



Island County Public Health

Environmental Health – Food Safety Program
 PO Box 5000 Coupeville, WA 98239-5000
 (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 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. Identify which food preparation steps will occur at the commissary and which will occur in the mobile food unit.	
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 tank(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. 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.	
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	Storage Calculations	Submit completed hot water, refrigeration, and dry storage calculation spreadsheets.	
11	Business License	Provide a copy of your Washington State Department of Revenue issued business license.	
12	Fee	Include plan review application fee of \$103.	