



CONSUMER HEALTH SERVICES PLAN REVIEW PACKET

Purpose: The Consumer Health Services Plan 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 food equipment and facilities. This guide is designed to be used by the food 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 food operator. In addition to the Consumer Health Services Plan 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.

For review the following documents shall be submitted to the department for approval at least 30 days prior to construction:

- Plans, drawn to scale, refer to Ch. 2, Sec. 7 of WFSR
- Plan Review Worksheet
- Menu/Type of Food Processed

*Supplemental Information may be requested including; Commissary Agreement, Label Review Form etc.

Once the plan review has been completed, a pre-opening inspection shall be completed, license application completed and fees paid to Wyoming Department of Agriculture before a food license will be issued.

<p>Check All That Apply:</p> <ul style="list-style-type: none"> New Construction Conversion of an Existing building Remodeling Change of type of operation Requested by Regulatory Authority 	<ul style="list-style-type: none"> Lighting Hood/Duct work/Fire suppression Heating and Ventilation Hot Water Supply Needs Ware washing Facilities (manual/Mechanical). vapor removal Food Equipment and Installation Food preparation sinks Storage (location and methods); dry goods, self-service items, chemicals Ice Making/Storage Equipment for cold/hot holding food during transport 	<ul style="list-style-type: none"> Work space-sufficiency and locations to promote avoidance of cross contamination Food Receiving areas Beverage Dispensing Systems Server Food Dispensing Areas Customer Self Service Stations, Food Shields/Protection Devices Mop/Utility Sink Linen Cleaning and Storage Break Rooms Insect & Rodent Control Garbage/Recyclable Storage- Methods and containers Packaging and bottling
<p>Address All In Plans & Specifications:</p> <ul style="list-style-type: none"> Surface Finish Specifications for floors, walls, ceilings and work surfaces Water Supply Sewage/Liquid Waste Disposal Plumbing/Grease Extraction Power: forms/sufficiency Cross Connection Control Hand washing sinks and locations 		

Wyoming Department of Agriculture – Consumer Health Services
Plan Review Worksheet

INFORMATION

Date Submitted _____

Establishment name: _____

Establishment address: _____

Mailing Address: _____

Establishment phone number: _____

Fax number: _____

E-mail: _____

Contact person _____

Owner Name: _____

Owner address: _____

Owner phone number: _____

Submit the following with this completed packet:

1. One complete set of floor plans showing layout of equipment and mechanical systems (Blue prints will be returned after licensing).
2. A complete menu and/or list of processed products, including description of how products are sold (food service or pre-packaged).
3. Specifications on equipment (including shelving)
-ADDITIONAL PAPER MAY BE ADDED IF MORE ROOM IS NEEDED-

BASIC PLANS

1. Will this establishment be:
 - a. If mobile, will it be commissary* dependant:
*A commissary is a food establishment that meets all the requirements of the Wyoming Food Safety Rule which means they must be the same as a full service restaurant. **If using a commissary an agreement must be present to show proof of usage.**

2. Will managers or employees be required to have food safety training?
There must be a person in charge during all hours of operation that can demonstrate food safety knowledge.

Please explain below:

3. Are you interested in any food safety training? _____
4. Do you have any foods that require a HACCP plan?
 - a. If yes, please submit plan and logs
5. Will this establishment do any outside catering?
6. What is the seating capacity? _____
7. What are the operating days and hours?
Sun ____ to ____ Mon ____ to ____ Tue ____ to ____ Wed ____ to ____

Thurs _____ to _____ Fri _____ to _____ Sat _____ to _____
 8. Is there an employee break room?

FACILITIES

ROOM	FLOORS			WALLS		CEILINGS	
	MATERIALS	FINISH	COVE	MATERIALS	FINISH	MATERIALS	FINISH
PREP							
COOK ING							
STORAGE							
SERVING							
DINING							
DISHWASHING							
RESTROOMS							
OTHER							

SINK SPECIFICATIONS

TYPE	#	ROOM(S)	LENGTH	WIDTH	DEPTH	DRAINBORAD Y/N	DRAIN TYPE
3 COMPARTMENT*							
FOOD PREP SINKS*							
HAND SINKS							
MOP SINKS							
GARBAGE DISPOSALS							

**must be indirectly drained, unless connected to a grease trap.*

1. What is the largest piece of equipment (including pots and pans)? Will everything fit into your three compartment sink?
Measurements of largest piece of equipment: _____L _____W _____D
2. Will this establishment have a dishwasher?
If yes, it MUST be indirectly drained
 - a. Will the dishwasher be a: _____
 - b. Will any of the sinks or dishwashers have spray hoses?
(1) If yes, where will they be located? _____
(2) What will the spray hose(s) use for back flow prevention? _____
3. What will the mop sink use for back flow prevention? _____

WATER AND SEWER SUPPLY

1. Will water be supplied from _____
 - a. If starred, what is the date and results of most recent bacteriology test.
Please attach most recent results.
2. Will sewage be disposed of by _____
 - a. If septic what is the date of the appropriate approvals i.e., city or county?
_____ **A copy of approvals shall be submitted.**
3. How many hot water heaters are available for use? _____
 - a. What will the sizes be? _____gallons
4. If applicable, what size is the grease trap? _____
 - a. Where is it located? _____
5. Do you plan to install an ice machine
If, YES this shall be indirectly drained.
6. Where will coolers and freezers drain? _____
7. How many restrooms will be provided? _____
Restrooms shall be equipped with self closing doors.
8. If a mobile unit:
 - a. Fresh water tank size? _____
 - b. Gray water tank size? _____
The Gray water tank shall be at least 15% larger than the potable water tank on all mobile units.

SHELVING AND STORAGE

1. How many and what type of shelves will be in refrigeration cooler and freezer/s?
Wood is not allowed on surfaces in the cooler or freezer.

 2. How many and what type of shelves will be used in dry storage?

 3. Where will chemicals be stored? _____
 4. Will all Food be stored at least 6" off the floor?

- If no, please explain: _____

5. Are refrigeration/freezer units?
If both, please explain:

All refrigerators shall be equipped with thermometers.

6. Will ice cream be served?
a. Will dipper wells be provided?

VENTILATION AND FIRE SUPPRESSION

1. Will any frying occur in establishment?
2. Are ventilation hoods provided in kitchen?
a. Where? _____
3. Name of contact with fire inspection? _____
a.

All restrooms shall be equipped with a fan vented to the outside of the building.

OUTSIDE OPENINGS

1. Are there doors to the outside in or near the kitchen and or food prep areas?
If yes then -
a. Are air curtains provided on exterior doors?
b. Are screen doors provided?
2. Are screens provided on any windows that open?
3. Please explain pest control plans: _____

LIGHTING

1. Is adequate lighting provided?
For light intensity requirements please refer to Wyoming Food Rule Chapter 9, section 16(a).
2. How are lights shielded? _____

TRASH AND WASTE

1. How many dumpsters with lids will be provided? _____
2. How will grease be disposed of? _____
3. Please describe dumpster pad and enclosure: _____
4. How often will dumpsters be emptied? _____
5. How will recyclables be handled? _____

FOOD PROTECTION AND PREPARATIONS

1. Will any buffets, salad bars, or food bars be in this establishment?

- a. If yes, please describe: _____
If, a buffet, salad bar or food bar is present, sneeze guards shall be provided.
2. Will there be any foods that will be cooled for use later on?
a. If yes, how will hot food be cooled?

3. Where will produce be washed?

4. Where and how will frozen product be thawed?

5. Will you serve ice?
6. Will you sell or bag ice?

PLEASE SUBMIT ALL INFORMATION TO INSPECTOR IN CHARGE:

1. One complete set of floor plans showing layout of equipment and mechanical systems
 2. A complete menu
 3. Specifications on equipment (including shelving) showing NSF or equivalent approvals
 4. Plan Review Worksheet
 5. Commissary Agreement if applicable
- Additional information may be needed or requested**

The current version of the Wyoming Food Safety Rule can be accessed at:
<http://agriculture.wy.gov/divisions/chs/food-safety>

PROCESSORS

Please include:

1. Commissary agreement if needed
2. Labeling form with copies of labels
3. Process Analysis Letter if required