



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



MEAT SLAUGHTER FACILITY PLAN REVIEW WORKSHEET

I. Meat Slaughter Facilities

A. Will the slaughter 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)
Kill Floor		
External Rail Height		
Drop Rail		
Other:		
Other:		

B. Will the slaughter 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 slaughter 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 slaughter facility.

- B.** Will the slaughter facility have a knife sterilizer? Yes No
 If yes, please complete Table 5: Knife/Saw Sterilizer Schedule below.

TABLE 5: KNIFE/SAW STERILIZER SCHEDULE						
NAME OF KNIFE OR SAW AND LOCATION	KNIFE OR SAW DIMENSIONS (INCHES)			DIMENSIONS (INCHES) OF STERILIZER COMPARTMENT		
	LENGTH	WIDTH	DEPTH	LENGTH	WIDTH	DEPTH

III. Slaughter Facility Processes

- A.** Describe the kill chute that will be used for each species. Kill chutes will be required to be tailored for the animal species that will be slaughtered.

- B.** Will the facility be using a head catch? Yes No

- C.** Describe the livestock pens that will be used with each species

i. Where will suspect pens be located?

ii. Where will carcass retain cage be located?

D. Describe how the facility will be separating carcasses over the age of 30 months from carcasses younger than 30 months:

E. Describe how the facility will be identifying custom carcasses:

F. Describe how the facility will stun each animal species being slaughtered:

G. Describe the facility secondary means of stunning:

H. Describe how the facility will bleed each animal species being slaughtered:

I. If the facility is slaughtering hogs, will the hogs be skinned or scalded?

If scalded, please describe and provide a spec sheet for scalding vat:

Please describe and provide spec sheet for dehairing machine:

J. What equipment will be used to wash the head (i.e. rack or station)?

K. Describe how the facility will bung each animal species being slaughtered:

L. How will the facility be removing hides? (ie. Hide remover and type) Where will hides be stored?

M. Please describe your facility's plan for BSE/SRM removal at slaughter below (SOP required):

N. How will the facility determine age of animals?

O. What forms will the facility cool carcasses?

Whole

Quarter

Half

Other:

