



**CONSUMER HEALTH SERVICES MEAT PLANT REVIEW PACKET**

**PURPOSE:** The Consumer Health Services Meat Plant Review Packet is intended to provide guidance and assistance in complying with the Wyoming Food Safety Rule. It includes a basic list of requirements regarding meat plant and facilities. This guide 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 all inclusive for the specific needs of each plant operator. In addition to the Consumer Health Services Meat Plant Review Packet additional content may be requested. Its intent is to promote uniform construction and design that create an environment that is conducive to safe food handling and sanitary facility maintenance. The Wyoming Food Rule is available at <http://wyagric.state.wy.us/divisions/chs/food-safety> more information may be obtained by contacting the Consumer Health Services Division of the Wyoming Department of Agriculture at 307-777-7211 or the local CHS Inspector in your area.

**INFORMATION:**

Date Submitted:

Establishment Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone number: \_\_\_\_\_

**Floor Plans must be submitted.**

**The required information from each packet will also need to be submitted.**



Wyoming  
DEPARTMENT OF *Agriculture*

**Type of Slaughter**

State Inspection\_\_\_\_\_ Custom\_\_\_\_\_ Mobile\_\_\_\_\_

How many days per week do you anticipate slaughtering under state inspection?\_\_\_\_\_

**Species:** Check all that apply and write anticipated number of head per week

Amenable: Beef\_\_\_\_ Pork\_\_\_\_ Lamb\_\_\_\_ Poultry\_\_\_\_ Goat\_\_\_\_\_

Non-Amenable (voluntary inspection): Buffalo\_\_\_\_ Yak\_\_\_\_ Rabbits\_\_\_\_ Other\_\_\_\_\_

**Type of Processing:**

State Inspected\_\_\_\_\_ Custom\_\_\_\_\_ Retail Exempt\_\_\_\_\_

Wild Game\_\_\_\_\_

How many days per week do you anticipate processing under state inspection?\_\_\_\_\_

Will you be doing Raw, Not Ground Meat products?

Will you be doing Raw Ground Products?

Will you be doing cooked products?

Please list cooked products:



Do you have a HACCP Plan for State Inspection?

Who will be trained in your facility for HACCP requirements?

Will you be selling retail exempt products?

If Yes, Please List:

Will this establishment do any outside catering?

Are there any other types of operations taking place at this facility?

## Meat Plant Plan Review Worksheet: Universal Questions

### WATER AND SEWER SUPPLY

1. Where will water be supplied from?  
CITY \_\_\_\_\_ COMMUNITY WATER\* \_\_\_\_\_ PRIVATE WELL\* \_\_\_\_\_  
\*If started, **Please attach most recent water results**
2. Describe the back flow prevention devices? \_\_\_\_\_
3. Where will the back flow prevention device be located? \_\_\_\_\_
2. Where will sewage be disposed of?  
CITY \_\_\_\_\_ SEPTIC \_\_\_\_\_  
If City, please include a letter confirming sewer hook -up.  
If Septic, what is the date of the appropriate city or county approvals, and please attach a copy of the approval letter
3. How many hot water heaters are available for use? \_\_\_\_\_
  - a. What will the capacity be? \_\_\_\_\_gallons
  - b. What will the water temperature be set at for the hot water heater? \_\_\_\_\_
4. What size is the grease trap, if there is one present?
  - a. Where is it located? \_\_\_\_\_
5. Will there be an ice machine?
  - a. Ice machines shall be indirectly drained

### RESTROOMS:

1. Where is the restroom located? \_\_\_\_\_  
Restrooms shall have self-closing doors and be vented to the outside

### SHELVING AND STORAGE

1. Are Refrigeration/freezer units? Built-in \_\_\_\_\_ Free standing \_\_\_\_\_ Both \_\_\_\_\_
2. How are condensation units drained for walk-in coolers and walk-in freezers?  
\_\_\_\_\_
4. How many and what type of shelving will be in coolers and freezers?  
Exposed **Wood is NOT allowed in the cooler and freezer.**  
Cooler(s): \_\_\_\_\_  
Freezer(s) \_\_\_\_\_  
\_\_\_\_\_
5. How many and what type of shelves will be used in dry storage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. All food shall be stored at least 6" off the floor.
7. Chemicals shall be stored away from food items.

## VENTILATION AND FIRE SUPPRESSION

1. What type of the ventilation system will be in
  - a. Kill Floor \_\_\_\_\_
  - b. Processing Room \_\_\_\_\_
  - c. Fabricating Room \_\_\_\_\_
  - d. Smokehouse area \_\_\_\_\_
  - e. Cooked product area \_\_\_\_\_
  - f. Other areas \_\_\_\_\_
2. Name and phone number of fire inspector \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

## OUTSIDE OPENINGS

1. Where are self-closing doors located?
2. Are air curtains provided on exterior doors?
3. Are screens provided on exterior doors or windows?

## LIGHTING

1. The following foot candles/lumens are required.
  - 50 Foot Candles  
Inspection of head, viscera, carcass  
Processing Room – any place sharp utensils are being used
  - 30 Foot Candles  
Hand washing, ware washing, equipment and utensil storage in toilet rooms
  - 20 Foot Candles  
Packaged food for sale  
Inside reach-in and under counter refrigerators
  - 10 Foot Candles  
Walk-in Coolers and freezers  
Dry food storage  
During times of cleaning
2. All lights shall be of shatterproof bulbs or shielded where lighting is found in production and storage areas

## TRASH AND WASTE

1. Where is the inedible room located? \_\_\_\_\_
2. Is there sufficient ventilation in the inedible room to suppress odors and prevent insanitary conditions?  
\_\_\_\_\_
3. Are inedible containers properly labeled? \_\_\_\_\_ Leakproof? \_\_\_\_\_
4. How many dumpsters with lids will be provided? \_\_\_\_\_
5. How often will inedibles and trash be removed from the establishment? \_\_\_\_\_
6. Who will remove inedibles and trash? \_\_\_\_\_
7. What denaturant will be used? \_\_\_\_\_
8. What is the outdoor storage ground surface constructed of? \_\_\_\_\_

## Approvals Required for Meat Plant Operations

Item		Slaughter Plants		Processing Plants				Page Number
		State Inspected	Custom Exempt	State Inspected	Custom Exempt	Retail Exempt	Wild Game <sup>1</sup>	
Floor plans/specifications		Yes	Yes	Yes	Yes	Yes		
Grant of Inspection		Yes	No	Yes	No	No		
Plant Profile		Yes	No	Yes	No	No		
Label Approval		Yes	Yes	Yes	Yes	No		
Letters of guarantee		Yes	Yes	Yes	Yes	No		
Food establishment license		Yes	Yes	Yes	Yes	Yes		
HACCP Plan(s), including SSOP's <sup>2</sup>		Yes	No	Yes	No	No		
BSE / SRM Control <sup>3</sup>		Yes	Yes	Yes	Yes	No		
Municipal water and sewer approval		Yes	Yes	Yes	Yes	No		
Septic approval		Yes	Yes	Yes	Yes	Yes		
Well approval and sampling results		Yes	Yes	Yes	Yes	Yes		

<sup>1</sup> Wild game plants are under voluntary inspection. If a wild game processing plant chooses to operate as an inspected establishment, it must meet the same requirements as a retail exempt processor.

<sup>2</sup> Hazard Analysis Critical Control Points food safety plan. Specialized training is required. Record keeping is required

<sup>3</sup> Bovine Spongiform Encephalopathy Specified Risk Materials identification, control and prevention. Specialized training is required.

## Documents Required for Operations

Item	Slaughter Plants		Processing Plants			
	State Inspected	Custom Inspected	State Inspected	Custom Inspected	Retail Exempt	Wild Game *1
<b>Age Determination</b>						
Dentition	Yes	Yes	Yes	Yes	Yes	No
Affidavits	Yes	Yes	No	No	No	No
BSE/SRM	Yes	Yes	Yes	Yes	Yes	No
Source / Receiving	Yes	Yes	Yes	Yes	Yes	No
<b>HACCP Records</b>						
Pre-shipment Review	Yes	No	Yes	No	Yes	No
*SOP	Yes	No	Yes	No	Yes	No
**SSOP	Yes	No	Yes	No	Yes	No
***GMP	Yes	No	Yes	No	Yes	No

## Applications and Documents Required for Operations

Item	Slaughter Plants		Processing Plants				Page Number
	State Inspected	Custom Inspected	State Inspected	Custom Inspected	Retail Exempt	Wild Game	
<b>Age Determination</b>							
Dentition and/or Affidavits	Yes	Yes	Yes	Yes	Yes	No	
BSE/SRM	Yes	Yes	Yes	Yes	Yes	****Maybe	
Source / Receiving	Yes	Yes	Yes	Yes	Yes	No	
<b>HACCP Records</b>							
Pre-shipment Review	Yes	No	Yes	No	Yes	No	
*SOP	Yes	No	Yes	No	Yes	No	
**SSOP	Yes	No	Yes	No	Yes	****Maybe	
***GMP	Yes	No	Yes	No	Yes	No	

**\*SOP**

- Thermometer Calibration
- Sampling procedures for e. coli/salmonella swabs
- BSE
- Pre-shipment review process
- Annual recall simulation

**\*\*SSOP**

- Pre-operational Inspection;
- Operational SSOP (Cross Contamination)
- Verification Log Sheet (Direct Observation) and Records Review
- Pre-shipment Review

\*\*\*GMP

- Monitoring documents
- Formulation monitoring 9CFR 319.1 or interventions
- Temperature regulations
- Product handling

\*\*\*Maybe – Depends on the facility and who the product is being sold to and in what form the product is sold. Please contact the inspector in your area for further clarification.