



Oklahoma City - County Health Department  
 Food Safety & Environmental Health  
 2400 NW 36th Street  
 Oklahoma City, OK 73112  
 Telephone: (405)425-4400  
 www.occhd.org

**PLAN REVIEW APPLICATION FOR MANUFACTURING/WAREHOUSING**

Program Type:  Food  Drug Non-Profit/Charitable (Y/N):  Yes  No

Establishment Type:  Manufacturing  Wholesaler  Salvage  Water Bottling  
 (check all that apply)  Water Vending  Supplements  Other: \_\_\_\_\_

Type of Construction:  New Construction/Facility  
 Remodel of existing establishment  
 Existing establishment changing the type of operation  
 Conversion of existing structure  
 Change of ownership with no changes in operation

Name of Establishment: \_\_\_\_\_ County: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**OWNER / APPLICANT INFORMATION:**

Applicant's Name / Title: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Ownership:  Individual  Partnership  Corporation  LLC

(if applicable) State Tax ID #: \_\_\_\_\_ and/or Federal ID #: \_\_\_\_\_

**CONTACT INFORMATION IF DIFFERENT FROM OWNER / APPLICANT:**

Contact's Name / Title: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<p><input type="checkbox"/> <b>non-refundable Fee of \$425.00 made payable to the Oklahoma City County Health Department. All facilities must be inspected and licensed prior to operation.</b></p> <p><b>SUBMITTING THIS FORM DOES NOT GIVE PERMISSION TO OPEN AN ESTABLISHMENT.</b></p> <p>_____</p> <p>Applicant's Title</p> <p>_____</p> <p>Applicant's Signature / Date of Signature</p>	<p><b>OCCHD USE ONLY</b></p> <p>Cash          Check          Money Order          Online</p> <p>Date Received:          ____/____/____</p> <p>By: _____</p>
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## PLAN REVIEW APPLICATION GUIDELINES

Please submit the requested documentation that applies to your food or drug operation. If it does not apply, indicate Not Applicable, "N/A" next to the documentation. **Please be advised, due to the variation of manufacturing/storage/salvaging operations, additional documentation may be requested specific to your operation.**

### SECTION I) GENERAL ESTABLISHMENT INFORMATION

- a) **Name of Establishment:** \_\_\_\_\_
- b) **Physical Street Address:** \_\_\_\_\_
- c) **Daily Operating Hours**  
Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Seasonal (Months): \_\_\_\_\_
- d) **Est. Number of Staff (maximum per shift):** \_\_\_\_\_
- e) **Area (indicate # of total square feet)**  
Facility: \_\_\_\_\_ Kitchen Area: \_\_\_\_\_
- f) **Project Dates:** Start of Project: \_\_\_\_\_ Completion of Project: \_\_\_\_\_

### SECTION II) REQUIRED DOCUMENTATIONS CHECKLIST

- List of proposed food/drug items to be processed or stored at the facility including:
- Product inventory
  - Production schedule
  - Recipe cards (manufacturing only)
  - Labels which include (manufacturing only):
    - Common or usual name
    - Statements of ingredients
    - Name & address of manufacturer or distributor
    - Weight in English & metric units
- Written plans including when applicable:
- Hazard Analysis Critical Control Point (HACCP) plan (manufacturing only)
  - Process Authority Letters (If applicable: By Reviewer)
  - Standard Operating Procedures (personal hygiene, bare hand contact, vehicle sanitation, pest control, etc)
- A minimum of one set of building plans including (where applicable & drawn to scale or show dimensions):
- Architectural Plan including ceiling and lighting plan
  - Finished schedule for wall, ceiling and floor
  - Labeled all equipment and fixtures
  - Plumbing (including labeled floor drains, floor sinks, etc.)
  - Mechanical
  - Electrical and Lighting
  - Well (if applicable)
  - Septic system
  - Entrances, exits, loading/unloading areas and delivery docks
  - Dumpster / garbage areas
  - Storage areas including employee locker area
  - Equipment Location (inside and outside)
  - Sinks (labeled handwashing / warewashing / food prep. / mop / etc.)
  - Toilet areas

- Equipment - Manufacturer specification sheets for each piece of equipment used.  
(Include custom fabricated equipment.)
  - If no spec sheets available, photographs may be provided and/or detail drawings
- Ownership Documentation (submit applicable documents):
  - Completed Affidavit of Lawful Presence
  - Copy of valid ID of individual owner (prior to licensure)
  - Copy of Certificate of Incorporation if owned by LLC, INC, etc. (prior to licensure)
  - Copy of Oklahoma Sales Tax ID (prior to licensure)

### SECTION III) INSPECTION CHECK-LIST

Upon review of a complete application, the inspector will schedule an inspection. While this list is not all inclusive, below are items that will be focused on during the inspection. To ensure a successful inspection and issuance of license application, please ensure everything conforms with Oklahoma Administrative Code (OAC) 310:260, Good Manufacturing Practice rules. A copy of the rules may be obtained on our Food – Manufacturing webpage at <https://www.ok.gov/health/> or by calling 405-271-5243.

#### WASTE, WASTEWATER & WATER

- Adequate means for disposal of refuse to minimize odor and harborage OAC 310:260-3-4(f)
- Wastewater disposed to approved sewage disposal/septic system OAC 310:260-3-4(c)  
(have a copy of DEQ approval for septic system)
- Water sufficient & from approved source (have a copy of water bill/lab test available) OAC 310:260-3-4(a)
- Water supply protected from backflow (air gaps / vacuum breakers) OAC 310:260-3-4(b)(5)

#### EXTERIOR

- Exterior doors, windows, delivery dock doors tight fitting OAC 310:260-9-8
- Roads and parking area well drained / dust free OAC 310:260-3-2(a)
- Grounds around the facility free of litter, waste, tall grass/weeds OAC 310:260-3-2(a)  
(including areas around external equipment)

#### PHYSICAL STRUCTURE

- Building/structures suitable in size, construction & design for sanitary operations OAC 310:260-3-4(g)
- Floors/walls/ceilings smooth, washable, easily cleanable & impervious to water OAC 310:260 -3-2(b)(4)  
(including floor-wall junctures)
- If used, floor drains sloped properly to allow for proper drainage OAC 310:260-3-4(b)(4)
- Lighting adequate in all food areas and restrooms OAC 310:260-3-2(b)(5) & (6)
- Hand wash sinks adequate/convenient w/hot & cold running water OAC 310:260-3-4(e)
- Restroom doors self-closing OAC 310:260-9-6(a)
- Restroom(s) & other areas emitting odors/vapors properly ventilated OAC 310:260-3-2(b)(7) / 3-4(d)
- Ensuring clothing/personal belongings stored in separate areas of food/operations OAC 310:260-3-1(b)(7)
- All shelving units and/or storage elevated at least 6” and away from wall OAC 310:260-9-4(h)

#### MISCELLANEOUS

- All freezers/cold storage compartments have accurate temperature device OAC 310:260-3-5(e)
- Transport vehicles maintained sanitary with adequate refrigeration (if needed) OAC 310:260-7-1 & 9-10
- PECAN PROCESSORS/CRACKERS have approved, sanitizing method OAC 310:260-5-1
- Personnel responsible properly trained (proof of training) OAC 310:260-3-1(c) & (d)
- Cleaning/sanitizing substances approved & properly stored OAC 310:260-3-3(b) & (c)