



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



Wyoming
DEPARTMENT OF *Agriculture*

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

MEAT PLAN REVIEW WORKSHEET

This Plan Review is designed to be used by the meat plant 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 plant 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/meat-a-poultry-program> the eCFR can be located at:

https://www.ecfr.gov/cgi-bin/text-idx?SID=922017d43014111b0bee009e85821d89&mc=true&tpl=/ecfrbrowse/Title09/9tab_02.tpl

Below is a checklist of required information needed to complete the plan review. Please ensure all information is included. *Lack of complete information will delay review and plan approval.*			
<input type="checkbox"/>	Floor Plans/Specifications	<input type="checkbox"/>	HACCP(s) Plan(s) (State Inspection Only)
<input type="checkbox"/>	Water and Sewer Approval	<input type="checkbox"/>	Pre-Shipment Review (State Inspection Only)
<input type="checkbox"/>	Age Dentition	<input type="checkbox"/>	SOP(s)
<input type="checkbox"/>	Label Approval	<input type="checkbox"/>	SSOP(s) (State Inspection Only)
<input type="checkbox"/>	Letters of Guarantee	<input type="checkbox"/>	GMP(s) (State Inspection Only)
<input type="checkbox"/>	Source/Receiving	<input type="checkbox"/>	Retail Grind Log(s)
<input type="checkbox"/>	BSE/SRM Control	<input type="checkbox"/>	Owner Information

Square Footage and Area Location		
Please indicate square footage in each area	Square Feet	Location
Total Square Feet of the Facility		
Total Square Feet of Slaughter Area		
Total Square Feet of Processing Area		
Total Square Feet of Prep/Dishwashing Area		
Total Square Feet of Dry Storage		
Total Square Feet of Retail Areas		
Total Square Feet of Inedible Area		
Total Square Feet of Animal Holding Area		
Total Square Feet of Skinning Room		
Other:		
Other:		
Other:		

I. Meat Facility Slaughter and Processing Operations

A. What type of Slaughter operation will the facility be performing? (check all that apply)

- State Inspection
 Custom Exempt
 Mobile
 Wild Game
 On Farm Slaughter
 None
 Other

i. How many days per week of State Inspected slaughter are you requesting? Describe plan below: 1 Day 2 Days 3 Days 4Days 5 Days

- ii. What animal species does your facility plan on slaughtering? In *Table 1*, please indicate the species and the anticipated number of head will be slaughtered per week.

Table 1: Species and Head Per Week		
Name of Animal Species		# Head Per Week
<input type="checkbox"/>	Beef	
<input type="checkbox"/>	Pork	
<input type="checkbox"/>	Lamb	
<input type="checkbox"/>	Poultry	
<input type="checkbox"/>	Goat	
<input type="checkbox"/>	Buffalo (Non-amenable voluntary inspection)	
<input type="checkbox"/>	Yak (Non-amenable voluntary inspection)	
<input type="checkbox"/>	Other:	

B. What type of processing operations will the facility be performing? (Check all that apply)

State Inspected Custom Exempt Retail Exempt Wild Game

- i. How many days per week of Stated Inspected processing are you requesting? Describe plan below: 1 Day 2 Days 3 Days 4Days 5 Days

- ii. Will you be processing Raw, Not Ground Meat products?

Yes No

- iii. Will you be processing Raw Ground Meat products?

Yes No

- iv. Will your facility sell meat products retail onsite?

Yes No

- v. Will your facility be selling any Hotel, Restaurant, or Institution? Yes No

* Sales to HRI can only be raw product, and **may not** be cooked product. HRI cannot exceed 25% of retail sales.

- vi. If your facility will be selling meat products retail onsite, please complete Table 2: Finish Schedule below.

Table 2: FINISH SCHEDULE

Floors			Walls		Ceiling	
Material	Finish	Type of Base	Material	Finish	Material	Finish

- C. Does your facility have a HACCP Plan for State Inspection? Yes No
 If yes, please attach a copy of your facilities HACCP Plan. (HACCP plans are required for state inspection or retail exempt shelf stable products.)
 i. Please name all employees in your facility that will be trained in HACCP.

- D. Will this facility do any outside catering? Yes No

- E. Describe any other types of operations taking place at this facility?

II. Meat Facility Water and Sewer Supply

- A. Select the type of water supply system that services the facility.

Community/Public – Name of district/municipality:

**Attach a letter from district/municipality confirming water supply.*

Private – Provide the most recent water sample test results.

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

- B. Select the type of sewage disposal system that services the establishment.

Municipal/Public – Name of district/municipality:

If municipal/public, please include a letter confirming sewer hook-up.

On-site Waste Water Treatment System – Indicate location on site plan and attach a copy of DEQ approval for the system.

III. Meat Facility Plumbing Plans

- A. Complete Table 2 below for all meat facility related equipment or fixtures that require plumbing. Indicate how equipment or fixtures will be indirectly drained (e.g. floor sink or air gap), 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. Handwashing sinks in processing and slaughter area are required to be hands-free.

Table 2: Plumbing Equipment/Fixtures

ID # on Plan	Fixture or Equipment	Number	Indirect/Direct Drainage	Method of Backflow Prevention
	Warewashing Facilities (3 comp sink)			
	Dish Machine			
	Garbage Disposals			
	Hands Free Handsinks			
	Handsinks			
	Food Preparation Sinks			
	Refrigeration Units			
	Ice Bins/Machines			
	Mop/Utility Sink			
	Chemical Dispensing Units			
	Hoses			
	Food Preparation Sinks			
	Other:			
	Other:			
	Other:			

Note: Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets. Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs. Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels. Indirect drainage is required for warewashing, food preparation sinks, ice bins/machines and beverage machines.

- B. Is a garbage disposal provided? Yes No

i. If yes, provide location:

- C. Complete Table 3 and Table 4 for warewashing.

Will alternate equipment or methods be used in place of traditional drain boards? Yes No

If yes, indicate the methods that will be used:

Manual Warewashing– Include the size of each compartment (length x width x depth) of the warewashing sinks, soiled and clean drainboard lengths, and whether or not a pre-rinse spray hose will be installed for each warewashing area.

Table 3: 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

Note: Warewashing sinks must be large enough to accommodate the largest piece of equipment or utensils used.

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 and water usage in gallons per hour (GPH).

Table 4: Mechanical Warewashing Information					
Make	Model #	Heat/Chemical Sanitizing	Drainboard Length (inches)	Pre-Rinse Yes/No	Utensil Soak Sink Dimensions (inches)(LxWxH)

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

Table 5: Water Heater			
Make	Model #	Capacity (Gallons)	Water Temperature

IV. Equipment and Storage Specifications

Submit equipment specification sheets, including make and model numbers. All equipment shall be made so that it is smooth, durable and cleanable.

- A. Does your facility have a certified scale, certified by the Wyoming Department of Agriculture, Technical Services Division (307) 777-7324 Yes No

- B. Provide the number of refrigeration/freezer units. Also provide capacities for refrigeration/freezer units in Table 6.

Table 6: Refrigeration/Freezer Capacities			
Type of Unit	# of Units	Total Cubic Feet	Drain Type
Walk-in Cooler			
Walk-in Drip Cooler			
Walk-in RTE Cooler			
Walk-in Freezer			
Reach-in Cooler			
Reach-in Freezer			
Blast Chiller			
Retail Display			
Other:			
Other:			

***All cold holding equipment must be commercial NSF certified equipment. Provide specification sheets for all condensation units being used in walk-in type coolers and freezer.**

- i. Describe how condensation units for walk-in cooler and walk-in freezers are drained.

- ii. Describe the types of shelving, if any, which will be placed in walk-in coolers and/or walk-in freezers.

- iii. Will Processing or Fabrication rooms be cooled? If so, please describe.

- C. Describe how the facility will be separating Raw and Ready-to-eat products.

***Facility will be required a separate Ready to Eat (RTE) cooler, if they choose to make RTE products.**

D. If your facility will be Slaughtering/Processing Wild Game, please describe how your facility will separate, identify, and label wild game from Custom, or State products:

Will comingling of fat from custom to wild game occur? Yes No

If yes, describe how the facility will notify both parties:

E. Describe how foods, equipment, utensils, linens, and single-service articles will be stored and protected from contamination. (All foods shall be stored at least 6 inches off the floor.)

V. Ventilation Plans

A. Provide the location of each ventilation system, ventilation system type in the Table 7.

Table 7: Ventilation	
Location	Type
Kill Floor	
Processing Room	
Fabricating Room	
Smokehouse Area	
Cooked Product Area	
Inedible Cooler/Room	
Restroom	
Skinning Room	
Other:	

B. Provide the name and contact information of Fire Inspector. (Please attach approval letter from local Fire Inspector.)

Name:

Contact Information:

VI. Lighting Plans

A. Provide locations of lighting on plans. All lighting in slaughter areas, processing areas, smokehouse areas, dry storage areas, dishwashing areas, inside equipment, and above areas where open foods are held or displayed must be equipped with shatter proof bulbs or shields that will protect open food, carcasses, utensils, and single use items from broken glass if a bulb is broken. Different foot candles/lumens are required in different areas of your meat facility

i. Is the lighting in the Slaughter and Processing areas at least 50 Foot Candles?

Yes No

- ii. Is the lighting in the handwashing, warewashing, equipment and utensil storage areas at least 30 Foot Candles? Yes No
- iii. Is the lighting in retail areas and inside reach-in coolers, walk-in coolers, walk-in freezers, and dry food storage at least 20 Foot Candles? Yes No

VII. Inedible Products and Waste Plans

A. Describe where the inedible room is located in the meat facility.

Is there sufficient ventilation in the inedible room to suppress odors and prevent insanitary conditions? Please describe ventilation below:

Are inedible containers leak-proof and properly labeled “INEDIBLE”? Yes No
(Lettering reading “INEDIBLE” must be no less than two inches high)

Describe who will remove inedible products from facility, frequency inedible products will be removed from facility, where inedible products will be disposed of, and what denaturant will be used?

How many dumpsters with lids and on a concrete pad or paved pad will be provided?

How often are dumpsters emptied?

Name of trash Disposal Company:

VIII. Outside Openings

A. Describe how facility is protecting outside openings from pest and rodent entry.

B. Describe the facilities Pest Control Plans

IX. Restrooms

A. How many restrooms will be in the facility?

B. Where are restrooms located in the facility?

C. Are restroom facilities complete with self-closing doors and vented to the outside?

Yes No

X. Labeling

All labels that will be used for operations are required to be approved by this Department.

A. Describe how the facility will label safe handling information on packaging:

B. Will the facility be donating meat products? Yes No

If yes, describe how the facility will be labeling donated product:

C. Describe how the facility will be labeling custom not for sale products:

XI. Inspector Facilities

A. Do you have a Desk Area and a lockable file cabinet available for Inspector? If yes, identify on floor plan.

XII. Meat Processing Facilities

A. Will the processing facility have railing to transport carcasses? Yes No

If yes, please complete Table 1 below. Please note, that to prevent contamination of carcasses, rails should be arranged to provide enough room for carcasses to move without touching equipment, walls, columns, other fixed parts of the building, and other carcasses.

Table 1: Railing		
Area	Location	Rail Height (in feet)
Drip Cooler 1		
Drip Cooler 2		
Processing Room 1		
Processing Room 2		
Drop Rail:		
Other:		

B. Will the processing facility have any hoists? Yes No

If yes, please complete Table 2.

Table 2: Hoist(s)		
Location	Height	Capacity (in pounds)

C. Describe cleaning and sanitizing procedures, location and frequency for trolley hooks and gamble hooks used for operations.

D. Floors, walls, and ceilings in processing areas, walk-in cooler/freezers, should be constructed so that they are rigid, durable, non-toxic, non-corrosive, and impervious to moisture, should be a light solid color, and should be smooth or textured with an easily cleanable open pattern. Please use the finish schedule in Table 3 below to indicate interior floors, walls and ceiling finishes for each area within the processing facility.

C. Describe where your facility will be mixing spices for raw and or cooked products:

Note: A properly supplied handwashing sink will be required in spice mixing area/room.

XV. MEAT HACCP TRAINING

A. Please list all employees who will be or are Meat HACCP trained: