



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
Public Health Sanitation Division
350 Capitol Street, Rm. 313
Charleston, WV 25301**

**FOOD MANUFACTURING FACILITY PLAN REVIEW APPLICATION TO BE
COMPLETED BY THE OPERATOR AND SUBMITTED TO THE REGULATORY
AUTHORITY**

FOOD MANUFACTURING FACILITY PLAN REVIEW APPLICATION FOR:

NEW REMODEL CONVERSION

Name of Facility: _____

Physical and Mailing Address: _____

Phone if available: _____

Name of Owner: _____

Telephone: _____ Email: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____ Email: _____

1 set of plans is required to be submitted to the District Sanitarian assigned to the county where the food facility is located 45 days prior to construction or operation. See map at end of application for Name and Address of District Sanitarian.

Note: Not all sections may be applicable to every Facility. Contact the District Sanitarian if you have questions.

I have submitted plans/applications to the following authorities (if applicable) on the following dates:

_____ Governing Board of Council		_____ Plumbing
_____ Zoning		_____ Electric
_____ Planning		_____ Police
_____ Building		_____ Fire
_____ Conservation		_____ Other
Hours of Operation:	Sun _____	Thurs _____
	Mon _____	Fri _____
	Tues _____	Sat _____
	Wed _____	

Number of Employees: _____
 Total Square Feet of Facility: _____

Number of Floors on which operations are conducted _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Facility: Manufacturer Repacker Warehouse Combination

Please enclose the following documents:

_____ Proposed food items to be manufactured/repacked/warehoused

_____ Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

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

_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed food items to be manufactured/repacked/warehoused.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Food equipment schedule, which includes the make and model numbers and listing of equipment, must be submitted.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks.
6. Label and locate warewashing sinks and/or dishwashers.
7. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of each food preparation.
8. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
9. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
10. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. 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;
 - d. Lighting schedule with protectors;
 - e. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, processing);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
 - f. Ventilation schedule for each room;
 - g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

- h. Garbage can washing area/facility;
- i. Cabinets for storing toxic chemicals;
- j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- k. Completed Food Manufacturing Facility Plan Review Application (SF-45)
- l. Site plan (plot plan)

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from approved sources?	<input type="checkbox"/> YES	<input type="checkbox"/> No
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2. What are the projected frequencies of deliveries for Frozen foods _____, Refrigerated foods _____, and Dry goods _____.

3. Provide information on the amount of space (in cubic feet) allocated for:
 Dry storage _____,
 Refrigerated Storage _____, and
 Frozen storage _____.

4. 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 point of sale 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

THAWING FROZEN PHF (TCS) FOOD:

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

____ Under Refrigeration: _____

____ Running Water less than 70° F _____

____ Microwave (as part of cooking process): _____

____ Cooked from frozen state: _____

____ Other: (describe) _____

List all foods that will be manufactured/repacked/warehoused:

List foods that will be held hot or cold before distribution:

Provide a HACCP plan for Seafood and Juice manufacturing facilities

COOKING:

1. Will food product thermometers be used to measure temperatures while manufacturing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	What type of temperature measuring device will be used? _____
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2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot foods be maintained at 135°F or above during holding for distribution? Indicate type, number, and location of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for distribution? Indicate type and number of cold holding units.

EMPLOYEE TRAINING

1. Will food employees be trained in good manufacturing practices? Number of employees _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Method of training:

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please describe:

4. Will employees have paid sick leave?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas. Materials must be smooth, nonabsorbent, and easily cleanable. Studs, joist and rafters may not be exposed in walk-in refrigeration units, food preparation areas, or equipment washing areas. Utility service lines may not be unnecessary exposed on walls or ceilings.

Kitchen	FLOOR	COVING	WALLS	CEILING
Food Prep Area				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				

Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all window openings have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution devices identified on the plan?			
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C. GARBAGE AND REFUSE</u>			
1. Will refuse be stored inside? Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there an area designated for garbage can or floor mat cleaning			
If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will a dumpster or compactor be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number _____ Size _____			

Frequency of pickup _____			
Contractor _____			
11. Will garbage cans be stored outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Describe surface and location where dumpster/compactor/garbage cans are to be stored _____ _____ _____			
13. Describe location of grease storage receptacle _____ _____			
14. Is there an area to store recycled containers?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate what materials are required to be recycled; () Glass () Metal () Paper () Cardboard () Plastic			
15. Is there any area to store recalled product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						

Garbage Grinder						
Ice machines						
Ice storage bin						
Sinks a. Mop b. Janitor c. Handwash d. 3 Vat e. 2 Vat f. 1 Vat g. Water Station						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A 'P' trap is a fixture trap that provides a liquid seal in the shape of the letter 'P.' Full 'S' traps are prohibited.

1. Are floor drains provided & easily cleanable, if so, indicate location:

E. WATER SUPPLY

1. Is water supply	Public?	Non-Public?
2. If Non-Public has source been approved	YES Attach copy of permit	No
3. Is ice made on premises	Yes---Attach specs for ice machine and describe storage of ice scoop, location of ice maker and bagging operation	No
4. What is the capacity of and location of the hot water heater?		
5. Is the Hot water generator sufficient for the needs of the facility?	Yes Provide calculations for hot water	No
6. Is there a water treatment device?	Yes How will the device be inspected and tested?	No
7. How are backflow prevention devices inspected and tested?		

F. SEWAGE DISPOSAL

1. Is building connected to public sewer?	Yes	No
2. If no, is private system approved?	Yes Attach copy of permit and inspecton	No
3. Are grease traps provided?	Yes Indicate Location	No
4. Size of trap _____ gal.	Letter from Sanitary Board	Schedule of cleaning and maintenance

G. DRESSING ROOMS

1. Are dressing rooms provided?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

H. GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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Indicate location:

2. Are all toxics for use on the premise (this includes personal medications), stored away from food preparation and storage areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are all containers of toxics including sanitizing spray bottles clearly labeled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Will linens be laundered on site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, what will be laundered and where?

If no, how will linens be cleaned?

5. Is a laundry dryer available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Location of clean linen storage: _____

7. Location of dirty linen storage:

8. Are containers constructed of safe materials to store bulk food products?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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9. How will manufacturing equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration _____

Test Kit Available:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Dry cleaning methods to be used? Please explain.

10. 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If not, how will ready-to-eat foods be cooled to 41°F?

11. Will all produce be washed on-site prior to use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Is there a separate location to be used for washing produce?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If yes, describe the location.

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

13. Describe the procedure used for minimizing the length of time foods will be kept in the temperature danger zone (41°F - 135°F) during preparation

14. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

16. How is each listed ventilation hood system cleaned?

I. SINKS

1. Is a mop sink present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If no, please describe facility for cleaning of mops and other equipment:

2. Is a food preparation sink present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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J. DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ()

Two compartment sink ()

Three compartment sink ()

2. Dishwasher—type of sanitization used?

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do all dish machines have templates with operating instructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do all dish machines have temperature/pressure gauges as required that are accurately working?	<input type="checkbox"/> Yes	<input type="checkbox"/> NO
5. Does the largest pot and pan fit into each compartment of the pot sink?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If no, what is the procedure for manual cleaning and sanitizing?

6. Are there drain boards on both ends of the pot sink?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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7. What type of sanitizer is used?

8. Are test papers and/or kits available for checking sanitizer concentration?	<input type="checkbox"/> YES	<input type="checkbox"/> No
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K. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Is hand cleanser available at all handwashing sinks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are covered waste receptacles available in each restroom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Is hot and cold running water under pressure available at each handwashing sink?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are all toilet room doors self-closing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are all toilet rooms equipped with adequate ventilation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Is a handwashing sign posted in each employee restroom?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____
 Owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Applicants that do not agree with the decision of the reviewer are entitled to appeal by submitting a request for reconsideration in writing to Director, Public Health Sanitation, 350 Capitol St., Rm. 313, Charleston, WV 25301

This document has been adapted from the FDA 2008 Plan Review Guide, Food Est. Guide for Design, Installation, and Construction Recommendations and compared against the FDA Good Manufacturing Practices requirements.

<http://www.wvdhhr.org/phs/>

DISTRICT SANITARIAN CONTACT INFORMATION
COUNTIES ASSIGNED TO SANITARIANS BY COLOR CODE

WV Bureau for Public Health
 Office of Environmental Health Services
Public Health Sanitation Division

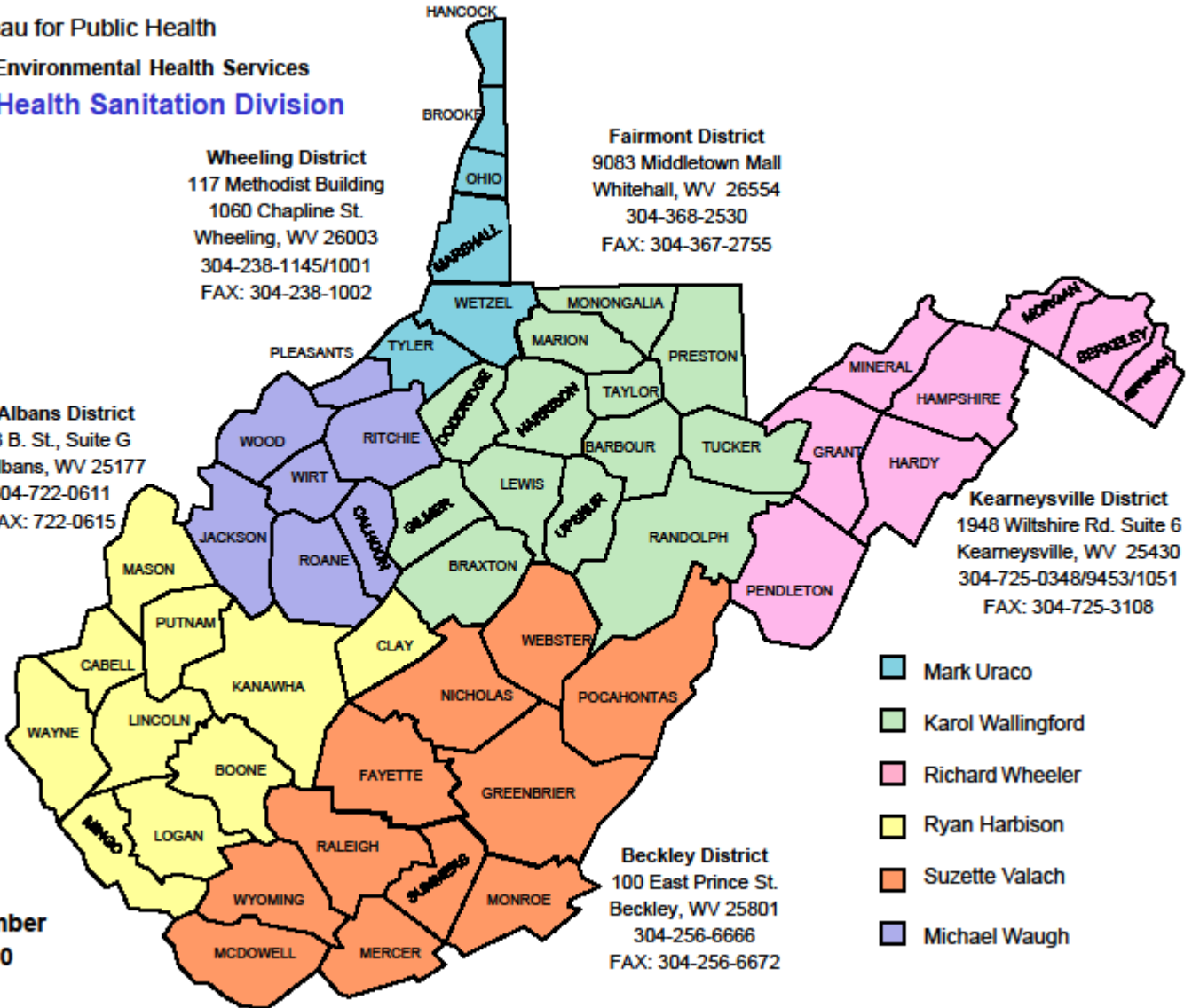
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 117 Methodist Building
 1060 Chapline St.
 Wheeling, WV 26003
 304-238-1145/1001
 FAX: 304-238-1002

Fairmont District
 9083 Middletown Mall
 Whitehall, WV 26554
 304-368-2530
 FAX: 304-367-2755

St. Albans District
 808 B. St., Suite G
 St. Albans, WV 25177
 304-722-0611
 FAX: 722-0615

Kearneysville District
 1948 Wiltshire Rd. Suite 6
 Kearneysville, WV 25430
 304-725-0348/9453/1051
 FAX: 304-725-3108

Beckley District
 100 East Prince St.
 Beckley, WV 25801
 304-256-6666
 FAX: 304-256-6672



- Mark Uraco
- Karol Wallingford
- Richard Wheeler
- Ryan Harbison
- Suzette Valach
- Michael Waugh

**November
 2010**