

**Food Establishment Plan Review Application**

This plan review is for: (check box that applies)

- ☐ Construction of a new food establishment  
☐ Change in use of existing facility to a food establishment  
☐ Remodel or business change of an existing food establishment

 Date \_\_\_\_\_  
 Amt. Rcvd \_\_\_\_\_  
 Receipt# \_\_\_\_\_  
 Initials \_\_\_\_\_

**(PLEASE PRINT)**

Name of Food Establishment:	
Site Address:	City, State, Zip:
Contact Person:	Phone: (    )
Email:	
Mailing Address:	City, State, Zip:

**This Application must be submitted with the following items:**

Note: "Remodel only" plan reviews may omit all items where there will be no change.

<input checked="" type="checkbox"/>	ITEM #	ITEM	DESCRIPTION
	1	<b>Business Details</b>	<b>Provide details of the daily business</b> of this Food Establishment (FE). Fill out <i>Attachment A</i> of this packet.
	2	<b>Menu</b>	<b>Provide a menu or detailed list of all the food and drinks you will be serving.</b> Include <i>Attachment B</i> of this packet. Note sources of food purchases.
	3	<b>Food Preparation Methods</b>	<b>Describe preparation methods of all food you will be serving.</b> Include all steps: cold holding, thawing, prepping, assembling, cooking, hot holding, cooling, etc. You may use <i>Attachment C</i> to specify your methods, or use your own format as long as all the required information is included.
	4	<b>Floor Plan</b>	<b>Provide a scaled floor plan</b> showing the layout of the FE. Indicate type and location of all equipment (sinks, refrigeration, etc.) with corresponding plumbing and mechanical specifications. Show restrooms, work areas, ware-washing, storage, and customer seating areas. Specify <b>finish schedules</b> (materials) of the floors, walls, ceilings and coved juncture bases in each area. Refer to the <i>Plan Review Guide</i> and <i>sample floor plans</i> .
	5	<b>Ill Worker Policy</b>	<b>Include your policy on employee health</b> -must include details on when workers will be restricted or excluded based on illness symptoms. (See copy of Food Code rule on Employee Health for guidance)
	6	<b>Wastewater Disposal</b>	<b>Provide proof of approved sewage disposal.</b> Submit a sewer bill or letter from a sewer company confirming sewer hookup. Complete <i>Attachment D</i> <b>only</b> if connected to an on-site septic system.
	7	<b>Water Supply</b>	<b>Provide proof of approved water supply.</b> Submit a water bill or letter from a water district confirming water connection. *Additional information may be requested for FEs on small water systems. *FEs may not use a private well.
	8	<b>Commissary</b>	<b>Provide commissary information</b> if any part of your food service will be conducted off site. Complete <i>Attachment E</i> and submit copy of the commissary agreement. This is <b>required</b> for Mobile Food Service and Catering.

I understand my plan review application cannot be processed until all of the required information is submitted. I understand it will take a minimum of **10 working days** to review the application. I understand I cannot open the Food Establishment until I have received written approval from this office and all other applicable city, county and state agencies.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## Plan Review Attachment A: Business Details

1. Please circle the months of the year you plan to operate:

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

2. Indicate weekly hours in the following table:

Day of week	Hours open (indicate a.m. or p.m.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

3. Indicate the number of customer seats:

Seating Area	Number of Seats
Dining	
Lounge	
Outdoor	
Banquet	
Other:	
	<b>Total=</b>

5. Indicate shift times and expected number employees per shift:

Shift time	Number of employees
(Example) 7 am to 4 pm	5

4. Estimate the daily number of meals/beverages to be served:

Meal	Number served daily
Breakfast	
Lunch	
Dinner	
Beverage only	
Other:	
	<b>Total=</b>

## **Food Establishment Plan Review-Attachment B:**

### **Mandatory Consumer Advisory for Raw or Undercooked Foods**

Raw or undercooked food of animal origin (meat, eggs, seafood) or packaged unpasteurized juices offered for sale as ready-to-eat food must be readily identified to customers on the menu, labels, or clearly visible signage/placards. Examples include raw fish sushi, raw oysters on the half shell, salad dressings, mayonnaise, and other sauces containing raw eggs, ceviche made with raw fish or seafood, unpasteurized fruit and vegetable juices that are packaged, eggs and steaks undercooked per customer specification, etc.

The consumer advisory must consist of two parts:

1. **Disclosure** - a written statement or description that clearly identifies the menu item as raw, undercooked or unpasteurized, may be ordered undercooked, or contains an ingredient that is raw, undercooked or unpasteurized.
2. **Reminder** - a written statement that explains the increased health risk from consumption of the food or beverage. The “reminder” statement must be connected to the menu item through the use of an asterisk or other means.

☐ Check this box if **no** raw or undercooked meats, eggs, seafood or unpasteurized juices will be offered for service at your food establishment. Please sign and date to confirm this statement.

\_\_\_\_\_  
 (SIGNATURE OF MANAGER/OWNER)

\_\_\_\_\_  
 (DATE)

If there will be raw, undercooked or unpasteurized foods as describe above served in your food establishment, please complete the following table:

Menu Item containing raw/undercooked food	What is the raw or undercooked product?
Example 1: Egg dishes	Eggs offered as sunny side up, over easy, soft boiled or poached per customer preference.
Example 2: House made Caesar salad dressing	Contains raw shell eggs as an ingredient
Example 3: Ceviche	Raw fish marinated in lime juice
1.	
2.	
3.	
4.	
5.	

**Use the space below to write the consumer advisory** that will be included in your menu. See the back of this page for examples of consumer advisories and details of the rule as stated in the Food Code. \*If your menu is complete and already includes consumer advisories that satisfy the rule, please include the menu and write “see attached menu” below.

## Food Preparation Methods (Plan Review Attachment C)

List menu item. In boxes that do not apply write “no”. For boxes that do apply note the food item, where, how and /or final cooking/reheating temp (see examples). \*BHC means Bare Hand Contact

[illegible]



**1038 West Ivy, Suite 1  
Moses Lake, WA 98837  
(509) 766-7960**

[illegible]

## Plan Review Attachment D - Food Establishment Wastewater Disposal

Will the food establishment be connected to a municipal sewer system or an onsite sewage disposal system (septic system)?

1. **If sewer**, submit a copy of your most recent sewer bill or sewer connection agreement, and skip the rest of this form.
2. **If septic**, complete the form.

Please indicate which of the following pertains to the septic system for this food establishment:

☐ **An existing on-site septic system for which there are records.**

Tax parcel number of property: \_\_ - \_\_ - \_\_ - \_\_ - \_\_

Name on septic permit: \_\_\_\_\_ Month/year installed: \_\_\_\_\_

Estimated gallons per day (gpd) of sewage produced by FE: \_\_\_\_\_ gpd

Grease trap present (or will be installed): No ☐ Yes ☐ If yes, what size? \_\_\_\_\_ gal

*\*If septic system is older than 12 months, please include a copy of a record showing the septic tank has been evaluated and found to be satisfactory within the last 12 months by an authorized person.*

☐ **An existing on-site septic system for which there are no records.**

Must proceed as if new; contact Health District for more information.

☐ **A new on-site septic system**-Estimated gallons/day sewage flow: \_\_\_\_\_ gpd

If 3,500 gpd or less\*, contact a certified septic system designer and/or this office to begin septic system permit process.

\*Systems 3,500 gpd to 14,500 gpd contact Washington State Dept. of Health, LOSS Program

\*Systems over 14,500 gpd contact Washington State Dept. of Ecology, Water Quality Program

### **Operation and Maintenance** (Read and sign below.)

An operation and maintenance program is required for all food establishments connected to an on-site septic system. The program must include, at a minimum, an **annual inspection and evaluation** of the septic system performed by a licensed septic system pumper, installer or other person authorized by Grant County Health District.

The food establishment license may not be renewed for a new calendar year until this office receives a copy of the septic system evaluation done by an authorized person within the past 12 months. Problems noted in the report may also need to be addressed before the food establishment license is issued.

Please sign below to acknowledge that you understand the above statement and agree to comply with this requirement.

\_\_\_\_\_  
(Signature of owner/manager)

\_\_\_\_\_  
(Date)