ceilings, counters, and shelving surfaces (e.g. quarry tiles, stainless steel, FRP, enamel-coated wood) Use N/A if not applicable.

Finish material of floors, walls, ceilings, partitions and attached equipment in all food preparation areas, food storage areas, and restrooms must be smooth, non-absorbent, easily cleanable, durable, free of cracks and open seams. WAC 246-215 06100

*Fiber Reinforced Plastic (FRP) or similar waterproof material is recommended behind sinks and areas exposed to moisture

Example:

Area	Floor	Walls	Ceiling	Counter/Shelves
Kitchen	Vinyl tile	FRP*	Painted gypsum board	Stainless steel
Bar	Painted wood	FRP*	Painted gypsum board	Granite
Dry Storage	Sealed concrete	Painted gypsum board	Vinyl rock	Laminate
Restrooms	Ceramic Tile	Painted gypsum Board	Painted gypsum board	N/A
Customer Waiting Area	Painted wood	Painted gypsum board	Painted gypsum board	N/A
Customer Self-Service Areas (Such as salad bars and buffets)	Ceramic tile	Varnished wood	Armstrong VL tiles	Stainless steel

Area	Floor	Walls	Ceiling	Counter/Shelves
Kitchen				
Bar				
Dry Storage				
Restrooms				
Customer Waiting Area				
Customer Self-Service Areas (Such as salad bars and buffets)				

5. Equipment Schedule

All refrigeration is certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited program. **WAC 246-215 04272.**



Cold Holding/Hot Holding Equipment Attach additional pages if necessary.				
Type of Equipment	Make	Model	NSF or Equivalent	Quantity
Walk-In Cooler			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Walk-In Freezer			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prep Table Refrigerators _____ _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stand Alone Refrigerators _____ _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stand Alone Freezers _____ _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Warmer			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot/Cold Table			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. Sink/Plumbing Required Information

A. The following equipment must be installed with indirect drainage into a floor sink, hub drain, or a similar device and properly plumbed into an approved sewage disposal system. WAC 246-215 05410	
1)	3-compartment and food preparations sinks must be indirectly drained.
2)	A mechanical dishwasher is provided. It is indirectly drained.
3)	An ice machine is provided. It is indirectly drained.
4)	A dipper well is provided. It is indirectly drained.
5)	A salad bar is provided. It is indirectly drained.
B. A properly vented dual check valve device or reduced pressure backflow assembly is between copper pipe/tubing and the carbonated beverage dispensing machine. WAC 246-215 05250.	
Initial that you understand the plumbing requirements: _____	

7. Operations Review

Yes	No	Please check all items below relating to your menu. Attach the information requested.
<input type="checkbox"/>	<input type="checkbox"/>	Will any food of animal origin (i.e., meat, seafood, eggs be offered raw, undercooked or cooked to customer specifications? If yes, provide a Consumer Advisory Warning for all menu items that be served raw or undercooked. This includes ray meat, shellfish, sushi, steak tartare, etc. WAC246-215,03610,03620
<input type="checkbox"/>	<input type="checkbox"/>	Food(s) will be packaged at the establishment to be sold/distributed at another location. If so, for each food, attach a label that meets the requirements of WAC 246-215 03610
<p style="text-align: center;">Please circle any food preparation methods below that will occur at the establishment.</p> <p style="text-align: center;">These processes require a variance or HACCP plan to be submitted.</p>		
<ul style="list-style-type: none"> Packaging Juice Food Preservations (such as curing, smoking, or acidifying) i.e. sushi rice 		<ul style="list-style-type: none"> Reduced oxygen/vacuum packaging Molluscan shellfish life support tanks Custom processing of animals Sprouting seeds or beans Unique food handling such as fermentation

8. Method of Food Preparation

Please attach a copy of your proposed menu, or a list of food and beverages you intend to offer for sale.

Thinking of the menu preparation steps, please answer the questions below. Attach additional pages if necessary.

What types of meats will be purchased that are already fully cooked? Please list type and source where meat is purchased.

What types of fruits and vegetables will be washed and/or cut in your operation?

What food will be cooked at your food service establishment and then cooled to 41 degrees Fahrenheit?

What food items will require reheating before service?

How will you eliminate bare hand contact with ready-to-eat foods in the establishment?

9. Operating Procedures

Processes Requiring Written Procedures		
While most policies and procedures may be verbal, the following procedures must be written and approved if conducted by the establishments. Note: All food establishments must have a written vomit and diarrhea clean-up plan.		
Yes	N/A	
<input type="checkbox"/>		Vomit and diarrhea clean-up plan (Mandatory) WAC 246-215 02500.
<input type="checkbox"/>	<input type="checkbox"/>	Refilling reusable containers (If applicable) WAC 246-215 03348
<input type="checkbox"/>	<input type="checkbox"/>	Allowing pet dogs in outdoor areas (If applicable) (\$91 Review fee) WAC 246-215 06570
<input type="checkbox"/>	<input type="checkbox"/>	Non-continuous or unattended cooking (If applicable) WAC 246-215 03420, Definition (79)
<input type="checkbox"/>	<input type="checkbox"/>	Time as a Public Health Control (If applicable) WAC 246-215 03530

10. Active Managerial Control (AMC) & Certified Food Protection Manager (CFPM)

The person in charge (PIC) of a food establishment must demonstrate Active Managerial Control (AMC) and ensure all food workers routinely follow safe food handling practices to reduce the risk of foodborne illness. **WAC 246-215 02107, 02105, 02115.**

While every PIC must maintain AMC, most establishments are also required to have **at least one employee** with a Certified Food Protection Manager. The **CFPM does not need to be on premises** but needs to supply certification at time of inspection.

Establishments Exempt from Certified Food Protection Manager Requirements

Establishments considered low risk and exempt from CFPM requirements include the following operations:

- **Serve or sell only pre-packaged foods**, including cold holding Time/Temperature Control for safety (TCS) foods, such as gallons of milk
- **Prepare non-TCS foods**, such as making cinnamon rolls, candy, doughnuts, pretzels, or blending syrup drinks
- **Heat only commercially-processed, ready-to-eat-foods**, including lattes and hot holding TCS foods such as hot dogs
- **Serve food on an infrequent, temporary basis at short-term events**, such as fairs and festivals

For a current list of ANSI certified food protection manager certifications, please visit the following website: <https://anabpd.ansi.org/Accreditation/credentialing/personnel-certification/food-protection-manager/>

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Then click by the green star to “View a list of accredited organizations that issue food protection manager certifications.”

These providers were current as of January 2023.

Organization Name	Web Address
National Restaurant Association, ServSafe	http://www.servsafe.com
1 AAA Food Handler	https://aaafoodhandler.com/food-manager.certification
Learn2Serve	https://www.360training.com/food-beverage-programs
AboveTraining/StateFoodSafety.com	https://www.statefoodsafety.com
National Registry of Food Safety Professionals	http://www.nrfsp.com
The Always Food Safe Company, LLC	https://alwaysfoodsafety.com
Responsible Training / Safeway Certifications, LLC	http://www.responsibletraining.com

Have you attached all required items?

Permanent Food Plan Review Applications Document Checklist		
	Item	Description
<input type="checkbox"/>	Floor Plan	Provide complete floor plan including any outdoor cooking or seating area(s) if applicable. Show location of all equipment (sinks, refrigeration, restrooms, storage, etc.
<input type="checkbox"/>	Menu and Food Preparation Steps	Provide a detailed menu of all the food and drinks you will be serving. Provide preparation steps for all menu items. If using a commissary, explain what food preparation activities will be occurring at commissary and activities will be done at food service location.
<input type="checkbox"/>	HACCP/ Variance	If required. Please attach.
<input type="checkbox"/>	Written agreement with the owner of the toilet facilities	If required. Please attach.