



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:



Pool/Spa/Aquatic Feature Plan Review Worksheet

Certified Operator on Staff or Under Contract

Name of Certified Operator _____

Certification and Certification Number _____

Expiration _____

Pool/Spa/Aquatic Feature Type

Type	Indoor	Outdoor	Limited Use	General Use
<input type="checkbox"/> Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Activity Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Therapy Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flotation Tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flow Through Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wading Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wave Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dimensions: _____

Pool Water Volume: _____ **Maximum Bather Load:** _____

Actual Turnover Rate: _____ gal. / _____ pump (gmp's) / 60 = _____ actual turnover rate

Structure

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Gunite | <input type="checkbox"/> Poured Concrete |
| <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Vinyl Liner |
| <input type="checkbox"/> Ceramic Tile | <input type="checkbox"/> Other: _____ |

Decking

Material : _____ **Slope:** _____

Drains : _____ **# of Drains:** _____

Entry/Exit Type: Stairs Ladder Protruding Recessed Zero Depth

Water and Waste Water

Water Supply: Municipal Private

Hose bibb vacuum breaker provided? Yes No

Type and location of fill line: _____

Waste Water Disposal Municipal Private

**If private, waste water disposal plans will need to be approved by DEQ. Please attach approval.*

Disinfectant, Chemical Feeders, and Filters

Disinfectant Type/Equip.: Chlorine (Dry Liquid Salt Gen.) Bromine Other: _____
Manufacturer: _____ Model: _____
Additional Disinfectant Equip.: Ozone UV Other: _____
Manufacturer: _____ Model: _____
Other Chemical Feeders: Acid Other: _____
Manufacturer: _____ Model: _____
Filter Type: Diatomaceous Earth Sand Cartridge Other: _____
Manufacturer: _____ Model: _____
Surface area _____ sq. ft. Circulation rate _____ gpm
Pressure gauges installed on inlet and outlet of filter? Yes No

Pumps

Manufacturer: _____ Model: _____
Horsepower: _____ Number of Pumps: _____
Distance from main drain: _____ ft. Lint strainer size: _____ in. Circulation rate: _____ gpm

Inlets/Outlets

Number of return inlets: _____ Are return inlets adjustable? Yes No
Number of outlets: _____ Outlet Type: Continuous overflow gutter Skimmers
Manufacturer: _____ Model: _____
Number of Main Drains: _____ Distance apart: _____ ASME/ANSI A.112.19.8 compliant
Grate cover Size: _____ Grate cover expiration Date: _____

Heater

Type: Natural Gas Propane Gas Electric Solar
Manufacturer: _____ Model: _____

Test Kit

Check all boxes that your test kit tests for: Chlorine/Bromine pH Total Alkalinity
 Calcium Hardness Cyanuric Acid Other: _____
Manufacturer: _____ Model: _____

Safety Features

Lifeguard chairs required? Yes No Number of lifeguard chairs? _____
Lifesaving equipment: Body hook with 12 foot pole Ring buoy with rope (rope length _____ ft.)
First aid kit location: _____
Emergency phone location: _____

Barriers to pool access

Type of Barrier: _____ Barrier height: _____
Barrier latching device and location: _____

Depth Markers

Depth Markers Location: _____ ft. _____ ft.

***Depth markers cannot be more than 25 feet apart**

Diving Board

Will you have a diving board? Yes No Number of diving boards? _____
Diving board lengths: _____ ft. _____ ft.
Diving board height over water: _____ ft. _____ ft.
Vertical distance above board to obstruction: _____ ft. _____ ft.
Distance to pool side from board: _____ ft. _____ ft.

Dressing facilities required? Yes No Dressing facilities included? Yes No

Will the facility be serving food? Yes No Food facility plan and plan review included? Yes No

Owner/Operator

Date

Consumer Health Services Inspector

Date