



Clallam County Environmental Health Services
Mailing Address: 111 East 3rd Street, Port Angeles, WA 98362
Physical Address: 223 East 4th Street, Room 130
Phone: (360) 417-2328 | Fax: (360) 452-9795
Email: EnviroHealth@clallamcountywa.gov



PLAN REVIEW APPLICATION PROCESS:

- Carefully read the Plan Review Guideline Document before you begin.
- The Washington State Retail Food Code, WAC 246-215 is a required resource for all Food Establishments. It is available online or you may request a copy from the Environmental Health office.
- If the proposed facility is not currently permitted as a food establishment, research zoning restrictions, public potable water source and waste water treatment system before you begin.
- Plan review fees are charged according to the proposed menu.
- The Person in Charge of Food Safety must complete the Compliance Review list and describe the Food Preparation Procedures. In order to demonstrate the knowledge required for approval, you need to reference the exact sections in the Washington State Retail Food Code.
- Carefully review the application and make copies for your records.
- Submit Plan Review fee and complete Application to Environmental Health Division office in Clallam County Courthouse, 223 E. 4th Street in Port Angeles, WA.
- Complete applications will be reviewed by an Environmental Health Specialist.
- Incomplete applications will be returned.
- If approved you will receive a Plan Review Approval letter.
- Pre-opening inspections are scheduled at least 5 days prior to the proposed open date.
- If pre-opening inspection is satisfactory, you may return to Clallam County Courthouse to purchase your pro-rated operating permit.
- The permit year is October 1 to September 30 annually.
- It is your responsibility to verify billing and contact information if there are any changes.
- Provide all sections of application at least **30 DAYS BEFORE your proposed opening date.**

Plan Reviews are processed in the order in which they are received. Plan for a 30 day turn around beginning at time all documents are received.

Applicant Name (Print)

Applicant Name (Signature)

Date

EH initials / Date

DOCUMENTATION CHECK LIST

Incomplete applications will be returned.

This application is designed for use in conjunction with the Plan Review Guidance Document. You do not need to print out and turn in the Plan Review Guidance Document. The following documents must be submitted along with this application:

- Proof of Public Water Source and On-site Septic Food Establishment status approval unless on municipal water or municipal sewage treatment system.
- Plans must be clearly drawn to scale (minimum 8 x 11 inches in size) and include. See page 7 of the Plan Review Document.
 - Food preparation, serving and seating areas, restrooms, office, storage, ware washing, janitorial and trash area.
 - Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable).
 - Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list.
 - Identify hand-washing, ware washing, food preparation and utility (mop) sinks.
 - Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
 - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.
- Proposed menu or complete list of food and beverages to be offered including final menu with Consumer Advisory if serving undercooked foods.
- If proposed menu includes Special Processed Foods including smoking, curing, additives (e.g. vinegar in sushi rice) and reduced oxygen packaging, a Hazard Analysis Critical Control Point plan is required according to WAC 246-215.
- Provide a copy of your Written Illness Policy identifying conditions of exclusion and restriction for food workers. See page 36 in the Plan Review Document. Post this policy at your establishment.
- Approval from local building and fire officials (e.g. Department of Community Development, City building department).
- Signed and Completed Application including all pages of this document.

Plan Review Application for Food Establishments in Clallam County

Applicant Name (Print)

Applicant Name (Signature)

Date

EH initials / Date

TYPE OF APPLICATION: <input type="checkbox"/> New Establishment <input type="checkbox"/> Remodel <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Menu or Equipment	PROPOSED OPENING DATE: RECEIVED BY: <input type="checkbox"/> Confirmed Complete and Date Entered: <input type="checkbox"/> Incomplete Application Returned Date:
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FOOD ESTABLISHMENT INFORMATION

Name of Establishment:	# of Seats or Check stands:
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Type of establishment:
 Restaurant Espresso Grocery (with Deli) Grocery (pre-packaged only) Catering
 Concession Bed & Breakfast Tasting Room Commercial Kitchen School

Establishment Physical Address:	City:	State:	ZIP:
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Establishment Email:	Establishment Phone:
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Water Source: <input type="checkbox"/> Municipal / Group A <input type="checkbox"/> Well / Group B <small>*Application must include documentation of approved water system</small>	*Sewage Disposal: <input type="checkbox"/> Municipal <input type="checkbox"/> On-Site Septic System* <small>*Application must include documentation of approved On-site Septic System</small>
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BILLING / OWNERSHIP INFORMATION

Name of Owner:

Mailing Address:	City:	State:	ZIP:
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Billing / Owner Email:	Phone Number:
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MANAGER OR ON-SITE ESTABLISHMENT CONTACT INFORMATION

Name:	Title:
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Establishment Mailing Address:	City:	State:	ZIP:
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Email:	Phone Number:
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By signing this document I certify that the information provided is true and

Applicant Name (Print)

Applicant Name (Signature)

Date

EH initials / Date

accurate to the best of my knowledge. I understand that:

1. Any changes to the menu, equipment, floor plan or services after submittal may result in postponement of my application review.
2. Changes must be reviewed and approved by Clallam County Environmental Health; additional paperwork and fees may be required.
3. The submitted proposed menu, equipment, floor plan and services meet the requirements of Chapter 246-215 Washington Administrative Code.
4. It is my responsibility to immediately notify Clallam County Environmental Health of any illness complaint received from a customer

Person in Charge (Print)

Person in Charge (Signature)

Date

Fee Type: _____ Amount Collected: \$ _____ Check # _____ Receipt #: _____

- \$882.00 Complex Menu** Any food service establishment which serves and/or prepares Time/Temperature Control for Safety (TCS) Foods at least 6 hours in advance of serving or serves (TCS) which require 2 or more of the following preparation steps: a) cook (TCS); b) cool (TCS); c) reheat (TCS); d) hot hold (TCS) for 2 or more hours.
- \$882.00 Non-complex Menu** Any food service establishment which serves and/or prepares Time/Temperature Control for Safety (TCS) Foods but does not meet the definition of a Complex Menu operation. Establishments are limited to food that can be served immediately after preparation, i.e. espresso, bakery, deli, etc.
- \$214.00 Change of Ownership** with **no other** changes to the physical facilities or the menu. This fee is 50% of your plan review fee for Complex or Non-complex menus, respectively.
- \$214.00 Change in Food Service** for changes in menu, increased seating or remodeling of food establishment. All significant changes in service must be approved by an Environmental Health Specialist.
- \$107.00 per hour Technical Assistance Fee** Additional inspections and services beyond those covered by The Plan Review fee or those that require services as a result of non-compliance of County and State food safety codes. For example, if an Environmental Health Specialist must make recurring visits to a food establishment whose employees do not have current food handler cards, that establishment will be billed for **each** resulting follow-up inspection.

Applicant Name (Print)

Applicant Name (Signature)

Date

EH initials / Date

COMPLIANCE REVIEW LIST

FOOD PREPARATION PROCEDURES

FOOD HANDLING

1. Who is responsible for Compliance with the Retail Food Code, WAC 246-215 and where is that information found in WAC 246-215? There must be one Person in Charge during all hours of operation.

2. What are the specific duties of the Person In Charge identified in WAC 246-215?

3. What section of WAC 246-215 identifies employee restriction or exclusion based on symptoms of illness? Attach the Illness Policy you will use and post it at the establishment..

4. What is the only thing you are required to do when a customer notifies you that they may have become ill at your Food Establishment?

5. What conditions are considered an Imminent Health Threat and require closure?

6. What system will you create to monitor employee food worker card status?

Applicant initial Date EH initial

7. What section of WAC 246-215 describes hand washing?

8. What section of WAC 246-215 describes the proper use of single-use gloves?

9. Describe when and how to monitor equipment temperatures.

10. If undercooked animal products will be served, what section of WAC 246-215 applies to advising the consumer?

11. WAC 246-215 03535 identifies smoking, curing, the use of food additives (such as vinegar for sushi rice) and reduced oxygen packaging as Special Food Processes which require a Hazard Analysis Critical Control Point (HACCP) Plan submitted for review. Identify any menu items and include HACCP plan with application.

FOOD DELIVERY

12. How often will frozen foods be delivered? Daily Weekly Other:

13. How often will refrigerated foods be delivered? Daily Weekly Other:

14. What are your food sources?

15. Where are receipts kept for all deliveries and food stored on-site?

16. What receiving temperatures will you accept and how will you monitor them? Who will monitor them?

Applicant initial Date EH initial

INSTRUCTIONS: Describe the following with as much detail as possible. Please write legibly and use additional pages if necessary. Attach your complete menu and use the chart below or design a flow diagram for each item. Describe receipt, storage, preparation, assembly and holding or serving of items you would like to serve. Be specific about processes you would like to use.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (EH to circle and Initial)
Washing WAC 246-215 03318			YES/NO
Thawing WAC 246-215 03510			YES/NO
Cooking WAC 246-215 03400, 03405, 03410, 03415, 03420			YES/NO
Hot Holding Hot food maintained at 135°F 03525			YES/NO
Cold Holding Cold food maintained at 41°F 03525			YES/NO
Preventing Cross Contamination during food storage or display Separation by species 03306			YES/NO
Assembly or preparation of foods that will not be cooked.			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			YES/NO

Applicant initial Date EH initial

Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO
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FINISH SCHEDULE

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (FRP), 4” plastic coved molding, etc.).

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING	MEETS CRITERIA (RA to circle and Initial)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service/Mop Sink *REQUIRED					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify cleaning frequency of physical facility including food and not food contact equipment, floors, walls and ceilings.					

 Applicant initial Date EH initial

PHYSICAL FACILITIES

INSTRUCTIONS: Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA
Handwashing facilities	<ul style="list-style-type: none"> • Identify number of the handwashing sinks in food preparation and warewashing areas: _____ Food Preparation _____ Warewashing Area _____ Service Area/Wait Station • Minimum temperature of hand washing water: _____ • Are hand sinks centrally located, easily accessible to high use areas, within line of site from food preparation or service areas, not obstructed by doors or equipment? 	YES/NO
Temperature Monitoring Devices	<ul style="list-style-type: none"> • Do all refrigeration units have a thermometer? _____ • How many Thermometers are available to monitor food? _____ • What type of thermometers will you use? _____ • Where will you store thermometers? 	YES/NO
Sewage Disposal *Onsite Septic Approval must be attached or application will be returned.	<ul style="list-style-type: none"> • Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> <ul style="list-style-type: none"> ○ If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> ○ Will grease traps/interceptors be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Identify location on plan. 	YES/NO
Water Supply If using a well, approval of water system with current tests must be attached or application will be returned	<ul style="list-style-type: none"> • Is the water supply public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> <ul style="list-style-type: none"> ○ If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> ○ Attach copy of written approval and/or permit. 	YES/NO

Applicant initial Date EH initial

Ware-washing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> • Is a hand sink available at ware washing area? <input type="checkbox"/> Yes <input type="checkbox"/> No • Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ • Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ • Describe size, location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> • Identify the make and model of the mechanical dishwasher: _____ • What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water • Are temperature or chemical test strips available? Yes <input type="checkbox"/> No <input type="checkbox"/> • Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Backflow Prevention	<ul style="list-style-type: none"> • Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> • Are all floor drains identified on the submit floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> • Identify locations and number of toilet facilities: _____ • Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> • Identify the location and storage of poisonous or toxic materials • Where will cleaning and sanitizing solutions be stored at workstations? _____ • How will these items be separated from food and food-contact surfaces? _____ 	YES/NO

Applicant initial Date EH initial

Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	<p style="text-align: center;">YES/NO</p>
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compacter be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Will surplus food be donated to food recovery programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ 	<p style="text-align: center;">YES/NO</p>