



Oklahoma City - County Health Department
 Food Safety & Environmental Health
 2400 NW 36th Street
 Oklahoma City, OK 73112
 Plan Review Telephone: (405)425-4327
 Email: planreview@occhd.org
 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: _____

A copy of this application must be submitted with a **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. Completion and submission of this form does not constitute authorization to open an establishment.

 Applicant's Title

 Applicant's Signature / Date of Signature

OCCHD USE ONLY

Cash
 Check
 Money Order
 Online

Date Received:
 ____/____/____

By: _____

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)