



Whitman County Environmental Health Department  
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## **FOOD SERVICE 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 Whitman County Public Health to review. A copy of the Washington State Retail Food Code, Chapter 246-215 WAC can be found here: <https://www.doh.wa.gov/portals/1/documents/pubs/332-033.pdf>. Plan review packets must be submitted prior to construction or significant structural changes to a facility for review. Applications must be submitted **at least 30 calendar days** before the date planned for opening a food establishment.

### **Each section includes required items to submit a full plan review packet:**

1. Overview of Plan Review Submittal
2. Food Service Application
3. Floor Plan Worksheet
4. Menu and Food Handling Procedures
5. Equipment List
6. Finish Schedule, Lighting and Drainage
7. Garbage Disposal
8. Commissary (if applicable)

### **1. OVERVIEW OF PLAN REVIEW SUBMITTAL**

<b>Type of Plan Review:</b>	<input type="checkbox"/> New Establishment <b>OR</b> <input type="checkbox"/> Existing establishment with (select all that apply) <input type="checkbox"/> Menu Changes <input type="checkbox"/> Equipment Changes <input type="checkbox"/> Remodeling
Are there any <b>specialized processes</b> (vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying, growing sprouts, molluscan shellfish tank) included as part of your food preparation and service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is the estimate opening date?</b>	
<b>Who will be the manager/person in charge for this plan review?</b>	Name: _____ Phone: _____ Email: _____

## 2. FOOD SERVICE ESTABLISHMENT APPLICATION

Ownership and Establishment Information				
Business Name: _____				
Business Address: _____				
	Street	City	State	Zip Code
Billing Address (if different): _____				
	Street	City	State	Zip Code
Business Phone: _____		Email Address: _____		
Owner(s) Name: _____		Date of Birth: _____	Owner Phone: _____	
Owner(s) Address: _____				
	Street	City	State	Zip Code
Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____				

Business Information				
<b>Business is (Check one):</b> <input type="checkbox"/> Mobile <input type="checkbox"/> Stationary		<b>Business is (Check one):</b> <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		
<b>Type of Business (check all that apply):</b>				
<input type="checkbox"/> Coffee Stand	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Ice Cream Shop	
<input type="checkbox"/> Fast Food	<input type="checkbox"/> Simple Menu	<input type="checkbox"/> Hotel Continental Breakfast	<input type="checkbox"/> Coffee Shop w/Food Prep	
<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> School/Greek Kitchen	<input type="checkbox"/> Small Grocery	<input type="checkbox"/> Large Grocery	
<input type="checkbox"/> Catering w/Restaurant	<input type="checkbox"/> Catering Only	<input type="checkbox"/> Mobile Unit- Simple Menu	<input type="checkbox"/> Mobile Unit- Complex Menu	

Food Specifics of Establishment	
<b>The operation includes (check one):</b>	
<input type="checkbox"/> <b>Simple Preparation:</b> prepares, offers for sale, or serves potentially hazardous food (i.e. food that requires time/temperature control)	
<b>If yes, then (check all that apply):</b>	
<input type="checkbox"/> Only to order upon consumer's request	
<input type="checkbox"/> In advance quantities based on projected consumer demand and discards food that is not sold or served	
<input type="checkbox"/> Using time as a public health control under WAC 246-215-03530	
<input type="checkbox"/> <b>Complex Preparation:</b> prepares potentially hazardous food in advance using a food preparation method that involves two or more steps including; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.	
<b>If yes, then (check all that apply)</b>	
<input type="checkbox"/> Prepares food as specified above for delivery or catering	
<input type="checkbox"/> Prepares food as specified for immediate consumption	
<input type="checkbox"/> Prepares food as specified above for service to a highly susceptible population	
<input type="checkbox"/> Prepares only food that is not potentially hazardous or does not require time/temperature control (attach menu)	
<input type="checkbox"/> Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous food.	

**Other Business Contacts:****Person directly responsible for the food establishment:**

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

Title: \_\_\_\_\_

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

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

**Person who functions as the immediate supervisor of the person above (such as zone, district, or regional supervisor):** Check if same as above

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

Title: \_\_\_\_\_

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

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

**Any other person comprising the legal ownership not addressed above:** Check if same as above     Check if not applicable

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

Title: \_\_\_\_\_

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

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

**Local resident representative, if one is required, based on the type of legal ownership:** Check if same as above     Check if not applicable

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

Title: \_\_\_\_\_

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

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

I, \_\_\_\_\_, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Whitman County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280 and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service.

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

**Regarding Food Service Permits in Whitman County:**

- Permits must be renewed annually to continue operating.
- Renewals are sent out at the beginning of the calendar year, and permits expire January 31 of each year.
- Establishments are classified based on operation type and risk category of menu and process. Permit fees are set by the Whitman County Board of Health and are subject to change each year.
- The initial plan review and pre-opening inspection is accompanied by a plan review fee.
- Permits are not transferrable. If your operation relocates, or changes business name/owner, the new operation is subject to fees for plan review and reinstatement of permit
- Food service establishments are inspected once every 6-18 months depending on risk category. These are known as Routine Inspections. Please note the Food Enforcement Procedure found here: [https://www.whitmancountypublichealth.org/uploads/9/4/9/8/94983524/food\\_enforcement\\_procedure.pdf](https://www.whitmancountypublichealth.org/uploads/9/4/9/8/94983524/food_enforcement_procedure.pdf)
- Failed inspections are put into a compliance schedule. Repeat failed inspections may cause forced closure on the restaurant until back into compliance.
- Any significant changes in menu, ownership, equipment or facility must be reviewed and approved by Whitman County Public Health.

### 3. FLOOR PLAN WORKSHEET

Sketch the top view (overhead) of your kitchen in the box below (or attach plans of facility). Identify and label features including: hand wash facilities, cooking equipment, hot and cold holding equipment, refrigeration, worktables and preparation areas, storage areas, sanitizing solution bucket locations and serving areas. Fill out the check list below, accurately assessing what kitchen features are present in your facility.

Yes	No	Whitman County Certified Kitchen Requirements (minimums)
		Plumbed Sink (2 compartments or more)
		Dedicated handwash sink (hot and cold running water, soap, paper towels or air drier)
		Sanitizer available on site at all times (bleach)
		Dish and utensil cleaning capabilities and supplies (dishwashers, 3-compartment sink, etc)
		Refrigerators that maintain $\leq 41^{\circ}\text{F}$ , and a thermometer in each refrigerator
		Ovens with ventilation (hood)
		Dry storage areas that are free from contamination (pests, excessive moisture, etc)
		Easily cleanable surfaces in food preparation areas (no cracks, no carpet, sealed floors)
		Regular garbage pick-up
		Covered lighting
		Ability to securely lock food product in location (not accessible to the public)
		All equipment is NSF/ANSI certified or equivalent

#### 4. MENU AND FOOD HANDLING PROCEDURES

Attach a detailed copy of your menu including all food and drinks you will be serving. Provide food preparation steps for all menus using the table below. If using a commissary, explain what food preparation activities will be occurring at the commissary and what activities will be done at the food service locations

- All foods must come from an approved source
- No home prepared foods are allowed
- Significant changes to menu or preparation process must be submitted and approved.

Procedure	Procedure Used	List all food items that will use this procedure
<b>Cold Holding</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hot Holding</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Washing, cutting, portioning, preparing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cooling</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reheating</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Thawing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cooking from raw</b> (including meats and produce)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Special processes</b> (vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying, growing sprouts, molluscan shellfish tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 5. EQUIPMENT LIST

Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade (NSF or equivalent)

Cooking Equipment				
Type of Equipment	Make	Model	NSF or Equivalent	Quantity
Stoves/Griddles			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ovens			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broilers			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fryers			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Woks			<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	
Cold Holding/Hot Holding Equipment				
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	
Reach-in cooler			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prep Cooler			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot holding cabinet			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot/Cold Table			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food warmer			<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	
Other Equipment (countertop, cooking, holding, cooling)				
Type of Equipment	Make	Model	NSF or Equivalent	Quantity
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 6. FINISH SCHEDULE, LIGHTING AND DRAINAGE

Provide the materials used for all floors, walls, ceilings, countertops and shelves. Provide a 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 shatter proof. Finish surfaces must be smooth, easily cleanable, and non-absorbent in all food preparation, food storage, ware-washing areas, and bathrooms. Grout and concrete must be smooth and sealed to make water resistant and cleanable

Room Finish Schedule					
Room Name	Floors		Walls	Ceiling	
	Finish Material	Type of Base	Finish Material	Material	Finish
<i>Example row: Kitchen</i>	<i>Quarry Tile</i>	<i>Quarry Tile</i>	<i>FRP</i>	<i>Vinyl Acoustical Tile</i>	<i>Smooth</i>
<b>Kitchen</b>					
<b>Dining Room</b>					
<b>Storage</b>					
<b>Prep Area</b>					
<b>Ware-washing Areas</b>					
<b>Bathrooms</b>					
<b>Other:</b>					
Lighting Schedule					
	Type(s) of Lighting		Shielded, Covered or Shatter Proof		
<i>Example row: Kitchen</i>	<i>Bulb – shatterproof lamps</i>		√ Yes <input type="checkbox"/> No		
<b>Kitchen</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Prep Area</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Storage</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Ware-washing Areas</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drainage Fixtures					
Type of Equipment	Quantity	Sealed/Cleanable		Room/Location	
3-compartment sinks		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2-compartment sinks		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mop Sinks		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other floor drains		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Handwash sinks		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Garbage disposals		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dishwashers		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## **7. GARBAGE DISPOSAL**

Provide the dumpster size and location, including its distance from the building. Provide the disposal company name and frequency of pick-up. 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>Dumpster Size</b>		<b>Dumpster Location</b>	
<b>Dumpster Distance from Building</b>		<b>Disposal Company Name</b>	
<b>Frequency of Pickup</b>		<b>Enclosure material</b> (i.e. fenced, locked, not enclosed, etc.)	
<b>Floor Surface</b> (i.e. concrete, asphalt, etc.)		<b>Description of drain</b> (i.e. sloped to drain, drained to sewer, etc.)	

## **8. COMMISSARY KITCHEN (if applicable)**

If you are not using your own commissary (you are preparing food off-site from the service area), a written and signed Commissary Agreement must be provided (request official commissary agreement form from Whitman County Public Health). If the commissary is not currently approved, the kitchen must go through the Commissary Kitchen Approval process by contacting Whitman County Public Health for a pre-opening inspection and permit. Commissaries in other counties or states may be utilized so long as proof of permit and approval from the Local Health Jurisdiction is provided, and the Commissary Agreement is provided. **All mobile units and catering operations must have an approved commissary.** If you are not using or required to have a commissary – disregard this section.