



PLAN AND MENU REVIEW FOR FOOD ESTABLISHMENTS

Chelan-Douglas Health District, 200 Valley Mall Parkway, East Wenatchee, WA 98802, 509-886-6400

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

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</i>)	Business is (Check One):	<input type="checkbox"/> Year-round
	<input type="checkbox"/> Stationary		<input type="checkbox"/> Seasonal (<i>operates 180 days or less per year</i>)
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</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</i>)	<input type="checkbox"/> Catering Only (<i>Appendix I</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 any 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

Yes ✓	
<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

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 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	<i>Vinyl tile</i>	<i>FRP*</i>	<i>Painted gypsum board</i>	<i>Stainless Steel</i>
Bar	<i>Painted wood</i>	<i>FRP*</i>	<i>Painted gypsum board</i>	<i>granite</i>
Dry storage	<i>Sealed concrete</i>	<i>Painted gypsum board</i>	<i>Vinyl rock</i>	<i>laminare</i>
Restrooms	<i>Ceramic tile</i>	<i>Painted gypsum board</i>	<i>Painted gypsum board</i>	<i>n/a</i>
Customer waiting area	<i>Painted wood</i>	<i>Painted gypsum board</i>	<i>Painted gypsum board</i>	<i>n/a</i>
Customer self-service areas (such as salad bars and buffets)	<i>Ceramic tile</i>	<i>Varnished wood</i>	<i>Armstrong VL tiles</i>	<i>Stainless Steel</i>

Area	Floor	Walls	Ceiling	Counter/Shelves
Kitchen				
Bar				
Dry storage				
Restrooms				
Customer waiting area				
Customer self-service areas (such as salad bars and buffets)				
Other: _____				

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 as 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	
Hot holding cabinet			<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 will be served raw or undercooked. This includes raw meat, shellfish, sushi, steak tartare, etc. WAC 246-215 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>Please circle any food preparation methods below that will occur at the establishment.</p> <p>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 ● 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 foods 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°F?

What food items will require reheating before service?

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

9. Operations 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)
<input type="checkbox"/>	<input type="checkbox"/>	Allowing pet dogs in outdoor areas (if applicable) (\$91 Review Fee)
<input type="checkbox"/>	<input type="checkbox"/>	Non-continuous or unattended cooking (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Time as a Public Health Control (if applicable)

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.
<ul style="list-style-type: none"> ● Serve or sell only pre-packaged foods, including cold holding Time/Temperature Control for Safety (TCS) foods, such as gallons of milk
<ul style="list-style-type: none"> ● Prepare non-TCS foods, such as making cinnamon rolls, candy, doughnuts, pretzels, or blending syrup drinks
<ul style="list-style-type: none"> ● Heat only commercially-processed, ready-to-eat foods, including lattes and hot holding TCS foods such as hot dogs
<ul style="list-style-type: none"> ● 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/>

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
	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.
	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.
	HACCP/ Variance	If required. Please attach.
	Written agreement with the owner of the toilet facilities	If required. Please attach.



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APPENDIX I
(Catering)

Establishment Name:	Name of Owner (please print):
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1. Catering

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<p>A. Food is transported or catered to other locations. (A caterer is a person or food service establishment preparing food that has been pre-ordered for a specific number of people. Catering does NOT include advertised or public events.) WAC 246-215 01115</p> <p>What is the maximum number of full meals you expect to transport at any one time? _____</p>
<input type="checkbox"/>	<p>B. All food is prepared and stored in an approved facility. (A home or other location used for living or sleeping quarters is NOT an approved facility.</p> <p>APPROVED FOOD ESTABLISHMENT where FOOD is stored, prepared, portioned, or PACKAGED for service elsewhere. WAC 246-215 06290</p>
<input type="checkbox"/>	<p>C. Location of the commissary/permitted facility for food preparation and food storage:</p> <p>_____</p> <p>_____</p> <p>What facilities are used and for what purpose? i.e. food preparations and food storage etc.:</p> <p>_____</p> <p>_____</p> <p>Dates and hours used: _____</p> <p>_____</p>
<input type="checkbox"/>	<p>D. Will you provide dishes, utensils or glassware at catered event? If yes, how will they be cleaned? WAC 246-215 04145</p> <p>_____</p> <p>_____</p>

<input type="checkbox"/>	Handwash sinks are required at all serving locations including beverage service areas. <u>Restroom handwash sinks do not meet this requirement.</u> Provide details of all temporary handwash stations you will use at remote sites. At least one temporary handwash station must be provided. WAC 246-215, 05205, 05530, 06305, 06310. 02305 _____ _____
<input type="checkbox"/>	Will your handwashing sink be stocked with soap, paper towels and warm water (100-120°F) WAC 246-215 05210?

(1) What is the geographical area you expect to serve? Include time and distance you anticipate for delivery.

(2) List dates, hours and sites to be served on a regular basis. Updated information may be requested.

(3) Provide details of how food will be kept hot and kept cold before, during services and transport at the event. WAC 246-215 09125.

(4) List examples of foods that will be cooked and/or received as final preparation at a catered event site.

Transport Vehicle(s)

Include description, make and model number and license plate of vehicle to be used for transport. Surfaces inside vehicle must be easily cleanable. WAC 246-215 04272			
Number of Vehicles used for transport	#	Surfaces inside vehicles are cleanable	<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Make, Model and License Plate for each vehicle		
	Make:		
	Model:		
	License Plate:		
	Make:		
	Model:		
	License Plate:		
	Make:		
	Model:		

	License Plate:
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Equipment Used in Transport		
	Brand	Insulated:
Hot/Cold Packs		<input type="checkbox"/>
Food Pan Carriers		<input type="checkbox"/>
Food Storage Carriers		<input type="checkbox"/>
Other		<input type="checkbox"/>
Other		<input type="checkbox"/>

Optional to attach pictures

2. Commissary: means an APPROVED FOOD ESTABLISHMENT where FOOD is stored, prepared, portioned, or PACKAGED for service elsewhere. WAC 246-215-01115(20)

Types of Commissary and Application Requirements

Commissary Type		Requirements to Proceed
<input type="checkbox"/>	A commissary kitchen that is owned, leased or rented by the applicant and will not be shared with any other operator.	Nothing further required
<input type="checkbox"/>	A commissary kitchen that is not owned, leased or rented by the applicant and/or is shared with other operators.	Commissary Agreement*
Initial that I understand I can only sell food that has been prepared or stored at an approved facility, or commissary : _____		

* The commissary agreement must state what facilities are provided. Facilities include: restrooms, food prep facility, dry and chemical storage, dishwashing, and/or back-up refrigeration.



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APPENIX II (Mobile Unit)

Establishment Name: Name of Owner (please print):

1. Mobile Units

A. License Plate number of the mobile unit:
B. Vehicle identification number (VIN), make, model and year of the mobile unit:
C. *L&I Permit Number:
*L&I approval is required for most mobile units. Please contact L&I for more information.
https://www.lni.wa.gov/ or https://lni.wa.gov/licensing-permits/manufactured-modular-mobile-structures/food-trucks-trailers/
Number of seats provided for customers outside the mobile unit
D. A servicing area is available and will be used to service, clean, sanitize, supply and maintain the mobile unit. Location of serving area:
What facilities are used and for what purpose:
Dates and hours used:
If you are not the owner of the servicing area, attach a written agreement/lease with the owner of the facility stating the days of the week and hours of the day food workers will have access to the facility. WAC 246-215 09115
E. Toilet facilities for food workers are available and readily accessible within 500 ft. of the unit during operation, if at any one location for more than one hour. Location of toilet facilities:
If you are not the owner of the toilet facilities, attach a written agreement/lease with the owner of the toilet facilities stating the days of the week and hours of the day food workers (and customers, if seating is provided) will have access to the restrooms. WAC 246-215 09150

F. All food is prepared and stored in an approved facility. (A home or other location used for living or sleeping quarters is NOT an approved facility.) WAC 246-215 06290 Location of preparation and storage of food: _____

G. Food is served from the mobile unit. Dates, hours and sites of service: (Routes: Include all stops.) OR Provide the social media account information that you will use to advertise your operating days / hours.

H. Time/Temperature Control for Safety (TCS) foods are to be prepared on the mobile unit daily. TCS foods prepared on the mobile unit, but not purchased by the end of the day are discarded. WAC 246-215 09120 **If not, explain:**

I. Hot holding equipment is preheated and cold holding equipment is pre-chilled before loading TCS foods onto the mobile unit WAC 246-215 09125.

J. All cold TCS foods are pre-chilled to 41° Fahrenheit or less prior to cold holding on the mobile unit. WAC 246-215 09125

K. TCS foods or ingredient(s) are cooled to 41° Fahrenheit or less after cooking or hot holding. (This includes cooling warm food, saving leftover food that was warm, heating/cooking and cooling food ahead of time of serving, etc.)

L. The water supply tank on the mobile unit has a minimum capacity of five gallons for handwashing. The wastewater holding tank on the mobile unit is at least 15% larger than the clean water holding tank. Sizes of clean water tank: _____
 Size of wastewater tank: _____
 Name of water system and address where tank is filled:

The name of the facility and address where the wastewater tank will be emptied: WAC 246-215 09135

M. A food grade hose is used for filling the water tank and is properly stored to prevent contamination to the inside of the hose. WAC 246-215 09135

N. Only single service (disposable) dishes/silverware are provided to the consumer. WAC 246-215 09120

O. Dishwashing facilities are needed for items other than single service tableware. WAC 246-215 09115

P. The meat served has been inspected by USDA and has a USDA label. **If not, explain:**

I understand the requirements of mobile units. Initial: _____

2. Commissary: means an APPROVED FOOD ESTABLISHMENT where FOOD is stored, prepared, portioned, or PACKAGED for service elsewhere. WAC 246-215-01115(20)

The person in charge of a mobile food unit shall operate the mobile food unit from an approved commissary or servicing area. WAC 246-215 09100

Types of Commissary and Application Requirements

Commissary Type		Requirements to Proceed
<input type="checkbox"/>	A commissary kitchen that is owned, leased or rented by the applicant and will not be shared with any other operator.	Nothing further required
<input type="checkbox"/>	A commissary kitchen that is not owned, leased or rented by the applicant and/or is shared with other operators.	Commissary Agreement*
Initial that I understand I can only sell food that has been prepared or stored at an approved facility, or commissary : _____		

* The commissary agreement must state what facilities are provided. Facilities include: restrooms, food prep facility, dry and chemical storage, dishwashing, and/or back-up refrigeration.

If you climb on or into your mobile unit, it must be certified by the Washington State Department of Labor & Industry.

Mobile Units Only:

*I understand that the mobile unit is to operate **only** at those locations and times as approved by the Chelan-Douglas Health District. Violation of the itinerary or food code regulations may initiate enforcement action leading to suspension or revocation of the permit. Changes in menu, location, itinerary, hours of operation, commissary, serving area etc. must be submitted to the Chelan-Douglas Health District for approval.*

Mobile Signature:

Signature of Applicant

Date



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APPENIX III (Bed & Breakfast)

Establishment Name:	Name of Owner (please print):
----------------------------	-------------------------------

✓	
	If the number of available guest bedrooms does not exceed two, breakfast is the only meal offered, and the CONSUMER is informed in published advertisements, mailed brochures, and placards posted at the registration area that the FOOD is prepared in a kitchen that is not regulated or inspected by the REGULATORY AUTHORITY. WAC 246-215 01115 (80)
<input type="checkbox"/>	Will food be prepared in a residential kitchen? This is allowed only where the number of guest bedrooms does not exceed eight (8)*, and questions 1 through 5 below are answered "✓". Otherwise, a separate, commercial-grade kitchen is required. WAC 246-215 09300
<input type="checkbox"/>	The number of guest bedrooms: _____
<input type="checkbox"/>	1. Time/Temperature control for safety (TCS) foods are prepared for immediate service only?
<input type="checkbox"/>	2. Breakfast is the only meal prepared, except for non-TCS foods for baked foods?
<input type="checkbox"/>	3. Food service is limited to overnight guests?
<input type="checkbox"/>	4. TCS foods are not cooled for reheating?
<input type="checkbox"/>	5. Anyone handling or serving has food workers card?
<input type="checkbox"/>	If water is on Group B, do you test annually for coliform?
	I understand that this application only allows for breakfast meal service to guests. If I intend to serve a lunch or dinner meal, I must apply for a variance to the regulations from Chelan-Douglas Health District. Initial: _____