



Island County Public Health

Environmental Health – Food Safety Program
Mailing Address: 1 NE 7th Street, Coupeville, WA 98239
Physical Address: 1 NE 6th Street, Coupeville, WA 98239
(360) 678-8276 • Fax: (360) 679-7390
E-mail: foodsafety@islandcountywa.gov

Plan Review Checklist

Food Establishment Name: _____

This checklist will help you prepare a complete plan review packet for a permanent food establishment. Submit the completed plan review packet and checklist with the required application fee at least 30 days prior to desired operational date. Incomplete plan review packets will not be accepted. Make a copy of this plan review packet for your records prior to submittal. Plan review fees are non-refundable.

X		ITEM	DESCRIPTION	OFFICE USE ONLY
	1	Application	Provide a completed Island County Health Department annual permit application.	
	2	Questionnaire	Provide completed questionnaire regarding construction, operational plan & procedures, and general food safety knowledge assessment.	
	3	Food Sources and Menu *	Provide a list of suppliers where foods will be purchased from. Provide a detailed menu or a list of all the food and beverages you will be serving. Include condiments, baked goods, specials, seasonal items, etc.	
	4	Food Process Flows *	Provide a process specific menu list OR a completed food process flow from receiving/purchase to end service to consumer. Identify control points to control foodborne illness risk factors.	
	5	Plans **	Provide floor plans, plumbing plans, and electrical plans for the food establishment. The floor plan must show the location of all equipment (sinks, refrigeration, cooking, hoods, blenders, countertop appliances, etc.). Plumbing plans must show location of all sinks, drains, water lines, restrooms, and sizing of hot water heater(s). Plans must be drawn to scale with measurements included (1/4" – 1' preferred). Plans not drawn to scale may require on-site evaluations with additional fees assessed.	
	6	Equipment List **	Provide completed equipment list including the make and model numbers for all equipment. This includes all sinks, refrigeration, countertop appliances, cooking, hot holding equipment, & hot water heater. Only commercial grade equipment that meets National Sanitation Foundation (NSF) standards or equivalent will be accepted. Submit equipment specification sheets for all equipment.	
	7	Finish Schedule **	Provide completed Finish Schedule form. Applicant should explain what materials will be used for all floors, walls, ceilings, counter tops, and cabinets.	
	8	Water & Wastewater	Provide completed water source and wastewater disposal form (<i>may be required for menu change & remodel</i>).	
	9	Catering Operations Checklist	Complete catering operations checklist and provide equipment specification sheets for all equipment and vehicles used in support of catering operations. (If Applicable)	
	10	Attachments	Provide a copies of your Washington State Department of Revenue issued business license, sick employee policy, clean-up procedure for vomit and diarrheal events at establishment & certified food protection manager certificate.	
	11	Fee	Include plan review application fee according to the Island County Fee Schedule .	



Plan Review General Information

Retail food establishments are those that sample, sell, or serve food, even if the food is being given away for free. Retail food establishment operators need to obtain either a Temporary Food Service Establishment Permit or a Permanent Food Service Establishment Permit.

- To apply, you will start with a Food Service Establishment *Plan Review* so that we can determine the appropriate Food Service Establishment *Permit* category for your proposal. Your proposal will be reviewed concurrently by the Drinking Water & Onsite Sewage Program at the Health Department for compliance with wastewater disposal and drinking water supply regulations (see pg. 3 for more information).
 - **Applications must be submitted at least 30 days before your intended opening.**
 - This application must be submitted simultaneously with any required drinking water and onsite sewage applications.
 - **Fees are non-refundable.**
- After your plan review is approved, you will purchase your Food Service Establishment Permit to operate for the remainder of the permitting year.

Glossary of Terms

“Change of ownership” is when the owner of a food establishment changes to a different individual, partnership, corporation, association, or other legal entity, AND:

- There will be no changes to the menu or equipment in the facility.
- There is no interruption of service of the ongoing operation. If the business closes for any amount of time, full plan review is required.
- It has been less than 30 days after the effective ownership change date. Changes of ownership in effect for 30 days or more will require a full plan review application.

***At the time of a change of ownership, the establishment will need to be upgraded to meet the current facility requirements of the Washington State Retail Food Code. Your inspector will let you know which upgrades need to be made during the first routine inspection. The first routine inspection will occur within 30 days of the change of ownership effective date.**

“Commissary” is an approved, licensed food establishment where food is stored, prepared, portioned, or packaged for service elsewhere.

“Food Code” refers to [Chapter 246-215 Washington Administrative Code](#), which is the set of regulations governing retail food establishments.

“Health Department” means the Island Count Public Health Department.

“Limited food service” means a food establishment with a limited menu.

“Menu” means the types of food that will be served and how they are prepared.

“Plan review” is the careful review of the proposed food establishment design, equipment, and menu by the Health Department to ensure food items will be safely stored, prepared, and served before the operating permit is granted. Reviewers will ensure the establishment is designed for food safety.



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This packet will help you prepare everything you need to submit for a successful plan review.

After you begin operating, a plan review is required when you want to make changes within the establishment, such as changes in ownership, menu, equipment, physical design, or service, including changing commissary kitchens.

“Time/Temperature control (TCS) food” is food that needs time and/or temperature control for food safety. These foods include but are not limited to: Dairy products; meat; eggs; fish; shellfish; cooked rice, beans, potatoes, and pasta, tofu; batters; sliced melons; cut tomatoes and leafy greens; and untreated garlic- or fresh herbs-in-oil mixtures.

PLAN REVIEW PROCEDURE

Remember to contact the local building, business, fire, and sewer departments for additional requirements. Those applying for a permit for a mobile food unit, such as a food truck or food trailer, must use the Mobile Unit Plan Review Packet to apply.

1. Existing food establishments with a valid Food Service Establishment Permit making changes to equipment, menu, commissary kitchen, or services offered: Intended changes cannot be implemented until approval is received. Complete only the applicable pages of the application. For instance, if you want to update your menu, complete the first page of the application and the menu page.
 - a. The first page of the application must always be included.
 - b. If more information is needed to complete your application’s review, it may go into pending status. It is recommended that you confer with your inspector prior to submitting to ensure the correct pages are completed.
2. 30 days prior to your intended opening, submit this Plan Review Application, associated drinking water and onsite sewage system applications, and appropriate fee(s). Fees are non-refundable.
 - a. The floorplan must exactly match the floorplan submitted to other agencies, if applicable. Packets may be submitted over the counter at our office or mailed. Incomplete packets will not be accepted. Packets expire 1 year after date of submission, or if you stop communicating with our office.
 - b. The establishment must have a public water supply and approved wastewater disposal system.
3. Your application will be routed to an inspector.
4. Once the review is complete, the inspector will issue a Plan Review Notification Letter. The application will be approved, pending, or denied. If the inspector needs more information from you to complete the review, the decision may be delayed.



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- a. **Approved:** The application is approved as submitted. Any changes made to the floorplan, menu, or services offered after the approval is issued requires additional Health Department review and approval; revisions may result in postponement of intended opening date.
 - b. **Pending:** The submitted application cannot be approved as-is. The conditions that need to be addressed to obtain approval are listed on the Plan Review Notification Letter, and may require that an
 - a. updated floorplan or menu be submitted. Revisions may result in postponement of the application review.
 - c. **Denied:** The application is not approved. The reason(s) will be listed on the Plan Review Notification Letter.
5. When construction and the Plan Review Notification Letter requirements are completed and the remainder of the plan review fee along with the Pre-opening Inspection Fee has been paid, contact your inspector to schedule the pre-operational inspection. Notice of at least five business days prior to intended opening is required for scheduling the pre-operational inspection. **Please Note: If the establishment is new, no food product may be delivered, stored, or prepared until the inspector approves the establishment.** Cold and hot holding equipment will be checked for compliance at this time. If there is no food in the equipment, you must place containers of water inside each unit so that the inspector can obtain a temperature. If a unit has a top and bottom or side by side component, a container of water should be placed in each section.
 6. Once the Pre-opening Inspection is completed & approved, you will be provided the invoice for your annual license.
 7. Pay for the annual license at least five business days before intended opening. Your permit category corresponds to a specific line item in the Environmental Health Fee Schedule and can be found on your Plan Review Status Letter.

If a pre-operational inspection is attempted and the requirements listed in the Health Officer Decision were not completed, the inspection will be postponed and a reinspection fee will be assessed (see [Environmental Health Fee Schedule](#) for current rate).

FOOD SERVICE ESTABLISHMENTS- GENERAL & FACILITY REQUIREMENTS

Food service establishments must comply with the [Washington State Retail Food Code \(Chapter 246-215 Washington Administrative Code\)](#) and Food Service Regulations. The following sections address common problems encountered during inspections but are not comprehensive of all rules. Food service establishment operators are responsible for knowing and implementing the rules.



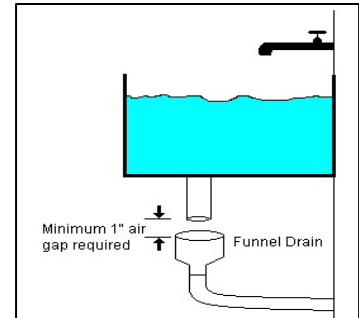
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PLUMBING

- Food contact equipment: All equipment that has contact with food or food contact surfaces, such as food preparation sinks, ice machines, dishwashers, beverage ice sinks, soda machines, salad bars, dipper wells, and non-evaporator or condenser type refrigerator and freezer units, must be indirectly plumbed to the sewer (see diagram to right). Please refer to the Uniform Plumbing Code, Chapter 6, and the local Building Department for other requirements.
- Carbonated beverage dispensing machines: You must install a properly vented dual check valve device or an approved reduced-pressure backflow assembly between copper pipe/tubing and carbonated beverage dispensing machines.
- Hoses: If a hose is to be used to fill a mop bucket, a backflow prevention device must be installed on the hose bibb.



RESTROOMS

- You must have an enclosed employee restroom within 200 feet of the establishment, with a hand wash sink within or immediately adjacent to the restroom. The sink must be in addition to the hand wash sinks required in food preparation areas. All hand wash sinks must have soap, paper towels, and warm running water.
- If the establishment provides customer seating, you must provide restrooms for the customers. These restrooms must be located so customers do not pass-through food preparation, food storage, or warewashing areas.

SINKS

- Hand washing sinks (required): In addition to the hand wash sink in the restroom, a hand washing sink must be conveniently located **and** within 25 feet of food preparation, service, and ware washing activities. At all times, all hand wash sinks must have soap, paper towels, warm running water, be available for use, and cannot be blocked. The basin should be large enough to fit both hands inside at the same time and allow hands to not touch the sides of the basin. Hand washing sinks can only be used for hand washing, and must have soap, paper towels, and warm running water (minimum of 100 F). A sign that notifies food employees to wash their hands must be provided at all hand washing sinks used by employees. You can print signs at the Washington State Department of Health's website:
<https://www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/HandWashingSigns>
- Warewashing sinks (required): A three-compartment sink for manual dishwashing must be available, with attached drainboards. If drainboards are not provided, utensil racks or tables large enough to accommodate all soiled and cleaned items that might accumulate during hours of operation must be provided for necessary utensil holding before cleaning and after sanitizing. The sink compartments must be large enough to fully submerge your largest piece of equipment that will need to be washed. Use of a commercial dishwasher is optional and does not negate the requirement for warewashing sinks.
- Service sink (required): A separate service or utility sink is required to supply and dispose of floor-cleaning water and wastewater. It must be located away from the food preparation areas. If a hose attached to the faucet will be used to fill a mop bucket, a vacuum breaker must be installed to
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prevent cross-connection to your clean water supply. Dumping wastewater into toilets or outside is *not* an alternative.

- Food preparation sink (required): A food preparation sink is required if washing, rinsing, soaking, draining, cooling, or thawing of food will be performed. It must be indirectly plumbed (see diagram on previous page) and cannot be used for any activity other than food preparation.
- Bar sink (may be required): If you serve liquor or espresso drinks, you may be required to have a designated dump sink in the bar area in addition to a hand washing sink.
- Commercial dishwasher (not required): Must provide a heat sanitizing cycle or an approved chemical sanitizing rinse and must be indirectly plumbed.
- Splash guards of sufficient height and depth must be provided around sinks where splashing may occur and contaminate an adjacent food contact surface.

FINISH SCHEDULE

- Walls, floors, and ceilings must be smooth, non-absorbent, durable, and easily cleanable. Holes, penetrations, or other damaged areas must be repaired and sealed. Fiber reinforced plastic (FRP) or other waterproof material is recommended on wall surfaces behind sinks and other areas exposed to moisture. Unsealed acoustic ceiling tiles are not allowed.
- You must install coving at floor-wall junctures; coving must be sealed and closed to no larger than one millimeter.
- Concrete floors are permitted if they are smooth and properly sealed.
- Wooden surfaces (e.g., doors, trim, shelves, cabinets, etc.) must be sealed or painted with glossy paint in restrooms and areas where food is prepared, stored, or served.

EQUIPMENT

- Refrigeration: Adequate refrigeration must be available to cool food and store food, including ensuring that raw meats are below or separate from ready to eat foods. Some units can only maintain foods at 41°F or less, while other refrigeration is able to cool hot food. Check with the manufacturer to learn the ability of each unit.
- Hot holding: Equipment must be able to maintain foods at an internal temperature of 135°F or more.
- Equipment must be commercial and NSF-approved or equivalent. Equipment cannot be located under sewage lines. Place equipment to allow easy cleaning on all sides and underneath.
- All utensils, display cases, tables, shelving, etc. must be made of non-toxic, non-corrosive materials that are constructed and finished so they can be easily cleaned.
- Fixed equipment is equipment that is not easily movable. It should be spaced to allow for cleaning on all sides. If equipment is to be placed next to other equipment or walls, it should be no more than one millimeter apart, or sealed to adjoining walls or equipment if spilling or seepage exposure is likely.

GARBAGE

- All garbage, rubbish, and litter that accumulate in and around the food establishment must be stored in containers.
- Outdoor containers must have tight-fitting lids and should be kept closed to minimize pests.
- Dumpster service must occur often enough to prevent overflow outside of the garbage containers.



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LIGHTING AND VENTILATION

- Shatterproof shields or guards for lights in kitchen, bar, service, and dry storage areas must be installed.
- Lighting must provide 10- to 50-foot candle power, depending on the area it is lighting.
- 10-foot candles in walk-in refrigeration units and dry storage areas.
- 20-foot candles in warewashing and hand washing areas, restrooms, equipment and utensil storage areas, inside equipment (such as a reach-in refrigerator), and at points of consumer self-service.
- 50-foot candles in areas where employees are working with food, equipment, or utensils.
- Ventilation systems must meet all local mechanical and fire codes.
- Ventilation hoods must be designed to prevent grease and condensate from dripping onto food or food contact surfaces. Filters must be easily removable for cleaning and replacement.

MENU

- Special processes: There are some methods or processes that require Health District review and approval before a food establishment can begin using that special process. The processes may require special permission, a written plan of operation, a variance, or a Hazard Analysis Critical Control Point (HACCP) plan; additional paperwork and fees may apply. For some of the processes listed below, an additional annual permit and fee will be required. On the proposed menu of the Plan Review Application, indicate if you are interested in performing any of the following special processes:
 - Non-continuous cooking
 - Using time as a public health control
 - Grill marking but not full cooking the product
 - Unattended hot holding or cooking
 - Parasite destruction for sushi/ sashimi
 - Making acidified rice for sushi
 - Growing sprouts
 - Molluscan shellfish tanks
 - Cook-chill
 - Sous vide
 - Smoking food for preservation rather than flavor (more than 7 days of shelf life is considered preservation)
 - Reduced oxygen packaging
 - Custom processing animals
 - Adding Additives / Preservatives to foods (curing sausage)
 - Dehydration
 - Fermentation
- Consumer advisory: When raw or undercooked meats, eggs, aquatic foods, or unpasteurized juices, milk, or cheeses are offered as ready-to-eat, a consumer advisory statement must be posted to inform consumers that the foods pose a health risk because they are not processed to eliminate pathogens. Menu items to which the advisory applies must be individually asterisked on the menu.
 - The consumer advisory shown on your menu can be one of the following statements:
 1. "Regarding the safety of these items, written information is available upon request;"
 2. "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs might increase your risk of foodborne illness;" or



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3. "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs might increase your risk of foodborne illness, especially if you have certain medical conditions."
 - If you plan to serve fresh, unfrozen finfish such as halibut or salmon that are partially cooked, you can serve the items only upon consumer request.
 1. A separate consumer advisory from the one described above will need to be added to your menu and should state "Regarding the safety of consuming fresh, partially cooked fish, information is available upon request."
 2. We highly recommend you reach out to your inspector for menu review to ensure consumer advisories are correct on your menu before you print them.

MISCELLANEOUS

Required prior to opening:

- A verifiable training log or other plan that shows food workers have been trained on employee health/illness information.
- Written procedures for the clean-up of vomit and diarrhea in your establishment.
- Signage placed in a conspicuous place for customer viewing that lets them know how to access inspection reports.
- A staff member who holds a Certified Food Protection Manager Certification for applicable establishment types.
- Chemicals must be stored below or separate from food, food equipment, utensils, and single service articles.
- No one may use tobacco or vaping products inside the food establishment, nor within 25 feet of windows, doors, or air intakes.
- No one may eat in food preparation or storage areas. A drink can be in these areas if it is closed or covered; covered cups with a straw are acceptable.
- Storage areas for personal items must be separate from food preparation and storage areas.
- Employees that access their phones or handle money or garbage during food preparation or food service have contaminated their hands or gloves. They will need to remove gloves (if applicable) and properly wash their hands prior to resuming food service.
- Adequate shelving to store all food, cleaned and sanitized equipment, utensils, and single service items at least six inches off the floor must be available.
- Thin-probed thermometers that measure from 0°F to 220°F must be available and used at appropriate times (when cooking, cooling, reheating, cold holding, or hot holding food).
- Thermometers must be available in all refrigerators and freezers, placed near the door in an easily monitored position. These thermometers are measuring the temperature of the air in the unit, not the internal temperature of the food; therefore, they should only be used as an indicator and not a substitute for obtaining the internal temperatures of food.
- Sneeze guards or other protection methods must be implemented to protect open food from customer contamination.
- Pest entry: If doors and windows to the outside are kept open, they must be screened to prevent pest entry. Pest entry must be minimized by closing and filling gaps along floors, walls, ceilings, windows, and doors.
- Unattended cooking, such as overnight cooking, is not allowed unless a plan of operation is submitted to and approved by your inspector.



1 Food Establishment Application

Application must be complete in full and submitted with the initial plan review fee. Plan review fees will be invoiced at the current hourly rate with applicable permit fees invoiced based on the assigned permit in according to the current [Island County Fee Schedule](#).

PERMIT/APPLICATION TYPE (Check applicable box) – See Permit Risk Category Descriptions on Page 2

<input type="checkbox"/> Risk Category 1 (Limited Handling, No Cook)	<input type="checkbox"/> Risk Category 2 (Same Day Service, No Cooling)
<input type="checkbox"/> Risk Category 3 (Complex Preparation, Cooling)	<input type="checkbox"/> Specialized Process/Written Procedure Approval
<input type="checkbox"/> Remodel/Change of equipment ** (Submit sections 5, 6, 7 & maybe 8)	<input type="checkbox"/> Menu Change * (Submit sections 3, 4 & maybe 8)

FOOD SERVICE ESTABLISHMENT INFORMATION

Establishment name		Establishment phone	
Physical address (Mobile units/caterers leave address blank) City		Email Address	
Mailing address City		State	Zip code
Unified Business Identifier (UBI #)	Type of Septic: <input type="checkbox"/> Sewer <input type="checkbox"/> Onsite Septic System <input type="checkbox"/> DOH LOSS <input type="checkbox"/> Holding Tank		
Intended date of opening or when changes will go into effect	Total # of Seats (including outside)	Are you doing any special processes? (listed on page 6 of Questionnaire) <input type="checkbox"/> Yes <input type="checkbox"/> No	

FOOD ESTABLISHMENT OWNER INFORMATION

Ownership Name			
Food establishment owned by: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Applicant / Contact First and last name		Phone number	Email address
Mailing address City		State	Zip code
If there are multiple owners, list the other owners' names here. The main owner who will be our point of contact should be the one listed above. If partnership, corporation or LLC, attach list of all partners or corporate officers as registered with the State of Washington.			

CERTIFICATION AND ACKNOWLEDGMENT

I understand I cannot open this food establishment until I have received written approval from Island County Public Health, obtained all annual operating permits/licenses, and have been inspected/approved by all applicable jurisdictions. Signature of the owner or an officer of the legal ownership affirms the accuracy of the information provided in this application and that the permitted facility will be operated in compliance with the adopted regulations of Island County Food Code ([Chapter 8.10D.040](#)).

Owner/ Applicant name printed

Owner/ Applicant signature

Date



Food Establishment Risk Categorization & Planned Inspection Frequency

RISK CATEGORY	DESCRIPTION	INSPECTION FREQUENCY #/YR
1	Operations may include: <ul style="list-style-type: none">Establishments that sell or store only prepackaged goods OREstablishments that serve non-TCS goods OREstablishments that serve coffee drinks with TCS ingredients OREstablishments serving non-TCS beverages with ice and/or are ware washing.	1
	<i>Permit types may include the following: Risk 1 food establishment, grocery store, Risk 1 bed & breakfast, and vending machines/micro market.</i>	
2	Operations may include: <ul style="list-style-type: none">Establishments that serve, sell, prepare, or stores TCS foods (no cooling) OREstablishments that are preparing blender drinks w/TCS ingredients OREstablishments that are serving ice cream (soft serve or scooped).	2
	<i>Permit types may include the following: Risk 2 food establishment, Risk 2 bakery, Risk 2 bed & breakfast, school kitchen, and meat & fish market.</i>	
3	Operations may include: <ul style="list-style-type: none">Food establishments with complex preparation including cooking, cooling, and/or reheating of prepared foods ORFood establishments that prepare foods using a specialized process.	3
	<i>Permit types may include the following: Risk 3 food establishment, deli, Risk 3 bakery and Risk 3 bed and breakfast.</i>	

Risk categories and permit types will be assigned during plan review process based on evaluation of menu and operations. Risk categories will be updated based on operational and/or menu changes observed during routine inspections, remodels, etc. Inspection frequency is based on risk category assigned.



Food Establishment Name: _____

I. Construction

1. Provide a description (the scope) of your establishment:

2. ☐ Yes ☐ No – Have you reviewed Island County plan review guidance?
3. ☐ Yes ☐ No - Is all equipment ANSI approve (ie: NSF)?
4. ☐ Yes ☐ No - Are all handwash sinks conveniently located to all food preparation, food service, and dishwashing areas without having to pass through any doors or otherwise separate areas and contains hot and cold water?
5. ☐ Yes ☐ No - Are soap and paper towel dispensers installed where water droplets from handwashing/drying will not contaminate any food or food contact surfaces?
6. ☐ Yes ☐ No - Does your 3-compartment sink supply hot water at a minimum of 110°F, contain integral drainboards on both sides, rounded corners, and basins large enough to completely submerge and wash all equipment?
7. What are the dimensions of each basin of the 3-compartment sink: _____
8. ☐ Yes ☐ No – Is the 3-compartment sink connected to a grease trap or grease interceptor?
9. ☐ Yes ☐ No - Are indirect drains (i.e., air gap) provided for all food preparation sinks, dishwashers, ice machines, soda dispensers, steam tables, woks, dipper wells, espresso machines, beer tap drip trays, walk-in refrigeration/freezers, and all equipment in which food or food contact equipment is placed?
10. ☐ Yes ☐ No – Is an indirectly drained food preparation sink included in your proposed floor plan?
11. ☐ Yes ☐ No - Is there customer seating inside the facility?
If yes, how many seats are in the facility, including the bar and lounge? _____
12. ☐ Yes ☐ No - Is there customer seating outside the facility?
If yes, how many seats are outside? _____
13. ☐ Yes ☐ No ☐ N/A - If you have customer seating, is your restroom accessible to customers without passing through food preparation, food storage, and/or dishwashing areas?
14. ☐ Yes ☐ No - Do you have to go outside to access any walk-in refrigeration/freezers, food storage, equipment, or dry storage areas? Note: All locations must be clearly marked on floor plans.
15. ☐ Yes ☐ No – Is a designated chemical storage area included in your proposed plans?
16. ☐ Yes ☐ No – Is there a designated employee storage or dressing area included in your proposed plans?
17. ☐ Yes ☐ No – Will all outer openings to the facility be sealed or screened to prevent pest entry?

18. How will food and food contact surfaces in your kitchen be protected from possible sources of contamination (i.e., dirty water, cross-contamination, etc.)?

Check all that apply: ☐ Splash guards ☐ Physical separation ☐ Other: _____

19. ☐ Yes ☐ No - Is the mop sink located so food and equipment are not contaminated when used?

20. ☐ Yes ☐ No - Will a faucet with a hose attachment or a chemical dispensing system be installed at the mop sink?

21. ☐ Yes ☐ No - If yes, Does the mop sink have a vacuum breaker installed?

22. ☐ Yes ☐ No - Is your facility currently connected to a public fresh water supply?

23. Please indicate which type of wastewater connection is available at your facility:

☐ Public sewer system ☐ Approved Septic System

24. Will your building department or fire marshal require a hood system for your intended menu and equipment?

a. Building Department Name: _____

b. Name of Official: _____

25. ☐ Yes ☐ No ☐ N/A - If a soda fountain system is used, will it be installed by a professional beverage system contractor (i.e., Coca-Cola) who can verify that a reduced pressure backflow zone assembly (RPZ) installed and tested?

26. ☐ Yes ☐ No - Will any food be stored or prepared at another location? If yes, list name and address where food will be stored or prepared:

Facility Name: _____ Facility Address: _____

If yes, how will hot & cold foods be properly transported, maintaining required temperatures?

27. ☐ Yes ☐ No (Required) - Have you already reached out to your local building department to apply for a plumbing permit for this establishment?

II. Operational Plan & Procedures

1. ☐ Yes ☐ No - Do you plan to serve or sell TCS foods

2. ☐ Yes ☐ No - Do you plan only to serve or sell pre-packaged foods?

3. How will customer orders be fulfilled (check all that apply)?

☐ Not applicable ☐ To order upon customer request (no advanced preparation)

☐ In advance quantities, based on projections

4. ☐ Yes ☐ No - Will you use time as a control for any food items? **(if yes, please provide written policy)**

5. How many times per week do you anticipate receiving refrigerated/frozen ingredients?

6. How many times per week do you anticipate receiving dry goods (i.e., to-go containers, flour, coffee, etc.)?

7. How do you plan on ensuring food received by your establishment is received at the correct temperature?

8. How many meals do you anticipate serving per day? (Do not leave blank)

Breakfast_____ Lunch_____ Dinner_____

9. ☐ Yes ☐ No - Will any food, beverages or condiments be self-service? If yes, list each item and how you will prevent contamination:

10. ☐ Yes ☐ No - Will you be making and serving cocktails with garnishes in a separate bar area?

11. ☐ Yes ☐ No – Does your menu include any fresh fruits, vegetables, or ready to eat foods that will require washing or rinsing?

12. ☐ Yes ☐ No - Will you receive and/or store any frozen raw meat, poultry, or seafood?

13. ☐ Yes ☐ No – Will any raw food of animal origin be thawed under running water?

14. ☐ Yes ☐ No - Will any food of animal origin be served raw or undercooked, such as fish, steaks, eggs, or hamburger?

15. ☐ Yes ☐ No – Is there a consumer advisory statement on the menu?

16. ☐ Yes ☐ No ☐ N/A - If fish or seafood will be served raw or undercooked, will documentation of proper parasite destruction be maintained available?

17. Please specify your date marking procedure for the food establishment. What will be date marked? How long will you keep the food? How will you ensure old food is discarded by discard date?

18. How do you plan on ensuring there is no bare hand contact with food that is ready-to-eat?

19. How are you going to keep cold TCS foods at or below 41F? How are you going to keep hot TCS foods above 135F? (List proposed equipment)

20. How are you going to cool TCS foods from 135F to 70F within 2 hours and then from 70F to 41F within an additional 4 hours?

21. How are you going to rapidly reheat TCS foods to 165F within 2 hours? (List proposed reheating equipment)

22. How will cross contamination be prevented if using one refrigerator for both ready to eat and raw foods?

23. Please list the company or service provider you will utilize for solid waste removal:

Provider Name: _____ Phone: _____

24. If you have a deep fryer, please list the company or service provider you will utilize for waste oil removal:

Provider Name: _____ Phone: _____

25. Proposed hours of operation:

☐ open 24 hours ☐ seasonal: _____

Day	From	AM/PM	To	AM/PM
Sunday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Monday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Friday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM
Saturday		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM

26. ☐ Yes ☐ No - Will catering operation be conducted? If yes, complete and return the catering checklist.

27. Will the designated Person in Charge (PIC) be a Certified Food Protection Manager?

☐ Yes ☐ No ☐ Not Applicable

28. Do you have written standard operational procedures for the following? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Hand Washing | <input type="checkbox"/> Employee Illness |
| <input type="checkbox"/> Glove and Utensil Use | <input type="checkbox"/> Purchasing/Receiving |
| <input type="checkbox"/> Allergen Control | <input type="checkbox"/> Cold Storage/Holding |
| <input type="checkbox"/> Produce Washing | <input type="checkbox"/> Cross Contamination Prevention |
| <input type="checkbox"/> Proper Thawing | <input type="checkbox"/> Cooking/Reheating |
| <input type="checkbox"/> Hot Holding | <input type="checkbox"/> Cooling |
| <input type="checkbox"/> Date Marking | <input type="checkbox"/> Cleaning & Sanitizing |
| <input type="checkbox"/> Specialized Processes | <input type="checkbox"/> Proper Thermometer Use |
| <input type="checkbox"/> Time Without Temperature Control | <input type="checkbox"/> Vomit and Diarrheal Event Clean Up |

29. Do you actively monitor or complete any of the following? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Receiving/Transport Temperatures | <input type="checkbox"/> Cold Storage/Holding Temperatures |
| <input type="checkbox"/> Cooking/Reheating Temperatures | <input type="checkbox"/> Hot Holding Temperatures |
| <input type="checkbox"/> Cooling Time and Temperatures | <input type="checkbox"/> Thermometer Calibration |
| <input type="checkbox"/> Employee Reportable Illness | <input type="checkbox"/> Consumer Illness Complaints |
| <input type="checkbox"/> Food Safety Self Inspection (Internal or Third Party) | |

30. Do you intend to provide delivery of food? ☐ Yes ☐ No

31. How do you plan on cleaning and sanitizing food contact surfaces? What type of sanitizer will you use? Do you have test strips to measure sanitizer concentration?

32. Indicate below if you intend to do any of the following food processing steps (Include required documentation).

Smoking fish or meats for preservation <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)	Using Time as a Control <input type="checkbox"/> No <input type="checkbox"/> Yes (**Policy/Procedure & ***Logs)
Vacuum packaging/ reduced oxygen packaging/ Sous vide <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)	Making sushi or sticky rice <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)
Water bath or pressure canning <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)	Transporting <input type="checkbox"/> No <input type="checkbox"/> Yes (**Policy/Procedure)
Using food additives as preservatives (such as vinegar, nitrates, or nitrites) <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)	Fermenting or pickling (Yogurt, Kimchi, Sauerkraut) <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)
Par-cooking <input type="checkbox"/> No <input type="checkbox"/> Yes (**Policy/Procedure)	Dehydrating of TCS foods <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)
Sprouting seeds or beans <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)	Bottled Juice production <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)
Live shellfish tank <input type="checkbox"/> No <input type="checkbox"/> Yes (*HACCP)	Unattended Cooking <input type="checkbox"/> No <input type="checkbox"/> Yes (**Policy/Procedure)
Outdoor Cooking <input type="checkbox"/> No <input type="checkbox"/> Yes (**Policy/Procedure)	Sushi, Sashimi or Ceviche <input type="checkbox"/> No <input type="checkbox"/> Yes (**Logs/Documentation)

***HACCP-** A HACCP Plan will need to be submitted with this application

****Policy/Procedure-** Your policy and procedure for this activity will need to be submitted with this application and present at the establishment.

*****Logs/Documentation-** Your logs / Documentation will need to be available at inspections.



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3. Food Source & Menu

Food Establishment Name: _____

Food Sources

List all food and beverage suppliers you use. List all commonly used suppliers, description of foods supplied, and procurement method frequency (Delivery or Self-Transport).

SAMPLE SUPPLIER LIST

Supplier Name	Location	Food	Method
Seattle Foods	Seattle, WA	Packaged Frozen Foods, Dry Ingredients, Paper Goods, and Smallware.	Delivery twice per month
Island Bakery	Oak Harbor, WA	Bread	Pick up twice per week
Island Meats	Coupeville, WA	Fish, Seafood, Meat, Poultry	Pick up as needed
Island Produce	Langley, WA	Fresh Fruits & Vegetables	Delivery once a week

SUPPLIER LIST

Supplier Name	Location	Food	Method

Menus

Provide copies of your menus. Include all food and beverages you will serve. Be sure to include specials and seasonal items. Only food and beverages listed may be served. Submit copies of all breakfast, dinner, lunch, bar/lounge, happy hour, kids, catering, online menus, fresh sheets, menu boards, etc. If a menu board will be used, provide photographs of the menu showing all food and beverages listed. All menu items must be readable in photographs.

A consumer advisory is required for all foods of animal origin that are offered raw, undercooked, or cooked to the customer's specification. These menu items require a disclosure to identify menu items and a reminder statement to advise the consumer of an increased risk of foodborne illness.

Refer to the below example menu with consumer advisory. (Menu items will also be used in process flow examples in section 4)

SAMPLE MENU

ABC FOODS

Breakfast	
Oatmeal or Fruit Cup	\$2.00
Breakfast Sandwich w/ Sausage or Bacon	\$3.00
Breakfast Plate (Eggs any style*, Potatoes, Sausage or Bacon, & Toast)	\$5.00

Fresh Salads	
Fresh Fruit Salad	\$3.00
Chicken Caesar Salad*	\$4.00
Fresh Chef's Salad (Choice of Greens, Veggies, Turkey or Ham, & Dressing)	\$5.00

Lunch	
Club Sandwich	\$4.00
Chicken Salad Sandwich	\$5.00
Ribeye Steak Sandwich	\$6.00
Lobster Macaroni & Cheese	\$8.00

Sides	
Potato Chips	\$3.00
Potato Salad	\$4.00
French Fries	\$4.00
Macaroni & Cheese	\$5.00

Dinner	
Build Your Own Burger* w/side	\$4.00
Grilled or Fried Chicken w/ side	\$5.00
Fish and Chips	\$6.00
Lobster Tail & Ribeye Steak*	\$8.00

Sides	
Coffee	\$2.00
Can of Soda or Juice	\$2.00
Iced Tea	\$3.00
Fresh Lemonade	\$3.00

**Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs might increase your risk of foodborne illness.*



4. Food Process Flows

Food Process Flows (Preparation Steps) and Control Measures

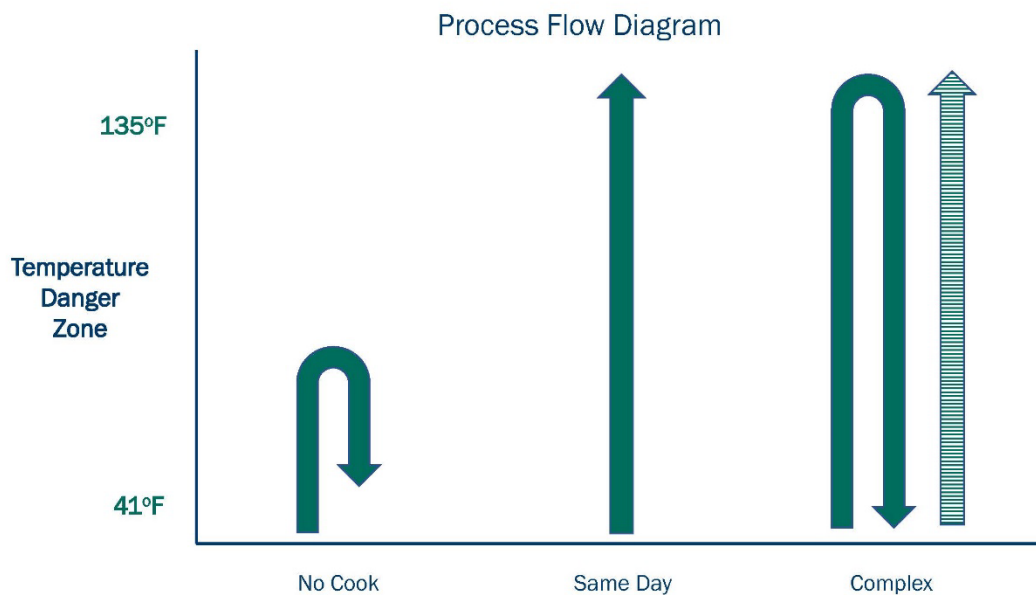
The flow of food in a retail or food service establishment is the path that food follows from receiving through service or sale to the consumer. Several activities or stages make up the flow of food and are called operational steps. Examples of operational steps include receiving, storing, preparing, cooking, cooling, reheating, holding, assembling, packaging, serving, and selling.

Most food items produced can be categorized into one of three processes or preparation steps based on the number of times the food passes through the temperature danger zone between 41 °F to 135 °F.

Process 1 – Food Preparation with no Cook Step (No Cook) – Foods in this process do not ordinarily enter the temperature danger zone because no cook step is required.

Process 2 – Food Preparation for Same Day Service (Same Day) – Foods in this process normally enter the danger zone as part of the cook process prior to serving.

Process 3 – Food Preparation for Same Day Service (Complex) – Foods in this process normally enter the danger zone more than once as part of cook process and cooling. Re-heating for hot holding may also occur with these foods.



The three food processes or preparation steps are not intended to be all inclusive. Some steps may not be applicable to all food items and some food items may be created by combining foods produced from different processes. The process flows are meant to show common steps where Control Measures can be implemented to prevent, eliminate, or reduce food safety hazards during preparation.

Categorizing menu items in a process specific list is known as the Process Approach to food safety. The process approach helps evaluate risks and determine control measures that are needed for a food establishment.



Process Specific Menu List using the Process Approach

1. Place all menu items in one of the three process approach categories.

Note: Process flow charts with preparation steps for each menu item may also be submitted.

SAMPLE PROCESS SPECIFIC MENU LIST

Mobile Food Unit Name: ABC Foods

Process 1 – No Cook

Menu Items: Fruit Cup, Toast, Fresh Fruit Salad, Fresh Chef's Salad, Potato Chips, Potato Salad, Burger & Sandwich Garnishes (Lettuce, Tomato, Cheese, Pickles), Canned Beverages, Fresh Lemonade.

Process 2 – Same Day Service

Menu Items: Breakfast Sandwich, Eggs, Sausage, Bacon, Club Sandwich, Ribeye Steak Sandwich, French Fries, Burgers, Grilled and Fried Chicken, Fish, Lobster Tail, Coffee, Iced Tea.

Process 3 – Complex

Menu Items: Chicken Caesar Salad, Lobster Macaroni and Cheese, Macaroni and Cheese.



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4. Food Process Flows

PROCESS SPECIFIC MENU LIST

Food Establishment Name: _____

Process 1 – No Cook

Menu Items:

Process 2 – Same Day Service (Cook-Serve)

Menu Items:

Process 3 – Complex (Cook-Cool-Reheat)

Menu Items:



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5. Floor Plans

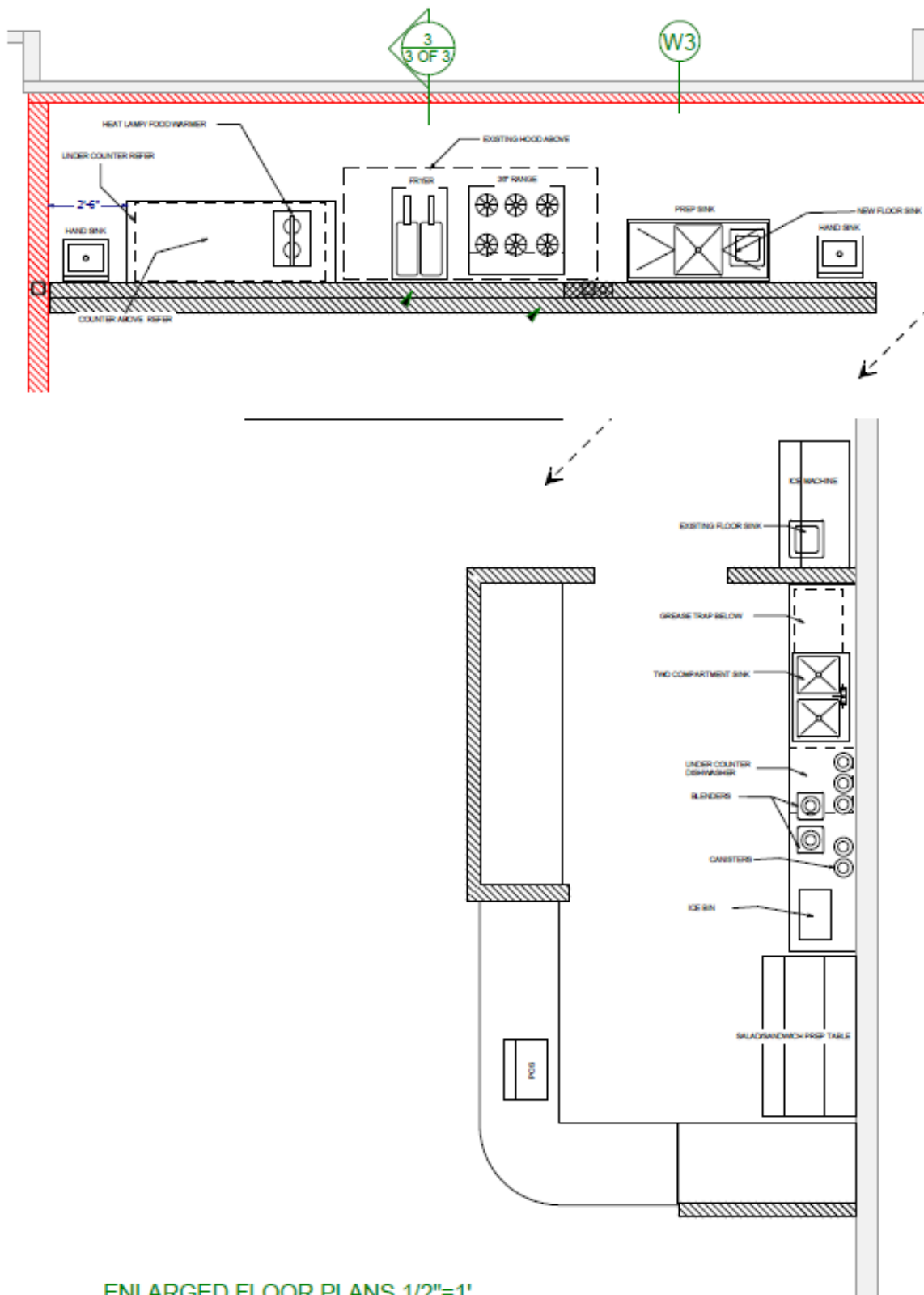
Submission of the following plans* is required. (Preferred drawn to scale 1/4" to 1')

1. Floor Plans - Location of all equipment (Refrigeration, Cooking, Food Preparation, Hoods, Sinks, Doors, Windows, Generators, etc.) with labels that correspond with submitted equipment list.
2. Plumbing Plans - Locations and sizing of all water and wastewater systems (Water heater, sinks, plumbing fixtures, etc.).

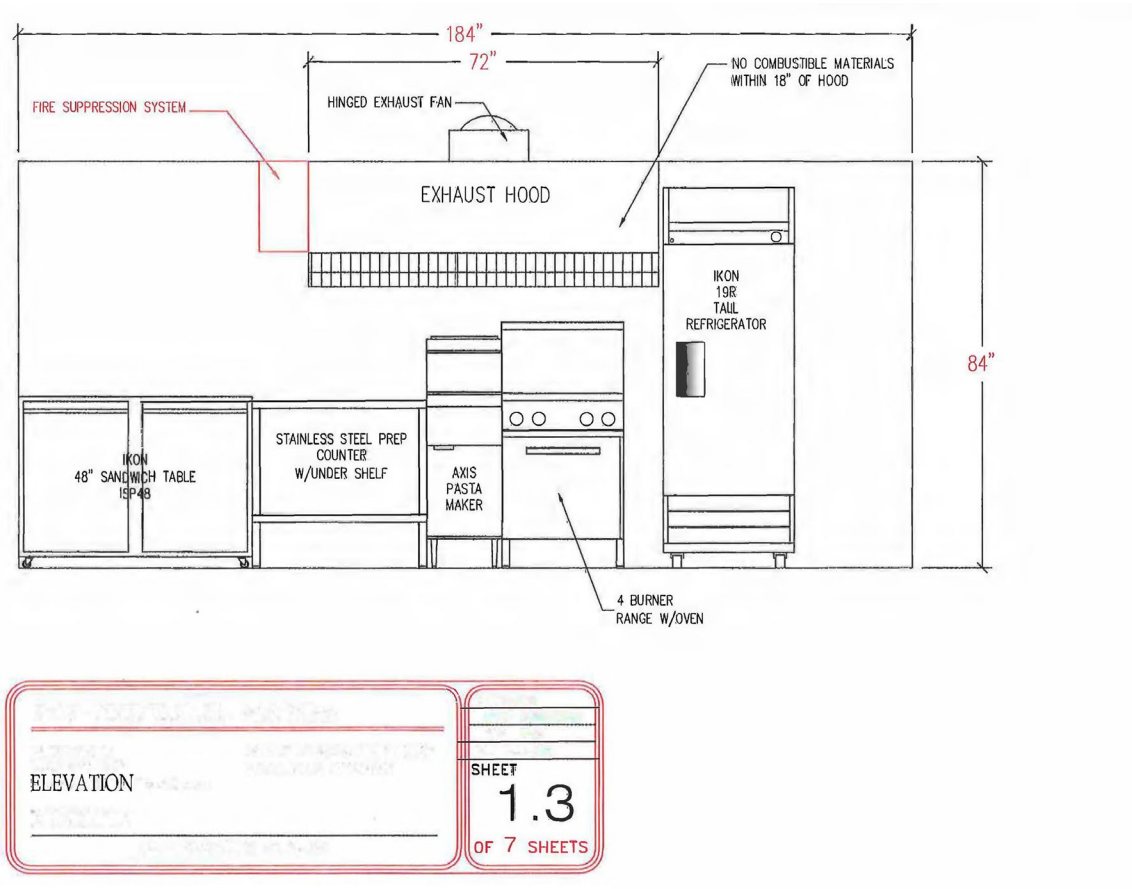
Plans preferred drawn to scale at 1/4" to 1'.

See plan examples included on pages 2 – 5.

Sample # 2 - Enlarged Floor Plan



Sample #4 – Equipment Elevation





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6. Food Equipment List

If not included in professionally drawn plans, list all food service equipment including make, model number, and quantity. Submit an equipment specification sheet with corresponding identification number included on the top right corner of the specification sheet. Equipment examples include but are not limited to refrigerators, sinks, stoves, ovens, steam tables, blenders, ice machines, ventilation hoods, **hot water heaters**, countertop appliances, etc. If a make and model number cannot be found, a picture of the equipment is required. All equipment ID numbers must correspond to location on floor plan.

Sample Equipment List

ID #	Equipment Description	Make	Model	Qty.
1	Hand Wash Sink	Regency	600HS172EFW4	1
2	Three Compartment Sink	Regency	600S321824X	1
3	Hot Water Heater	AO Smith	DEL-30	1
4	Single Door Reach in Refrigerator	Beverage Air	RB27HC-1S	2
5	Sandwich Prep Table	Beverage Air	SPED72HC-30M-2	1
6	Two Door Reach in Freezer	Beverage Air	FB49HC-1S	1
7	Convection Oven	Vulcan	VC5E	1
8	Fryer	Frymaster	GF14	3
9	Hood	CaptiveAire	ND-2	1
10	Coffee Maker	Bunn	53100.0000	1
11	Blender	Waring	CB15	2

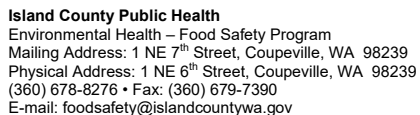
Equipment Sanitation Standards

Equipment must be commercial grade and meet American National Standards Institutes (ANSI) standards or equivalent.

Sample Sanitation Certification Marks

The below agencies are accredited by ANSI as a Certification Body (ISO/IEC 17065)





Food Establishment Name: _____

[illegible]



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7. Food Finish Schedule

Food Establishment Name: _____

List the materials used for floors, walls, coving (covering floor/wall junction), and ceilings.

- Floors must be constructed of smooth, easily cleanable, durable, non-absorbent material.
- Coving must be installed at all floor/wall junctures.
- Walls must be constructed of smooth, easily cleanable, durable, non-absorbent material. Fiberglass Reinforced Plastic (FRP) or similar waterproof materials are required on wall surfaces behind sinks and areas exposed to moisture:
 - From floor level to 8 feet behind your scullery area (warewashing area).
 - From floor level to 1 foot above the top of the sink faucet behind food preparation and hand washing sinks.
 - From floor level to 4 feet behind and adjacent to plumbing fixtures in the restroom.
 - Behind the sink from counter to 1 foot above the top of the sink faucet for sinks mounted in laminate counters that are attached/sealed to the wall.

Specify the finish materials for floor, wall, counter, and shelving surfaces (for example quarry tile, stainless steel, FRP, plastic laminate). Use N/A (not applicable) when necessary.

Sample Finish Schedule

Area	Floor	Coving	Walls	Shelves
Kitchen and Food Preparation	Sealed Concrete	Rubber Base Coving	Painted Drywall/FRP	Stainless
Bar	Tile	Rubber Base Coving	Painted Drywall	NA
Dry Storage	Sealed Concrete	Rubber Base Coving	Painted Drywall	Stainless
Warewashing	Sealed Concrete	Rubber Base Coving	FRP	Stainless
Wait station	Tile	Rubber Base Coving	Painted Drywall	Sealed wood
Restrooms	Sheet Vinyl	Rubber Base Coving	FRP	NA
Mop Storage/Utility Room	Sheet Vinyl	Rubber Base Coving	FRP	Stainless
Walk-in Refrigerator	Sealed Concrete	Coving may not be required for prefabricated walk-ins.	Stainless	Stainless
Other:				
Other:				



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7. Food Finish Schedule

Food Establishment Name: _____

Area	Floor	Coving	Walls	Shelves	Ceiling
Kitchen and Food Preparation					
Bar					
Dry Storage					
Warewashing					
Wait station					
Restrooms					
Mop Storage/Utility Room					
Walk-in Refrigerator		Coving may not be required for prefabricated walk-ins.			



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8. Water & Wastewater

Food Establishment Name: _____

Contact Name:	Email:
Site Address:	Phone Number:
Mailing Address:	Parcel Number:

Water System

Water system name:			
Water system type:	Group A	Group B	Municipal
	Other:		

Septic System

- ☐ Sewer
☐ Septic (Feasibility Study must be attached)
☐ DOH Large Onsite System (LOSS) (approval letter from the LOSS system manager attached)

OFFICE USE ONLY

Water System Approval	On-Site Sewage System Approval
Comments/Requirements: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Comments/Requirements: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Water Program Specialist Signature & Date	On-Site Sewage Specialist Signature & Date

* A feasibility study done by a licensed septic designer is required for approval. A feasibility study will look to see if the proposed menu is within the limits of the current septic systems design.



Food Establishment Name: _____

****All food establishments must have:**

- (1) Toilet room with handwashing
- (2) At least one handwash sink outside toilet room (typically more)
- (3) Food prep sink
- (4) Ware washing sink (3 compartment sink)
- (5) Mop/service sink

Applicant: Feasibility Study must be conducted by a licensed septic designer. A feasibility Study will look that the current septic system and verify that the proposed use and menu is within the operating limits of the septic. A current inspection (within the last 6 months) must be conducted to verify that the septic is operating as designed. You must provide the septic designer all information to allow a complete evaluation.

Designer: Food Code requires the following:

Handwashing- (WAC 246.215.05255) A handwashing sink must be located:

- (1) To allow convenient use by employees;
- (2) Within twenty-five feet, or as approved, of food preparation, food dispensing, and warewashing areas; and
- (3) In, or immediately adjacent to, toilet rooms.

Food Preparation Sinks- (WAC 246.215.02310) Food establishment must have designated food preparation sinks that are:

- (1) Sufficient in number and size to wash, soak, rinse, drain, cool, thaw, or otherwise process any food that requires placement in a sink.

Service Sink- (WAC 246.215.05240)

- (1) At least one service sink or one curbed cleaning facility equipped with a floor drain must be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.
- (2) Toilets and urinals may not be used as a service sink for the disposal of mop water and similar liquid waste.

3 compartment sink & Warewashing- (WAC 246.215.04305)

- (3) Sink compartments must be large enough to accommodate immersion of the largest equipment and utensils. If equipment or utensils are too large for the warewashing sink, a warewashing machine or alternative equipment as specified in subsection (3) of this section must be used.

The 3 compartment sink must be used at least once every 4 hours of operation to clean and sanitize food contact equipment or as often as necessary to assure that equipment is kept clean. A 3 compartment sink is required regardless of the presence of a warewashing machine.

Approximate water usage calculations:

Bar sink- (10 x 14 x 10) = 13.7 gallons

3 compartment sinks (15 x 15 x 14) = 30.7 gallons

3 compartment sinks (18 x 24 x 14) = 60 gallons

3 compartment calculations (l) x (w) x (d) x 3 x .003255 = gallons

Mop buckets

Small = 6.5 gallons

Large = 8.8 gallons

Food prep sinks- if menu only has a couple items, use 5 gallons. If a lot of vegetables used, increase.



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8. Feasibility Study

Food Establishment Name: _____

I have read the feasibility study and acknowledge the status/limitations to the septic system.

Applicant signature: _____ **Date:** _____

Site Information

Parcel #:			
Design Flow (gpd):		Attach As Built:	#
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	Attach Current Inspection:	Date:

Operational Information

# of Employees per shift:	Estimated Water Use (gal/day):
Seating capacity:	Hours of operation:
Type of Dishwashing:	If dish machine, number of gallons used and how often:
Dimensions of 3-compartment sink:	List Equipment to be washed & how often: (ie-meat slicer, every 4 hours)
Number of handwash sinks (including bathrooms):	
Number of food prep sinks:	
Number of mop sinks:	

Designer:

Please attach a narrative with the current state of the septic system, limitations, and concerns.

Minimum Requirement: Surface access to all components.

Required upgrades:

- ☐ Grease Trap
☐ Baffle Filter
☐ Dose Timer

☐ Other _____

Recommendation:

☐ Approved

☐ Denied

Designer Signature: _____

Designer Stamp



9. Catering Operations Checklist

Establishment Name: _____

Catering means a person who contracts with a client to prepare a specific menu and amount of food in an approved food establishment for service to the client's guests or customers at a different location. Consistent with its application under 08325, a catering operation approved for a permit may cook or perform final preparation on certain food at the service location.

All caterers must operate directly from an approved commissary kitchen capable of supporting the proposed operation. Customer pick-up or direct delivery with a point of sale with no set-up or service is not considered a catering operation.

Operational Questions:

What is the maximum number of catered meals that will be prepared at the commissary kitchen? _____

Will preparation occur during routine food service at the commissary kitchen? Yes No

The permit holder agrees to the following:

- Transportation vehicle is cleanable and capable of holding food securely.
- Food will be transported in a manner that prevents contamination using approved hot and cold holding equipment.
- Food transport logs are required to be maintained.
- Canned fuel chafing dishes may be used only in indoor locations for events lasting less than two hours.
- For serving events lasting more than two hours, approved powered hot-holding and cold-holding equipment is required.
- Food will be protected from contamination during service.
- On-site cooking or preparation will be done in a sanitary manner.
- A plumbed portable handwash station stocked with hand soap and disposable paper towels will be available and used at the site of service.
- Wastewater will be disposed of at the approved commissary kitchen.
- All dishes will be returned to commissary for proper cleaning and sanitizing.
- If Time as a Public Health Control is used written procedures with monitoring is required.
- Restrooms will be available for employees and consumers within 200 feet of serving location.
- Island County Food Safety Program will be notified by e-mail at foodsafety@islandcountywa.gov at least 14 days prior to catering events with information on location, menu, number of meals, service time, and date.
- Permit holder will be required to meet all local jurisdictional requirements (licensing, fire, etc.)

Signature

Date