



CONSUMER HEALTH SERVICES PLAN REVIEW PACKET

All facilities must be inspected and licensed prior to operation. Submitting this form does not give permission to open or operate an establishment.

To ensure a timely review, the following documents shall be submitted to the department for approval at least 30 days prior to construction

1. Completed Plan Review Packet
2. One complete set of floor plans, drawn to scale, showing layout of equipment and mechanical systems. Refer to Ch. 2, Sec. 7 of the Wyoming Food Safety Rule or Ch. 2 of the Wyoming Pool Rule
3. Refer to specific plan review packet for additional requested information

Once the plan review packet has been approved, a pre-opening inspection shall be completed, license application completed and fees paid to Wyoming Department of Agriculture before a license will be issued. A license fee of \$100.00 will be required at time of licensing. Please make checks payable to: **Wyoming Department of Agriculture Consumer Health Services Section.**

Area inspector contact information and entire written regulations can be found at <http://wyagric.state.wy.us/divisions/chs>, or by contacting the Consumer Health Services Division of the Wyoming Department of Agriculture at 307-777-7211.

Mark All That Apply:

- | | |
|---|--|
| <input type="checkbox"/> New construction | <input type="checkbox"/> Change of type of operation |
| <input type="checkbox"/> Conversion of an existing building | <input type="checkbox"/> Change of ownership |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Requested by regulatory authority |

Applicant's printed name & title:

Applicant's signature

date of signature

Date Plan Review Submitted: _____ **Anticipated Opening Date:** _____



GENERAL INFORMATION							
TYPE OF ESTABLISHMENT (CHECK ALL THAT APPLY)							
<input type="checkbox"/> Aquatic Features	<input type="checkbox"/> Bulk Water	<input type="checkbox"/> Dairy	<input type="checkbox"/> Dietary Supplement	<input type="checkbox"/> Manufactured Food	<input type="checkbox"/> Meat Plant	<input type="checkbox"/> Mobile Unit or Push Cart	<input type="checkbox"/> Retail Food
Name of Establishment:					Phone:		
Address:					Cell:		
City:					Fax:		
State/Zip:				Email:			
County:							
Website:							
OWNERSHIP INFORMATION							
Individual Name:					Phone:		
Title:					Cell:		
Corporate Name:					Fax::		
Mailing Address:							
City:					Zip:		
State:				Email:			
Form of Organization:				Date formed and state where incorporated:			
<input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other entity:							
ON-SITE CONTACT INFORMATION (<input type="checkbox"/> CHECK IF SAME AS ABOVE)							
Name of Primary Contact					Phone:		
Address:					Cell:		
City/State:				Zip:			
Additional contact/title:				Phone:			
Additional contact/title:				Phone:			
DAYS AND HOUSE OF OPERATION							
Days	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
Hours	to	to	to	to	to	to	to



MONTHS OF OPERATIONS

<input type="checkbox"/>											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

If a seasonal operation or irregular hours will occur, please explain:

ADDITIONAL COMMENTS

FOR OFFICE USE ONLY

Date Plan Review Received:

Plan Review Received by: _____

Date Plan was Reviewed:

Approved: _____

Denied: _____

Comments:



Consumer Health Services

Manufactured Food Facility Plan Review

This Plan Review is designed to be used by the manufactured food establishment applicant/operator to make sure essential areas have been addressed/included in the plans submitted. It is not an all-inclusive list for the specific needs of each facility operator. In addition to this Plan Review additional content may be requested. Additional information and guidance can be found at <https://wyagric.state.wy.us/divisions/chs/food-safety>

Section 1: Products and Processes

1. What products will be manufactured and/or stored on site?

2. Describe the processes used for products, attach additional documentation as required:

3. Do you have any foods that require a Food Safety Plan? Yes No

If yes, list all foods below and submit plans and logs.

4. Is this facility commissary dependent? Yes No

If yes, all raw and finished products must be stored within the commissary. If you are commissary dependent, skip to Section 6: Manufactured Food Processor

3. Ventilation & Fire Suppression

- a. *Approvals must be granted from local city, county or state fire inspector for all ventilation and fire suppression requirements.*

Name of contact (fire inspector):

Title/Jurisdiction of inspector:

Date approval given:

TABLE 2: VENTILATION		
Hood Type	Dimensions of Hood (feet) (length x width)	Type of Filter

Section 3: Facility/Equipment Specifications

- 1. Complete Table 2 below for all facility related equipment or fixtures that require plumbing. Indicate how equipment or fixtures will be indirectly drained (e.g. floor sink, air gap, or air break), directly connected to the sewer, and/or what method of backflow prevention will be used, if applicable. If additional equipment is provided, please specify in the table below.

Table 3: Plumbing Equipment/Fixtures				
ID # on Plan	Fixture or Equipment	Number	Indirect/Direct Drainage	Method of Backflow Prevention
	3-Compartment Sink			
	Automatic Dishwashing Machine			
	Garbage Disposals			
	Handwashing Sinks			
	Food Preparation Sinks			
	Refrigeration Units			
	Ice Bins/Machines			
	Mop/Utility Sink			
	Chemical Dispensing Units			
	Spray Hoses			
	Walk-in Coolers			
	Walk-in Freezers			
	Other:			
	Other:			

2. Warewashing

- a. Manual Warewashing– Include the size of each compartment (length x width x depth) of the warewashing sinks, soiled and clean drain board lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area. The largest piece of equipment including pots and pans must be able to be fully submerged into the 3-compartment sink.

Table 4: Manual Warewashing Information				
ID # on Plans	Length (inches) of Soiled Drainboard	Dimensions (inches) of Sink Compartments (LxWxD)	Length (inches) of Clean Drainboard	Pre-Rinse Sprayer Yes/No

- b. Mechanical – Provide make and model numbers and attach specification sheets for each warewashing machine. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, utensil soak sink dimension.

Table 5: Mechanical Warewashing Information					
Make	Model #	Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (inches)(LxWxH)

- c. Will alternate equipment or methods be used in place of traditional drain boards? Yes No
If yes, indicate the methods that will be used:

3. Clean In Place (CIP)

- a. Will you facility have any equipment that use CIP? Yes No
If yes, list equipment below:

4. Shelving & Storage

- a. How many and what type of shelves will be in refrigeration cooler and freezer/s?
**Note: wood is not allowed on surfaces in the cooler or freezer.*

- b. How many and what type of shelves will be used in dry storage?
**Note: all food shall be stored at least 6" off the floor.*

7. Equipment Specifications

- a. Any equipment that is intended for use in an inspected facility shall meet the requirements of the Wyoming Food Safety Rule, Chapter 4 and Chapter 6. Please use Table 4: Equipment Schedule to indicate equipment to be installed in facility.

Table 6: Equipment Schedule				
ID # on Plan	Equipment	Make/Model	New (N) / Used (U)	Plumbing Required Y/N

- b. Provide the number of refrigeration/freezer units. Also provide capacities for refrigeration/freezer units in Table 6. **All cold holding equipment must be commercial NSF certified equipment. Provide specification sheets for all cold holding units and condensation units being used in walk-in type coolers and freezer.**

Table 7: Refrigeration/Freezer Capacities		
Type of Unit	# of Units	Total Cubic Feet
Walk-in Cooler		
Walk-in Freezer		
Reach-in Cooler		
Reach-in Freezer		
Blast Chiller		
Retail Display		
Refrigeration Built-in		
Refrigeration Free Standing		
Other:		
Other:		

Section 4: Water and Sewer Supply

1. Hot Water

- a. Provide the following water heater information in Table 5. Please attach specification sheets. If more than one water heater is to be installed, please indicate which plumbing fixtures each heater or system will service.

Table 8: Water Heater			
Make	Model #	Capacity (Gallons)	Water Temperature

2. Water Supply

- a. Where will water be supplied from?

- Municipality
 Community Water System*
 Private Well*

**Water must be sampled every six months. Results must be kept in establishment file. Please attach approval from State Engineer's office.*

3. Waste Water Disposal

- a. How will sewage be disposed of?

- Municipality
 Septic

** Please attach septic/grey water disposal approval from State DEQ.*

4. Grease Trap

- a. If applicable, what size is the grease trap(s)?

- b. Location of grease trap(s)?

5. Cooler and Freezer Drains

- a. Where will coolers and freezers drain?

6. Restrooms

- a. How many restrooms will be provided?

Ensure the following minimum restroom requirements have been met:

- | | |
|--|--|
| <input type="checkbox"/> Accessible to employees at all times | <input type="checkbox"/> Equipment with self-closing doors |
| <input type="checkbox"/> Fan vented to the outside of building | <input type="checkbox"/> Covered trash can |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Hot and cold running water |
| <input type="checkbox"/> Paper towels | <input type="checkbox"/> Toilet paper |

Section 5: Manufactured Food Processor

1. Type of business/process (select all that apply.) *Note: Additional requirements may be required based on process selected.*

- | | |
|---|--|
| <input type="checkbox"/> Acidified Food | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Bottled Water | <input type="checkbox"/> Juice/Juice Ingredients |
| <input type="checkbox"/> Brewery, Distillery, Winery | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Co-packer, contract manufacturer | <input type="checkbox"/> Private Label/ Relabel Products |
| <input type="checkbox"/> Dietary Supplements | <input type="checkbox"/> Salvage |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Grain Storage | <input type="checkbox"/> Warehouse |

2. Projected Sales

Table 9: Projected Sales			
Type of Sales	Wholesale	Estimate of Gross Food Sales	
<input type="checkbox"/> Retail (all sales to final consumer)	<input type="checkbox"/> None	Retail	%
<input type="checkbox"/> Wholesale (all sales to other businesses)	<input type="checkbox"/> Intrastate (Inside WY)	Wholesale	%
<input type="checkbox"/> Wholesale and Retail on Same Premises	<input type="checkbox"/> Interstate (Outside WY)	Total	_____ % 100

Section 6: Required Documentation for Manufacturers

- 1. If you store product(s) in a location other than the physical address listed above, provide storage location address:**
- 2. A label and label review form for each final product to be processed at the facility shall be submitted and approved before label can be used.**
- 3. A Food Safety Plan may be required, and a Food Safety Modernization Act (FSMA) guideline book is available to reference as needed, discuss this with your CHS inspector.**

Section 7: FDA Registration

Most wholesale food establishments must register with FDA, in accordance with the federal Bioterrorism Act of 2002. Wholesale establishments in which their primary function is selling food directly to consumers are exempt from registration under the federal code (21 CFR 1.226).

Registration on-line is free at the webpage address below:

<http://www.fda.gov/Food/GuidanceRegulation/FoodFacilityRegistration/ucm2006831.htm>

ALERT: Some businesses charge money for registering establishments with FDA. However, registration is free from FDA.

Q: Why do I have to register with the FDA?

A: For facilities that meet the criteria, the Bioterrorism Act of 2002 requires registration for compliance with the law.

If you are unsure if your facility is required to register please contact the area CHS inspector.

Section 8: Additional Agency Recourses

Additionally, you may need to contact the following local resources prior to operation

- State of Wyoming Liquor Commission
- City or county building inspector
- City or county clerk
- Wyoming Department of Revenue (Sales Tax License)

PLEASE SUBMIT ALL INFORMATION TO YOUR AREA CHS INSPECTOR

**FAILURE TO SUBMIT THE REQUESTED INFORMATION COMPLETELY MAY DELAY THE PLAN APPROVAL PROCESS AND ISSUANCE OF A FOOD LICENSE.*

In addition to specifically requested information or documents, ensure the following are submitted for ALL establishments:

1. Completed Plan Review Packet
2. One complete set of floor plans, drawn to scale, showing layout of equipment and mechanical systems. Refer to Ch. 2, Sec. 7 of WFSR
3. Specifications on equipment (including shelving) showing NSF or equivalent approval