



<i>Office Use</i>					
Case #	Date	Initial			
Amt	Check #	Code	Receipt #		
<input type="checkbox"/> Status Updated					

NEW FOOD & BEVERAGE ESTABLISHMENT – PLAN REVIEW PACKET

New food establishments and remodeling food establishments must submit this packet and accompanying documents to the Yakima Health District (YHD). Please submit at least **30 days** prior to opening, building, etc. to ensure plans are adequate, or to allow for modifications that may be required.

When ready for opening, call the YHD help desk to schedule a pre-opening inspection for at least 7 days prior to opening date. Please allow YHD 7-10 business days for the pre-opening inspection to be scheduled.

Operating without approval from the Yakima Health District may result in revocation of permit.

PLAN TYPE: New Facility Remodel – Equipment/Floor Plan Only

Applicant Information:**Owner Information (if different):**

Applicant Name:	Owner Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

ESTABLISHMENT INFORMATION:

Establishment Name:	Previous Name (if applicable):
Unified Business Identification (UBI):	
Facility Phone Number:	Facility Email:
Type of Foodservice: (restaurant, espresso stand, snack bar, deli, bar, commissary, etc)	
Primary Language(s) Spoken in Establishment:	
Proposed Opening Date:	

Check here if you will be serving food to highly susceptible individuals
(daycare, preschool, healthcare facility, senior center, retirement community, etc)

Enclose the Following Documents:

- Food and Beverage License Application
- Proposed Menu
- Food Flows for Each Distinct Menu Item
- Floor Plan
- Equipment Specification List
- Vomit & Diarrhea Cleanup Procedure
- Sick Food Worker Policy
- Copies of Food Protection Manager Certificate (if applicable) and Food Worker Card

FOOD PREPARATION, STORAGE, AND SERVICE

Note: Time/Temperature Control for Safety Food (TCS) refers to foods that must be kept under time or temperature control to prevent spoilage, microorganism growth, or toxin formation. WAC 246-215-01115(127)

Please answer the following questions by marking Yes/No or filling in the blank.		Yes	No
1. How many meals will be served each day?			
Monday:	Tuesday:	Wednesday:	Thursday:
Friday:	Saturday:	Sunday:	
2. Do any menu items contain raw or undercooked animal products?			
2a. If yes, is a consumer advisory listed on the menu and linked to each item?		<input type="checkbox"/>	<input type="checkbox"/>
3. Will all dry goods be stored at least 6" off the floor?			
		<input type="checkbox"/>	<input type="checkbox"/>
4. Where will food supplies be sourced? List all suppliers:			
5. Will raw meats, poultry, and/or seafood be kept in refrigeration?			
5a. If yes, will products be properly separated to prevent cross-contamination?		<input type="checkbox"/>	<input type="checkbox"/>
6. Does each refrigerator have a thermometer?			
7. Does each hot case have a thermometer?		<input type="checkbox"/>	<input type="checkbox"/>
8. Is a bulk ice machine present?			
8a. If yes, is the ice machine indirectly drained?		<input type="checkbox"/>	<input type="checkbox"/>
9. Will a thermometer be used to measure holding, cooking, and reheating temperatures of TCS food products?			
9a. If yes, what type?			
10. Will any products be cooked overnight or otherwise unmonitored?			
11. Will disposable gloves, utensils, and/or food-grade paper be used to prevent bare-hand contact with ready-to-eat foods?		<input type="checkbox"/>	<input type="checkbox"/>
12. Will any TCS foods be hot held at 135°F or higher during food service?			
13. Will any TCS foods be cold held at 41°F or below during food service?		<input type="checkbox"/>	<input type="checkbox"/>
14. Will any TCS foods be cooked in the establishment, then cooled?			
<i>When cooling, the temperature must go from 135°F to 70°F within 2 hours, then 70°F to 41°F within 4 additional hours (6 hours total)</i>			

14a. If yes, list all foods that will be cooked, then cooled:

15. Are all toxic & chemical products stored away from food preparation and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are all pesticides (insecticides, rodenticides) approved for food service use?	<input type="checkbox"/>	<input type="checkbox"/>
17. Will produce be washed at the establishment?	<input type="checkbox"/>	<input type="checkbox"/>
18. Will raw meat be thawed, trimmed, or rinsed at the establishment?	<input type="checkbox"/>	<input type="checkbox"/>
19. How many food preparation sinks are available in the establishment? _____		
20. How many handwashing sinks are available in the kitchen and other prep areas? _____		
21. How many mop/utility/service sinks are available in the establishment? _____		
22. What type of warewashing facilities will be present in the facility? (mechanical dishwasher with heat sanitizer, mechanical dishwasher with chemical sanitizer, 3-compartment sink, etc)		

In the table below, mark the type of backflow prevention used for each piece of equipment:

	AIR GAP OR AIR BREAK	DOUBLE CHECK VALVE ASSEMBLY	OTHER (SPECIFY) <i>Condensate pump, atmospheric or pressure vacuum breaker, etc.</i>
DISHWASHER	<input type="checkbox"/>	<input type="checkbox"/>	
3-COMPARTMENT SINK	<input type="checkbox"/>	<input type="checkbox"/>	
FOOD PREPARATION SINK	<input type="checkbox"/>	<input type="checkbox"/>	
ICE MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	
ICE STORAGE BIN	<input type="checkbox"/>	<input type="checkbox"/>	
BEVERAGE DISPENSER	<input type="checkbox"/>	<input type="checkbox"/>	
WALK-IN COOLER	<input type="checkbox"/>	<input type="checkbox"/>	
DIPPER WELLS	<input type="checkbox"/>	<input type="checkbox"/>	
GLASS RINSER	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	

FINISH SCHEDULE

Indicate which materials will be used in each of the following areas
(*FRP, sealed concrete, stainless steel, quarry tile, 4" plastic moulding, etc.*)

	FLOOR	WALLS	COVING	CEILING	COUNTERS & SHELVES
KITCHEN					
DRY STORAGE					
WAREWASHING AREA					
MOP BASIN AREA					
RESTROOM FACILITIES					
SERVICE/DINING AREA					
BAR					
WALK-IN REFRIGERATORS & FREEZERS					
OTHER:					
OTHER:					



WATER SUPPLY, SEWAGE DISPOSAL, AND GARBAGE/REFUSE

WATER SUPPLY: Municipal – provide name of city/water company: _____

Well – provide water system ID number: _____

SEWAGE DISPOSAL: Municipal – provide city name: _____

Septic System

GARBAGE/REFUSE: Name of provider: _____

FLOOR PLAN SPECIFICATIONS

Attach a scaled floor plan (minimum size: 8.5x11) including each of the following:

- **Locate and label all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name or labeled with a number corresponding to the attached equipment list. (e.g. refrigerator, steam table, hot case, oven, fryer, espresso machine, etc.)**
- **Locate and label each sink:**
 - Handwashing Sink
 - 3-compartment warewashing Sink
 - Food preparation Sink
 - Mop/Utility Sink
- **Locate and label auxiliary areas used for storage or food preparation (e.g. dry storage, chemical storage/utility area, garbage area, basements/cellars, etc.)**
- **Locate and label floor drains, floor sinks, and other backflow prevention**
- **Locate and label restrooms, identify each separate handwashing sink**
- **Locate and label all other rooms used within the establishment (e.g. dressing rooms, locker rooms, employee break areas, etc.)**

EQUIPMENT SPECIFICATION LIST

List all foodservice equipment, including make and model numbers. Examples include, but are not limited to, refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, and countertop appliances.

Check here if the equipment list is attached separately.

Equipment ID numbers must correspond to the marked location on the floor plan. All equipment must be commercial grade (ANSI/NSF certified or otherwise approved by YHD).

Example:

ID #	Type of Equipment	Make	Model #
1	<i>Refrigerator 8x8 Walk-In</i>	ACME	R-789WI
2	<i>3-compartment sink with drainboard</i>	ACME	S-3CWD

MENU AND FOOD FLOWS

- Attach a copy of the food establishment's menu, including all food and beverage items that will be served. Include any limited time or seasonal specials.
- For each distinct menu item, attach a food flow diagram.
 - Food flows are not required for variations of the same menu item (e.g. chicken burrito vs beef burrito), but cooking temperatures must be included for each type of meat that would be served.

What processes should be included?

- Receiving
- Storing
- Preparing
- Cooking
- Cooling
- Reheating
- Holding (hot or cold)
- Assembling
- Serving
- Discarding

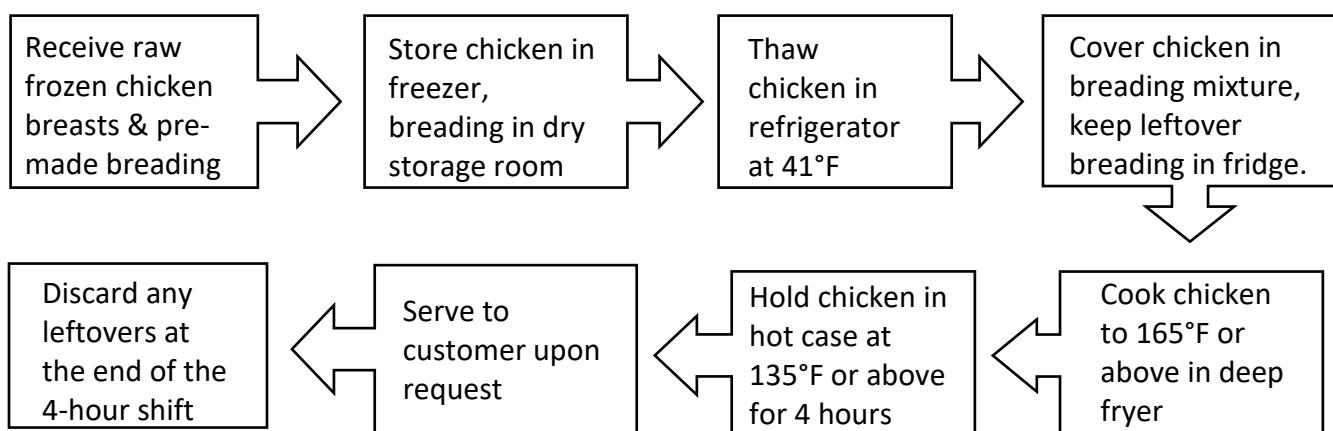
Temperatures to know

- Receiving: 45°F for eggs, 41°F for all other foods
- Cold storage/holding: 41°F or below
- Hot holding: 135°F or above
- Reheating: 165°F or above
- Cooking:
 - 165°F: Poultry
 - 158°F: Chopped or Ground Meats, Sausages
 - 145°F: Eggs, Seafood, Whole Cuts of Meat
 - 135°F: All other foods (vegetables, grains, rice)

Example: Fried Rice – Shrimp or Pork

1. Receive raw ground pork and raw shrimp (41°F or below), raw eggs (45°F or below), uncooked rice, frozen vegetables, and onions.
2. Store vegetables in freezer; rice and onions in dry storage; pork, shrimp, and eggs in walk-in.
3. Cook rice in rice cooker.
4. Cool rice in 2" pans in walk-in at 41°F or below until the next day.
5. Prepare shrimp by cutting off heads and deveining, return to walk-in. Chop onion.
6. Cook onion, frozen vegetables, eggs, and pork/shrimp to 165°F or higher.
7. Hot hold in steam table above 135°F for 6 hours.
8. Serve to customer upon request.
9. Discard leftovers at end of night.

Example: Fried Chicken



ACKNOWLEDGEMENT OF PERMIT CONDITIONS

Approval of these plans and specifications by the Yakima Health District does not indicate compliance with any other code, law, or regulation that may be required, federal, state, or local.

Once approved, a foodservice permit will be issued to the named business, location, and owner. **By law, this permit is NON-TRANSFERABLE.** Prior to sale or transfer of this business, the **seller** must notify the Yakima Health District to avoid future liability under this license agreement. The **new owner** must contact the Yakima Health District to apply for a permit in their name and abide by all reissuing and renewing requirements set forth by the District.

Approval of these plans does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operations is required to determine compliance with applicable laws, regulations, and policies governing food service establishments in Yakima County.

All persons or entities operating under this license are subject to all requirements imposed on this license agreement, including any delinquencies from past operations.

**IF ANY OF THE INFORMATION PROVIDED IN THIS APPLICATION CHANGES,
CONTACT THE YAKIMA HEALTH DISTRICT IMMEDIATELY.**

Signature

By signing, I hereby make application with the Yakima Health District and agree to comply with all laws, regulations, ordinances, policies, and amendments thereto, now in effect or which may be adopted by the Board of Health of the Yakima Health District or the Washington State Board of Health. I understand that issuance and retention of any permit is contingent upon satisfactory compliance with Yakima Health District requirements and adherence to WAC 246-215. All information provided, supplied by me, is true to the best of my knowledge.

Applicant Signature

Date