



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

**Wyoming Department of Agriculture – Consumer Health Services**  
**Plan Review Worksheet**

**INFORMATION**

Establishment name: \_\_\_\_\_  
Establishment 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: \_\_\_ MOBILE or \_\_\_ STATIONARY
  - a. If mobile, will it be commissary\* dependant: \_\_\_ YES \_\_\_ NO  
\*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? \_\_\_ YES \_\_\_ NO
  - a. If yes, please submit plan and logs
5. Will this establishment do any outside catering? \_\_\_ YES \_\_\_ NO
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? \_\_\_\_\_ YES \_\_\_\_\_ NO

**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? \_\_\_\_yes \_\_\_\_no  
Measurements of largest piece of equipment: \_\_\_\_L \_\_\_\_W \_\_\_\_D
2. Will this establishment have a dishwasher? \_\_\_\_YES \_\_\_\_NO  
**If yes, it MUST be indirectly drained**
  - a. Will the dishwasher be a: \_\_\_\_HIGH TEMP SANITIZING \_\_\_\_CHEMICAL SANITIZING
  - b. Will any of the sinks or dishwashers have spray hoses? \_\_\_\_YES \_\_\_\_NO  
(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 \_\_\_\_CITY \_\_\_\_COMMUNITY WATER\*  
\_\_\_\_PRIVATE WELL\*
  - 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 \_\_\_\_CITY \_\_\_\_SEPTIC\*
  - 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 \_\_\_\_YES \_\_\_\_NO  
**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?  
\_\_\_\_YES \_\_\_\_NO  
If no, please explain: \_\_\_\_\_

5. Are refrigeration/freezer units?  built-in  free standing  both  
If both, please explain:

\_\_\_\_\_

\_\_\_\_\_

**All refrigerators shall be equipped with thermometers.**

6. Will ice cream be served?  YES  NO  
a. Will dipper wells be provided?  YES  NO

**VENTILATION AND FIRE SUPPRESSION**

1. Will any frying occur in establishment?  YES  NO  
2. Are ventilation hoods provided in kitchen?  YES  NO  
a. Where? \_\_\_\_\_  
3. Name of contact with fire inspection? \_\_\_\_\_  
a. City \_\_\_\_\_ or State \_\_\_\_\_

**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?  
YES  NO   
If yes then -  
a. Are air curtains provided on exterior doors?  YES  NO  
b. Are screen doors provided?  YES  NO  
2. Are screens provided on any windows that open?  YES  NO  
3. Please explain pest control plans: \_\_\_\_\_

**LIGHTING**

1. Is adequate lighting provided?  YES  NO  
**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?  
 YES  NO

- 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? YES \_\_\_\_ NO \_\_\_\_?  
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? \_\_\_\_ YES \_\_\_\_ NO
6. Will you sell or bag ice? \_\_\_\_ YES \_\_\_\_ NO

**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



**COMMISSARY\* AGREEMENT**

**WYOMING DEPARTMENT OF AGRICULTURE, CONSUMER HEALTH SERVICES**

**Type of Food Operation:**  Food Processor  Mobile Unit/Push Cart  Caterer

**To be completed by the individual utilizing commissary services.**

**Operator Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Establishment License No:** \_\_\_\_\_

**Operator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To be completed by the licensed food establishment owner that will serve as a commissary for the person named above. (Please complete all that applies)**

This establishment will be providing a facility location for the above business/operator to perform food service related activities on  daily,  weekly,  monthly, or  as needed basis

**Days/Hours of Operation: Sun:** \_\_\_ to \_\_\_ **Mon:** \_\_\_ to \_\_\_ **Tues:** \_\_\_ to \_\_\_  
**Wed:** \_\_\_ to \_\_\_ **Thurs:** \_\_\_ to \_\_\_ **Fri:** \_\_\_ to \_\_\_ **Sat:** \_\_\_ to \_\_\_

**Physical facilities to be provided include:**

- Potable water  Waste water disposal  Food storage  Food preparation/service
- Warehouse facilities  Ware washing equipment  Food equipment storage
- Chemical storage  Other, explain \_\_\_\_\_

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

**Establishment Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/ State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Establishment License No:** \_\_\_\_\_

**Signature of Establishment Owner:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date of Agreement:** \_\_\_\_\_

\*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.