Protective Health Services

Oklahoma State Department of Health

Consumer Protection Division

Remit this form with fee and plans to:

Lincoln County Health Department
101 Meadow Lane
Chandler, OK 74834
405-258-2640

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: _____

Cell phone: _____

Applicant Name: _____ Telephone: _____

Applicant Address: _____

Applicant City, State, Zip: _____

CONTACT INFORMATION IF DIFFERENT:

Cell phone: _____

Contact Name: _____ 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.).

Protective Health Services
Oklahoma State Department of Health

1000 NE 10th St., P. O. Box 268815
Oklahoma City, OK 73126-8815
Telephone 405/271-5243 Fax 405/271-3458
OK.gov/health

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)

- ☐ Frozen Food Locker
- ☐ Bar
- ☐ Combination Retail Food
- ☐ Health Facility
- ☐ School
- ☐ Non Profit Institution
- ☐ Privately Owned Prisons
- ☐ Salvage Food
- ☐ Drug Manufacturers
- ☐ Hotel and Motels
- ☐ Food Service Establishment
- ☐ Food Service Establishment with Bar
- ☐ Mobile Food Service
- ☐ Retail Food Store
- ☐ Seasonal Food
- ☐ Food Processors
- ☐ Food Wholesalers
- ☐ Water Bottling Facilities
- ☐ Drug Warehouse
- ☐ 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 _____
Mon _____	Fri _____
Tues_____	Sat _____
Wed _____	Seasonal (What Months)_____

2. Number of Indoor Dining Seats: _____ Number of Outdoor Dining Seats: _____

3. Number of Staff: _____
(Maximum per shift)

4. Total Square Feet of Facility: _____ Total Square Feet of the Kitchen Area _____

5. Maximum Meals to be Served:
(approximate number)

Breakfast	_____
Lunch	_____
Dinner	_____

6. Projected Date for Start of Project: _____

7. Projected Date for Completion of Project: _____

8. Type of Service:
(check all that apply)

- ☐ Sit Down Meals
- ☐ Take Out
- ☐ Caterer
- ☐ Single Use Utensils
- ☐ Multi-Use Utensils
- ☐ Other

9. Enclose the following documents:

_____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

_____ Plan of food establishment (if available) showing location of equipment, plumbing, electrical and mechanical services (Plan should be drawn to scale or show dimensions).

_____ Equipment schedule including location, plumbing, drain and electrical connections

_____ Manufacturer specification sheets for each piece of equipment to be used in the establishment. (This includes custom fabricated equipment)

_____ Site plan showing location of food establishment location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)

_____ Affidavit of Lawful Presence by Owner if individual ownership.

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 coved 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	OTHER
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: _____ ft^2

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:

_____

_____

_____