



Oklahoma  
State  
Department  
of Health

# Plan Review Application Cover Page

Please return application along with fee to:

Payne County Health Department

1321 W. 7th Ave.

Stillwater, OK 74074

Phone: (405) 372-8200

Fax: (405) 743-2619

Web: [payne.health.ok.gov](http://payne.health.ok.gov)



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

Submit fully completed form with **\$425.00** nonrefundable fee (NO CASH) & plans to the address listed on cover page.

**PLAN REVIEW APPLICATION**

Establishment Type (select one):  Food  Lodging  Med. Marijuana  
 Name of Establishment: \_\_\_\_\_ County: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant's Name / Title: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**CONTACT INFORMATION IF DIFFERENT FROM APPLICANT:**

Contact's Name / Title: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**Type of Ownership:**  Individual  Partnership  Corporation  LLC  
 (if applicable) State Tax ID #: \_\_\_\_\_ and/or Federal ID #: \_\_\_\_\_

**Type of Construction:**

- New Construction (includes seasonal/mobile establishments)  Remodel of existing food establishment
- Existing establishment changing the type of operation  Conversion of existing structure
- Change of ownership with no changes in operation

**NOTE: Temporary food establishments are exempt from plan review and will be evaluated for compliance on site.**

**HEALTH DEPARTMENT USE ONLY**

Date Copy of Rules Received: \_\_\_\_\_  
 OAC 310:225 \_\_\_\_\_ Owner  
 OAC 310:240 \_\_\_\_\_  
 OAC 310:25 \_\_\_\_\_ Manager  
 OAC 310:260 \_\_\_\_\_  
 OAC 310:285 \_\_\_\_\_  
 OSDH License #: \_\_\_\_\_  
 OSDH Receipt # / Date: \_\_\_\_\_

**All facilities must be inspected and licensed prior to operation.  
 SUBMITTING THIS FORM DOES NOT CONSTITUTE  
 AUTHORIZATION TO OPEN AN ESTABLISHMENT.**

\_\_\_\_\_  
 Applicant's Title

\_\_\_\_\_  
 Applicant's Signature / Date of Signature

# PLAN REVIEW APPLICATION GUIDELINES

(Please complete all applicable sections)

## SECTION I) ESTABLISHMENT INFORMATION

a) Name of Establishment: \_\_\_\_\_

b) Street Address of Establishment: \_\_\_\_\_

c) Type of Operation (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Frozen Food Locker               | <input type="checkbox"/> Food Service Establishment | <input type="checkbox"/> Bar              |
| <input type="checkbox"/> Food Service Establishment w/Bar | <input type="checkbox"/> Combination Retail Food    | <input type="checkbox"/> Mobile Food Svc. |
| <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 Processor   |
| <input type="checkbox"/> Privately Owned Prison           | <input type="checkbox"/> Food Wholesaler            | <input type="checkbox"/> Salvage Food     |
| <input type="checkbox"/> Water Bottling Facility          | <input type="checkbox"/> Drug Manufacturer          | <input type="checkbox"/> Drug Warehouse   |
| <input type="checkbox"/> Hotel and Motel                  | <input type="checkbox"/> Other (specify): _____     |   |

d) Type of Construction:

- New       Remodel       Conversion       Other (specify): \_\_\_\_\_

## SECTION II) ESTABLISHMENT OPERATING INFORMATION

a) Daily Operating Hours

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Seasonal (Months): \_\_\_\_\_

b) Seating Capacity (indicate number/amount)

Indoor Dining Seats: \_\_\_\_\_ Outdoor Dining Seats: \_\_\_\_\_

c) Number of Staff (maximum per shift): \_\_\_\_\_

d) Area (indicate in # of total square feet)

Facility: \_\_\_\_\_ Kitchen Area: \_\_\_\_\_

e) Maximum Meals to be Served (approximate)

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

f) Project Dates: Start of Project: \_\_\_\_\_ Completion of Project: \_\_\_\_\_

g) Type of Service (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sit-Down Meals      | <input type="checkbox"/> Take-Out           | <input type="checkbox"/> Caterer                |
| <input type="checkbox"/> Single-Use Utensils | <input type="checkbox"/> Multi-Use Utensils | <input type="checkbox"/> Other (specify): _____ |

**SECTION III) ADDITIONAL DOCUMENTATION (Please include ALL of the following with the packet)**

- Proposed menus, including:
  - Seasonal
  - Off-site
  - Banquet
- Plan of food establishment (should be drawn to scale or show dimensions), showing location of:
  - Equipment
  - Plumbing services
  - Electrical services
  - Mechanical services
- Equipment schedule including:
  - Location
  - Plumbing
  - Drain connections
  - Electrical connections
- Manufacturer specification sheets for each piece of equipment used. (Include custom fabricated equipment.)
- Site plan showing location of establishment and location of building on site including:
  - Alleys
  - Streets
  - Location of any outside equipment or facilities (dumpsters, well, septic system - if applicable)
- Completed Affidavit of Lawful Presence
- Copy of valid ID of individual owner (prior to licensure)
- Copy of Certificate of Incorporation if owned by LLC, INC, etc. (prior to licensure)
- Copy of Oklahoma Sales Tax ID (prior to licensure)

**SECTION IV) CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS**

It is recommended that plans be drawn to scale or have dimensions indicated. Plans should be submitted on a minimum of an 8.5" x 11" sheet of paper. The following should be indicated in these documents:

- Location of all food equipment. Each piece of equipment must be clearly labeled, marked, or identified on the floor plan.
- Food equipment schedule which includes:
  - Make and model numbers and listing of equipment certified or classified for sanitation by an ANSI-accredited certification program (when applicable).
  - Elevations may be necessary for equipment and storage (i.e., height of storage from floor).
- Provisions for adequate rapid cooling, including ice baths and/or refrigeration, and hot-holding and cold-holding of "Potentially Hazardous Foods."
- Sinks:
  - Hand-washing
  - Warewashing
  - Food preparation
- Auxiliary areas:
  - 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
  - Covered juncture bases
- Plumbing schedule, including location of:
  - Floor drains
  - Floor sinks
  - Water supply lines
  - Overhead waste-water lines
  - Hot water-generating equipment: capacity/recovery rate, backflow prevention, 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 disposal of mop water and similar liquid waste
- Storage location of poisonous and/or toxic materials
- Areas for storage of employee personal care items
- Location of refuse, recyclable, and/or returnable containers

### SECTION V) FOOD ESTABLISHMENT OPERATIONAL PLAN

Please allow up to two (2) weeks after the completed application has been submitted to your county health department for review and approval. Please answer every question that applies to your food service operation. If it does not apply, indicate "N/A" next to the question. **Submitting incomplete plans will delay the plan review process.**

**Every section must be filled out by the operator and submitted prior to licensing.** Add additional pages or documents as needed to describe your operation.

The Oklahoma Food Code, Chapter 257 Title 310, can be obtained online at <http://food.health.ok.gov> (Adobe PDF reader required).

**a) Type of service that best describes your operation:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cook and Serve                                       | <input type="checkbox"/> Cook, Hold Hot and Serve |
| <input type="checkbox"/> Cook, Chill, Reheat, Hold Hot and Serve              | <input type="checkbox"/> Hold Cold and Serve      |
| <input type="checkbox"/> Commercially prepackaged food only (except beverage) | <input type="checkbox"/> Other (specify): _____   |

**b) Will food be transported to another location as with a catering operation or satellite kitchen?**  Yes  No

### SECTION VI) FOOD PREPARATION

Check categories of Time/Temperature Control for Safety (TCS) Foods to be handled, prepared and served:

- |  |  |
|--|--|
| <b>a) Thin meats, poultry, fish, eggs (hamburger; sliced meats; filets):</b>             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b) Thick meats, whole poultry (roast beef, whole turkeys, chickens, hams):</b>        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c) Cold processed foods (salads, sandwiches, vegetables):</b>                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d) Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles):</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e) Bakery goods (pies, custards, cream fillings and toppings):</b>                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>f) Other (specify):</b> _____   |  |

## SECTION VII) FOOD PREPARATION PROCEDURES

**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

**a) Produce:**

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**b) Poultry:**

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**c) Meat:**

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**d) Seafood:**

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## SECTION VIII) FOOD SUPPLIES

**a) Are all food supplies from inspected and approved sources? (check one)**  **Yes**  **No**

**b) List **all** food distributors for your facility:**

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**c) List food from animals that you will serve raw or partially cooked (i.e., sushi, steak tartar, oyster shooters):**

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d) If serving raw fish (i.e., sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier? (See 310:257-5-49) Check one of the following:

**On-site:** Provide your procedure for parasite destruction. (A freezer used for parasite destruction must maintain -4°F for 7 days. Measure and record temperature of freezer unit daily.)

**Supplier:** Provide the name of your supplier and documentation to show parasite destruction. (Each invoice received from the supplier shall state the specific fish by species that has been frozen to meet the parasite destruction requirements under 3-402.11.) \_\_\_\_\_

e) List your food suppliers for the following (310:257; Chapter 5)

Category	Supplier(s)
Game meats (i.e., emu, ostrich, elk):	
Raw or partially cooked fish products (i.e., lox, ceviche, raw oyster, sushi):	
Fresh or live shellfish:	
Wild mushrooms:	

f) What are the projected frequencies of deliveries for:

1. Frozen foods: \_\_\_\_\_

2. Refrigerated foods: \_\_\_\_\_

3. Dry goods: \_\_\_\_\_

g) Provide information on the amount of space (in cubic feet) allocated for:

1. Frozen storage: \_\_\_\_\_

2. Refrigerated Storage: \_\_\_\_\_

3. Dry storage: \_\_\_\_\_

h) Describe how will dry goods be stored off the floor: \_\_\_\_\_

### SECTION IX) COLD STORAGE

a) Is adequate and approved freezer and refrigeration available to keep frozen foods frozen, and store refrigerated foods at 41°F (5°C) or below?  Yes  No

Provide the method used to calculate cold storage requirements:

\_\_\_\_\_

b) Will raw meat, poultry or seafood be stored in the same refrigerators or freezers as cooked or ready-to-eat food?

Yes\*  No

\*If Yes, how will cross-contamination be prevented? \_\_\_\_\_

c) Does each refrigerator/freezer have an ambient thermometer?  Yes  No

Number of refrigeration units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

d) Is ice:  made on premises? or  purchased commercially?

e) Will there be an ice bagging operation?  Yes  No

**SECTION X) THAWING FROZEN POTENTIALLY HAZARDOUS FOOD**

Please indicate by checking the appropriate boxes how frozen time/temperature control for safety (TCS) foods in each category will be thawed. More than one method may apply. (See 310:257-5-56.) Specify where thawing will take place.

<b>Thawing Method</b>	<b>Thick Frozen Foods (more than one [1] inch thick)</b>	<b>Thin Frozen Foods (less than one [1] inch thick)</b>
Refrigeration	<input type="checkbox"/> _____ Specify Location	<input type="checkbox"/> _____ Specify Location
Running water less than 70°F (21°C)	<input type="checkbox"/> _____ Specify Location	<input type="checkbox"/> _____ Specify Location
Microwave (as part of cooking process)	<input type="checkbox"/> _____ Specify Location	<input type="checkbox"/> _____ Specify Location
Cooked from frozen state	<input type="checkbox"/> _____ Specify Location	<input type="checkbox"/> _____ Specify Location
Other (describe)	<input type="checkbox"/> _____ Specify Location	<input type="checkbox"/> _____ Specify Location

**SECTION XI) COOKING**

a) Will food product thermometers be used to measure final cooking and reheating temperatures of TCS (Time/Temperature Control for Safety) foods?  Yes  No

b) What type of temperature measuring device(s) will be available?

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c) List types of cooking equipment.

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**SECTION XII) HOT/COLD HOLDING**

a) How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.

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b) How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

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c) Will time (4hr) be used as a control for TCS foods?  Yes\*  No

\*If Yes, a written procedures for all foods that will be held via time rather than temperature shall be prepared in advance and submitted to the county health department for approval. See **Attachment A** of this packet for a guidance document (310:257-5-62).



### SECTION XIII) COOLING

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, specify where the cooling will take place. **(310:257-5-57 & 5-58)**

Cooling Method	Thick Meat	Thin Meat	Thin Soup/Gravy	Thick Soup/Gravy/ Refried Beans	Rice/Pasta
Shallow Pans	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>
Ice Baths	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>
Reduce Volume/Size:	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>
Rapid Chill	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>
Other: _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>	<input type="checkbox"/> _____ <i>(Specify location)</i>

### SECTION XIV) REHEATING

a) How will TCS 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 within two (2) hours? Indicate type/number of units used for reheating foods.

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### SECTION XV) PREPARATION

a) Please list categories of foods prepared more than twelve (12) hours in advance of service.

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b) How will cooking equipment, cutting boards, counter tops and other food contact surfaces, which cannot be submerged in sinks or put through a dishwasher, be washed, rinsed and sanitized?

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c) Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?  Yes  No\*

\*If No, how will ready-to-eat foods be cooled to 41°F?

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d) Will all produce be washed on-site prior to use?  Yes  No

1. Where is the planned location to be used for washing produce?

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2. Describe the procedure for cleaning and sanitizing these sinks before use.

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e) Describe the procedure used to minimize the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

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f) Will the facility be serving food to a highly susceptible population?  Yes\*  No

\*If Yes, how will temperature of foods be maintained while being transferred between kitchen and service area?

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g) Will facility use specialized processing methods that require a HACCP plan? (see below)  Yes  No

HACCP (310:257-15-8 & 15-9) - Processes include but not limited to:

- Packaging food using a reduced oxygen packaging method
- Using food additives or adding components such as vinegar as a method of food preservation rather than as a method of flavor enhancement
- Smoking food as a method of preservation
- Curing foods such as hams, sausages
- Sprouting seeds or beans

h) Will there be any foods partially cooked before service?  Yes\*  No

If Yes\*, a written procedure is required to be submitted with application for review and approval, see (Attachment B, Non-continuous cooking or Partial Cooking (310:257-5-48.1)); complete all sections on written procedure sheet.

### SECTION XVI) FINISH SCHEDULE

a) Indicate which materials will be used in the following areas. Materials such as (but not limited to):

- quarry tile
- stainless steel
- Fiberglass Reinforced Panels [FRP]
- ceramic tile
- 4" plastic-covered molding

You must indicate the wall color or provide a color sample with this application packet.  
(Table continues next page.)

Area	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Garbage/Refuse Storage				
Other Storage				
Mop Service Sink				
Warewashing Area				

Dressing Rooms				
Walk-in Refrigerators and Freezers				
Other (specify):				

b) Identify the finishes of cabinets, countertops, and shelving: (i.e. sealed wood, formica, painted, etc.)

\_\_\_\_\_

\_\_\_\_\_

### SECTION XVII) INSECT AND RODENT CONTROL

- a) Will all outside doors be self-closing and rodent proof?  Yes  No  N/A
- b) Are screen doors provided on all entrances left open to the outside?  Yes  No  N/A
- c) Do all opening windows have a minimum of #16 mesh screening?  Yes  No  N/A
- d) Are electrical insect control devices identified on the plan?  Yes  No  N/A
- e) Will all pipes and electrical conduit chases be sealed?  Yes  No  N/A
- f) Will all ventilation systems exhaust and intakes be protected?  Yes  No  N/A
- g) Is area around building clear of unnecessary brush, litter, boxes and other harborage?  Yes  No  N/A
- h) Will air curtains be used? If Yes, where? \_\_\_\_\_  Yes  No  N/A

### SECTION XVIII) GARBAGE AND REFUSE

- a) **Inside:**
1. Do all garbage containers have lids?  Yes  No  N/A
2. Will refuse be stored inside?  Yes  No  N/A
- If Yes, where? \_\_\_\_\_
3. Is there area designated for garbage can or floor mat cleaning?  Yes  No  N/A
- b) **Outside:**
1. Will a dumpster be used?  Yes  No  N/A
- If Yes: Number: \_\_\_\_\_ Size: \_\_\_\_\_ Frequency of pickup: \_\_\_\_\_
- Contractor: \_\_\_\_\_
2. Will a compactor be used?  Yes  No  N/A
- If Yes: Number: \_\_\_\_\_ Size: \_\_\_\_\_ Frequency of pickup: \_\_\_\_\_
- Contractor: \_\_\_\_\_
3. Will garbage cans be stored outside?  Yes  No  N/A
4. Describe surface and location where dumpster/compactor/garbage cans are to be stored:
- \_\_\_\_\_
5. Describe location of grease storage receptacle: \_\_\_\_\_
6. Is there an area to store recycled containers?  Yes  No  N/A
7. Indicate which material(s) must be recycled:  Glass  Metal  Plastic  Paper  Cardboard

### SECTION XIX) WATER SUPPLY

- a) Is water supply:  public? or  private? If private, has source been approved? \*  Yes  No  Pending  
\*You must attach a copy of written approval and/or permit from the [Oklahoma Department of Environmental Quality](#) (or provide prior to opening).
- b) Describe provision for ice scoop storage: \_\_\_\_\_
- c) Is the hot water generator sufficient for the needs of the establishment?  Yes  No
- d) What is the capacity and location of the water heater? \_\_\_\_\_
- e) Provide calculations for necessary hot water to verify needs are met: \_\_\_\_\_

### SECTION XX) SEWAGE DISPOSAL

- a) Is building connected to a municipal sewer?  Yes  No\*  
\*If No, is private disposal system approved? \*\*  Yes  No  Pending  
\*\*You must attach a copy of written approval and/or permit from the Oklahoma Department of Environmental Quality (or provide prior to opening).
- b) Are grease traps/interceptors provided?  Yes\*  No  
\*If Yes, indicate the location? \_\_\_\_\_  
Provide schedule for cleaning & maintenance: \_\_\_\_\_

### SECTION XXIII) DRESSING ROOMS/EMPLOYEE PERSONAL STORAGE

- a) Are dressing rooms provided?  Yes  No
- b) Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):  
\_\_\_\_\_

### SECTION XXI) GENERAL

- a) Where will all toxics for use on the premises or for retail sale (this includes personal medications) be stored so that they are away from food preparation and storage areas? \_\_\_\_\_
- b) How will all containers of toxics, including sanitizing spray bottles be clearly labeled?  
\_\_\_\_\_
- c) Will linens be laundered on site?  Yes\*  No\*\*  
\*If Yes, what will be laundered and where? \_\_\_\_\_  
\*\*If No, how will linens be cleaned? \_\_\_\_\_
- d) Is a laundry dryer available?  Yes  No
- e) Location of clean linen storage: \_\_\_\_\_
- f) Location of dirty linen storage: \_\_\_\_\_
- g) Are containers constructed of safe materials to store bulk food products?  Yes  No  
Indicate type: \_\_\_\_\_
- h) How often is each listed ventilation hood system cleaned?  
Whole system: \_\_\_\_\_  
Filters: \_\_\_\_\_

## SECTION XXII) SINKS

a) Is a mop sink present?  Yes  No\*

\*If No, please describe facility to be used for cleaning of mops and other equipment:

\_\_\_\_\_

## SECTION XXIII) DISHWASHING FACILITIES

a) Identify methods that will be used for warewashing? (Check **all** that apply.)

Mechanical Dishwasher  Two-compartment sink  Three-compartment sink

b) If **Mechanical Dishwashing**:

1. Identify the make and model of the mechanical dishwasher: \_\_\_\_\_

2. Type of sanitization used:

Hot water with booster heater (indicate temperature): \_\_\_\_\_

Chemical (indicate type): \_\_\_\_\_

3. Do all mechanical dishwashers have an audible or visual alarm to signal that detergent or sanitizer needs to be added?  Yes  No

4. Do all dish machines have accurately working temperature/pressure gauges?  Yes  No

5. Are test papers and/or kits available for checking sanitizer concentration?  Yes  No

c) If **Manual Dishwashing** (Two- or Three-compartment sink used):

1. Identify the dimensions of the compartments of the two- or three-compartment sink:

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

2. Does the largest pot / pan fit into each compartment of the two- or three- compartment sink?  Yes  No\*

\*If No, what is the procedure for manual cleaning and sanitizing? \_\_\_\_\_

3. Are there drain boards on both ends of the pot sink?  Yes  No\*

\*If No, indicate location and type of air drying space for wet equipment ( i.e. wall-mounted or overhead shelves, stationary or portable racks): \_\_\_\_\_

4. What type of sanitizer is used?

Chlorine  Quaternary Ammonium  Iodine  Other (specify): \_\_\_\_\_

5. Are test papers and/or kits available for checking sanitizer concentration?  Yes  No

## SECTION XXIV) HAND-WASHING/TOILET FACILITIES

a) Is there a hand-washing sink in each food preparation and warewashing area?  Yes  No

b) Do any of the hand-washing sinks, including those in the restrooms, have a mixing valve or combination faucet?

Yes\*  No \*If Yes, where? \_\_\_\_\_

c) Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  Yes  No

d) Is hand cleanser (soap) available at all hand-washing sinks?  Yes  No

e) Are hand-drying facilities available at all hand-washing sinks?  Yes  No

f) Is one covered waste receptacle available in the women's restroom?  Yes  No

g) Is the hot & cold running water under pressure available at each hand-washing sink?  Yes  No

- h) Are all toilet room doors self-closing?  Yes  No
- i) Are all toilet rooms equipped with adequate ventilation?  Yes  No
- j) Is a hand-washing sign posted by every hand sink, including restrooms?  Yes  No

**SECTION XXV) BACKFLOW PREVENTION**

Please provide the following specifications:

	AIR GAP	AIR BREAK	VACUUMBREAKER	OTHER
<b>Dishwasher</b>				
<b>Garbage Grinder</b>				
<b>Ice Machines</b>				
<b>Ice Storage Bin</b>				
<b>Sinks</b>				
a) Mop	a) _____	a) _____	a) _____	a) _____
b) 3-Compartment	b) _____	b) _____	b) _____	b) _____
c) 2-Compartment	c) _____	c) _____	c) _____	c) _____
d) 1-Compartment	d) _____	d) _____	d) _____	d) _____
<b>Steam Tables</b>				
<b>Dipper Wells</b>				
<b>Potato Peeler Lines</b>				
<b>Hose Bib Connection</b>				
<b>Refrigeration Condensate / Drain</b>				
<b>Beverage Dispenser with Carbonator</b>				

Identify the locations of all floor drains, if provided:

\_\_\_\_\_

\_\_\_\_\_

**SECTION XXVI) SMALL EQUIPMENT REQUIREMENTS**

Please specify the following:

	Number	Location	Types
<b>Slicers</b>			
<b>Cutting Boards</b>			
<b>Can Openers</b>			
<b>Mixers</b>			
<b>Floor Mats</b>			
<b>Other</b>			

SECTION XXVII) EMPLOYEE TRAINING

a) How will food employees be trained\* in good food sanitation practices?

\_\_\_\_\_  
\_\_\_\_\_

b) Number(s) of employees: \_\_\_\_\_

c) Dates of training\* completion: \_\_\_\_\_

\*Contact your county health department to verify if a **Food Handler Card** is required in your county of licensure.

d) Below, please describe the **Bare Hand Contact** procedures your facility will follow. You may contact your county health department if guidance documents are needed for Bare Hand Contact procedures. (310:257-5-21)

1. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready-to-eat foods?  Yes\*\*  No\*

\*If No, is a written Bare Hand Contact policy or procedure on file?  Yes  No

\*\*If Yes, list method(s) to be used and on what foods:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? (310:257-3-4)  Yes  No

3. Please describe illness sick policy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. How will employees be trained in the seven (7) major allergen groups? [310:257-3-2 (3)(A)]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Non-Continuous Cooking of Raw Animal Foods: Written Procedures

Establishment Name: \_\_\_\_\_ Establishment Address: \_\_\_\_\_

Applicant Name & Title: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Raw Food Item:	TIME	TEMPERATURE	MONITORING		CORRECTIVE ACTION	RECORDS	
			WHAT	HOW			FREQUENCY
INITIAL HEATING PROCESS	≤ 60 minutes		Time		Each Batch		Discard or immediately heat to ≥ 165°F if heated longer than 60 minutes
COOLING	within 1 <sup>st</sup> 2 hours	135°F* to ≤ 70°F	Time & Temperature	Measure temperature with a calibrated food thermometer & time with a clock/stopwatch	Each batch; Every hour until final temperature is achieved		Discard if cooling time and temperature requirements are not met.
	within a total of 6 hours	135°F* to ≤ 41°F	Temperature	Measure temperature with a calibrated food thermometer			Discard if not ≤ 41°F.
COLD HOLD		≤ 41°F	Temperature				
COOKING	15 seconds	≥ 165°F	Time & Temperature	Measure temperature with a calibrated food thermometer & time with a clock/stopwatch			Continue cooking food if time and temperature requirements are not met.

\*The cooling time and temperature clock starts at 135°F or the final initial heating temperature if < 135°F.

After complete cooking, food must be held hot at ≥ 135°F; served immediately; held using time as a public health control; or cooled from 135°F to ≤ 70°F within 2 hours and from 135°F to ≤ 41°F within a total of 6 hours.

How will food, after initial heating, but prior to complete cooking, be marked or otherwise identified as foods that must be cooked to ≥ 165°F for 15 seconds prior to being offered for sale or service? \_\_\_\_\_

How will food, after initial heating but prior to cooking to ≥ 165°F for 15 seconds, be separated from ready-to-eat foods to prevent potential cross contamination? \_\_\_\_\_

**HEALTH DEPARTMENT**

NAME & TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_



**AFFIDAVIT OF LAWFUL PRESENCE  
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct:  
(Check only ONE of the following statements that apply)

- I am a United States citizen.
- I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand this approval may or may not include approval for employment. The issuance of a license, permit or certificate by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Admission/Registration # \_\_\_\_\_

Authorizing Document: \_\_\_\_\_ (Attach a copy of the authorizing document.)

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and completed it in my own hand.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Signature: \_\_\_\_\_

For RENEWAL license, permit or certificate, please write the number: \_\_\_\_\_  
(Current license, permit or certificate number)

**INSTRUCTIONS FOR USE OF THIS AFFIDAVIT OF LAWFUL PRESENCE FORM:**

**The person signing this form must read these instructions carefully.**

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should **not** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. If an approved alien, write the identification number in the "*Admission/Registration #*" field and write the name of the authorizing document in the "*Authorizing Document*" field. (Examples of authorizing documents are: INS Form I-551 or INS Form I-94)
4. The person signing this form should write today's date in the space provided; write the city and state where they are actually located when they sign this form print and sign their name in the space provided; and if only if applying for a renewal write the current license, permit or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.