Grant County Health District

P.O. Box 37, Ephrata, WA 98823

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 of an existing food establishment

(PLEASE PRINT)

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

This Application must be submitted with the following items:

*Remodel plan reviews may omit all items where there will be no change.

☑	ITEM #	ITEM	DESCRIPTION
	1	Business details	**Provide details of the daily business** of this Food Establishment (FE). Fill out *Attachment A* of this packet.
	2	Menu	**Provide a menu or detailed list of all the foods and drinks you will be serving**. Include *Attachment B* of this packet. Note sources of food purchases.
	3	Food Preparation Methods	**Describe preparation methods of all food you will be serving.** Include all steps: cold holding, thawing, prepping, assembling, cooking, hot holding, cooling, etc. You may use *Attachment C* to specify your methods, or use your own format as long as all the required information is included.
	4	Floor Plan	**Provide a scaled floor plan** showing the layout of the FE. Include locations and types of all equipment (sinks, refrigeration, etc.). Show restrooms, work areas, ware washing, storage, and customer seating areas, and specify **finish schedules** (materials). Refer to the *Plan Review Guide* and *sample floor plans*.
	5	Ill Worker Policy	**Include your written policy regarding restricting and excluding ill food workers.** See enclosed chapter of the Food Code on *Employee Health* for rule.
	6	Septic/Sewer Availability	**Provide proof of approved sewage disposal.** Submit a sewer bill or letter from a sewer company confirming sewer hookup. Complete *Attachment D* **only** if connected to an on-site septic system.
	7	Water Supply	**Provide proof of approved water supply.** 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	Commissary	**Provide a signed commissary agreement** if any part of your food service will be conducted off site. Use *Attachment E.* This is **required** 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 and respond to this plan review application.
I understand I cannot open this FE until I have received written approval from this office and all other applicable city, county and state agencies.

(SIGNATURE) (TITLE) (DATE)