



**Protective
Health Services**
**Oklahoma State
Department of Health**

Consumer Protection Division

Remit this form with fee and plans to:

Comanche County Health Department
P.O. Box 87
Lawton, OK 73501
580-248-5890

PLAN REVIEW APPLICATION FOR A FOOD OR LODGING ESTABLISHMENT
(This is not a license to operate)

Establishment Name: _____ / _____
County _____
Street Address: _____ City: _____ St: _____ Zip: _____

APPLICANT INFORMATION - Complete the Following

E-Mail Address: _____

Applicant Name: _____ Cell phone: _____
Telephone: _____

Applicant Address: _____

Applicant City, State, Zip: _____

CONTACT INFORMATION IF DIFFERENT:

Contact Name: _____ Cell phone: _____ Telephone: _____

Contact Address: _____

Contact City, State, Zip: _____

Type of Ownership: Individual Partnership Corporation L.L.C

If Applicable: State Tax ID # _____ and/or Fed ID # _____

Type of Construction:

- New Construction (including new seasonal and new mobile establishments).
- Remodel of existing food service establishment.
- Conversion of existing structure for use as a food establishment.
- Existing establishment which changes the type of operation.

(Temporary food establishments are exempt from plan review and will be evaluated for compliance on site.)

HEALTH DEPARTMENT USE ONLY

Date Copies of Rules Received _____

- OAC 310:225 _____ owner
- OAC 310:240 _____
- OAC 310:257 _____ manager
- OAC 310:260 _____
- OAC 310:285 _____

Date Received: ____/____/____

Receipt #: _____

White Copy - OSDH

Yellow Copy - Applicant &/or City License App.

Pink Copy - County Health Dept.

This Application must be submitted with the **Fee of \$200.00** made payable to the local County Health Department where establishment will be located. The application must be completed in full. All facilities must be inspected and licensed prior to operation. **Completion and submission of this form does not constitute authorization to open a food service, warehouse, processor, drug manufacture or lodging establishment. THIS FEE IS NON-REFUNDABLE.**

NOTE: Plans and Equipment Schedule must be submitted with this application.

Applicant Signature/Title/Date

DO NOT SEND CASH !! SEND CHECK OR MONEY ORDER ONLY
Submit this application, plans, and payment to the local County Health Department.
(If this form is down-loaded, please submit in triplicate).

Instructions for Application and Fee Submission

(This is not a license to operate)

A person may not operate a food service, manufacturing or lodging establishment without a valid license to operate, issued by the regulatory authority. A person desiring to operate an establishment shall submit to the Oklahoma State Department of Health (respective County Health Department in which the establishment shall be licensed) a Plan Review Application on Form # 824 along with the application fee and plans. *This process allows us to assist you from the beginning and to use your resources wisely. The consultation that we provide will help eliminate costly mistakes in the construction, conversion or purchase of the establishment.*

A. Applications for Plan Review shall be submitted for:

- New Construction (where no current license exists). - Includes new seasonal and new mobile establishments.
- Remodel of existing food service establishment.
- Conversion of existing structure for use as a food establishment.
- Existing establishment which changes the type of operation.

B. Submission of the application shall include:

1. The name, mailing address, telephone number(s), approximate number of employees, and signature of person applying for the license and the name, mailing address and location of the establishment. **The Plan Review Fee shall be included with submission of the Application Form # 824.**
2. Information specifying whether the establishment is owned by an individual, partnership, corporation, or other legal entity, State and/or Federal ID #'s, if applicable and type of construction (ie. new, remodel, conversion).
3. Signature and date of applicant.
4. Plans and specifications.

C. Contents of plans and specifications shall include:

1. The proposed layout or floor plan, including location of equipment, sinks, etc. (should be drawn to scale or indicate dimensions);
2. The intended menu and the anticipated volume of food sold, stored, prepared or served, (if applicable);
3. Proposed equipment types, manufacturer and model numbers (if available); and
4. Other information that may be required by the Department for the proper review of the proposed construction, conversion or modification, and procedures needed for operating an establishment in the respective license classifications. (ie. finish schedule, plumbing, mechanical, construction material, etc.).



PLAN REVIEW APPLICATION GUIDELINE

(Please complete all applicable sections)

NEW

REMODEL

CONVERSION

Name of Establishment: _____

Type of Food Operation: (You may check more than one box)

- | | |
|--|--|
| <input type="checkbox"/> Frozen Food Locker | <input type="checkbox"/> Food Service Establishment |
| <input type="checkbox"/> Bar | <input type="checkbox"/> Food Service Establishment with Bar |
| <input type="checkbox"/> Combination Retail Food | <input type="checkbox"/> Mobile Food Service |
| <input type="checkbox"/> Health Facility | <input type="checkbox"/> Retail Food Store |
| <input type="checkbox"/> School | <input type="checkbox"/> Seasonal Food |
| <input type="checkbox"/> Non Profit Institution | <input type="checkbox"/> Food Processors |
| <input type="checkbox"/> Privately Owned Prisons | <input type="checkbox"/> Food Wholesalers |
| <input type="checkbox"/> Salvage Food | <input type="checkbox"/> Water Bottling Facilities |
| <input type="checkbox"/> Drug Manufacturers | <input type="checkbox"/> Drug Warehouse |
| <input type="checkbox"/> Hotel and Motels | <input type="checkbox"/> Other _____ |

Establishment Address: _____

Contact Phone and Name: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Telephone: _____

Owner's Email Address: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Applicant's Mailing Address: _____

Applicant's Telephone: _____

Applicant Email Address: _____

1. Hours of Operation: Sun _____ Thurs _____

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

It is recommended that plans be drawn to scale or have dimensions indicated. Plans should be submitted at a minimum of a 8.5 X 11 sheet of paper.

Proposed menu, seating capacity, and projected daily meal volume for the food establishment.

Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified. Food equipment schedule which includes the make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable) must be submitted. Elevations may be necessary for equipment and storage (ie. height of storage from floor).

Provisions for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding Potentially Hazardous Foods.

Handwashing sinks

Warewashing sinks

Food preparation sinks

Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.

Entrances, exits, loading/unloading areas and delivery docks.

Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.

Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.

Location of lighting fixtures.

Source of water and method of sewage disposal.

Ventilation schedule if required for mechanical warewashing, ventilation hoods, etc.

Service sink or curbed cleaning facility with facilities for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.

Storage location of poisonous or toxic materials.
Areas for storage of employee personal care items.

Location of refuse, recyclable, and/or returnable containers.

FOOD SUPPLY

1. How often will frozen foods be delivered? _____
2. How often will refrigerated foods be delivered? _____
3. How often will dry goods be delivered? _____
4. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage _____,
Refrigerated Storage _____, and
Frozen storage _____.
5. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.)?

FOOD PREPARATION PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the **handling/preparation procedures** for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared

Display Food Items:

1. Bulk Food Items: YES () NO () If yes, submit equipment specifications for food bins
2. Food Shields: Submit the type and location the shields will used. _____

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

THAWING FROZEN POTENTIALLY HAZARDOUS FOODS:

Thawing Method(s) (check all that apply and indicate where thawing will take place):

___ Under Refrigeration: _____

___ Running Water less than 70°F(21°C): _____

___ Microwave (as part of cooking process): _____

___ Cooked from frozen state: _____

___ Other (describe): _____

List all foods that will be cooked and served _____

List all foods that will be hot held prior to service: _____

List all foods that will be cooked and cooled. _____

List all foods that will be cooked, cooled and reheated

Provide a HACCP plan for specialized processing methods of foods such as Reduced Oxygen Packaging (vacuum packaging, cook-chill, etc.), use of additives to render a food non-Potentially Hazardous Foods, curing and smoking for preservation, and molluscan shellfish tanks.

HOT/COLD HOLDING:

1. How will hot Potentially Hazardous Foods be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

2. How will cold Potentially Hazardous Foods be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

COOLING:

Indicate by checking the appropriate boxes how Potentially Hazardous Foods will be cooled to 41°F (5°F) within 6 hours (135°F to 70°F in 2 hours).

| COOLING METHOD | *THICK MEATS | *THIN MEATS | HOT FOODS | COLD FOODS | OTHER | LOCATION |
|---|---------------------|--------------------|------------------|-------------------|--------------|-----------------|
| Shallow Pans in Refrigerator | | | | | | |
| Ice Baths | | | | | | |
| Reduce Volume or Size and place in Refrigerator | | | | | | |
| Mechanical Rapid Chill Unit | | | | | | |
| Stirring with Frozen Stir Sticks | | | | | | |
| Other (describe) | | | | | | |

* Thick meats = more than an inch; Thin meats = one inch or less.

REHEATING:

How and where will Potentially Hazardous Foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic covered molding, etc.) will be used in the following areas.

| AREA | FLOOR | FLOOR/WALL JUNCTURE | WALLS | CEILING |
|---|--------------|--------------------------------|--------------|----------------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Sink | | | | |
| Warewashing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |
| Other | | | | |
| Other | | | | |

Identify the finishes of cabinets, countertops, and shelving:

PEST CONTROL

| | YES | NO | NA |
|---|------------|-----------|-----------|
| 1. Will all outside doors be self-closing and rodent proof ? | () | () | () |
| 2. Will screens be provided on all entrances left open to the outside? | () | () | () |
| 3. Will all windows that open have a minimum #16 mesh screening? | () | () | () |
| 4. Will electrical insect control devices be used? | () | () | |
| 5. Will air curtains be used? If yes, where? _____ | () | () | |
| 6. Identify how all pipes & electrical conduit chases be sealed. _____ _____ | | | |
| 7. How will the area around building be kept clear of unnecessary brush, litter, boxes and other harborage? _____ _____ | | | |

REFUSE, RECYCLABLES, AND RETURNABLES

1. Will refuse/garbage be stored inside? If so, where?

2. Identify how and where garbage cans and floor mats will be cleaned.

3. Will a dumpster or a compactor be used? _____
Number _____ Size _____
Frequency of pickup _____
4. Will garbage cans be stored outside? _____

5. Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment

6. Identify location of grease storage containers

7. Will there be an area to store recyclables? _____

If yes, describe _____

8. Identify the area to store returnable damaged goods.

WATER SUPPLY

1. Is the water supply public () or non-public/private () ?

2. If private, has source been approved? YES () NO ()

Attach copy of written approval and/or permit from DEQ (or provide prior to opening).

3. Is ice made on premises () or purchased commercially () ?

Will there be an ice bagging operation? YES () NO ()

4. What is the capacity and location of the water heater? Provide specifications for the water heater.

SEWAGE DISPOSAL

1. Is the sewage system public () or non-public/private () ?

2. If private, has sewage system been approved? YES () NO ()

Attach copy of written approval and/or permit from DEQ (or provide prior to opening).

3. Will grease traps/interceptors be provided? YES () NO ()

If so, where? _____

BACKFLOW PREVENTION

| | AIR GAP | AIR BREAK | VACUUM BREAKER | <u>OTHER</u> |
|---|----------------|------------------|-----------------------|---------------------|
| 1. Dishwasher | | | | |
| 2. Garbage Grinder | | | | |
| 3. Ice machines | | | | |
| 4. Ice storage bin | | | | |
| 5. Sinks a. Mop b. 3 Compartment c. 2 Compartment d. 1 Compartment | | | | |
| 6. Steam tables | | | | |
| 7. Dipper wells | | | | |
| 8. Refrigeration condensate/ drain lines | | | | |
| 9. Hose bibb connection | | | | |
| 10. Potato peeler | | | | |
| 11. Beverage Dispenser w/carbonator | | | | |
| 12. Other _____ | | | | |
| 13. Other _____ | | | | |
| 14. Other _____ | | | | |

Identify the locations of all floor drains, if provided.

DISHWASHING FACILITIES

Manual Dishwashing

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?

YES () NO ()

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

3. Describe size, location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space:

Square feet of air-drying space: _____ ft²

4. What type of sanitizer will be used?

Chemical ()

Hot water ()

Mechanical Dishwashing

5. Identify the make and model of the mechanical dishwasher: _____

6. What type of sanitizer will be used?

Chemical ()

Hot water ()

7. Will ventilation be provided? YES () NO ()

8. Does the mechanical dishwasher have an audible or visual alarm to signal detergent or sanitizer needed to be added? YES () NO ()

HANDWASHING/TOILET FACILITIES

Identify the locations of the handwashing sinks and toilet facilities:

DRESSING ROOMS

- 1. Will dressing rooms be provided? YES () NO ()
- 2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____

OTHER

- 1. Identify the location for the storage of poisonous or toxic materials.

 - 2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

 - 3. Will linens be laundered on site?
If yes, what will be laundered and where? _____

If no, how and where will linens be cleaned? _____
 - 4. Identify location of clean and dirty linen storage:

 - 5. How often will linens be delivered and picked up?

 - 6. Indicate all areas where an exhaust hood(s) will be installed:

 - 7. Identify location of the facilities for cleaning of mops and other equipment:

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