



# Skamania County Community Health

Rock Creek Center  
710 SW Rock Creek Drive  
PO Box 1492  
Stevenson, WA 98648  
(509) 427-3850 Fax: (509) 427-0188  
[www.skamaniacounty.org](http://www.skamaniacounty.org)

## FOOD SERVICE ESTABLISHMENT APPLICATION INTAKE CHECKLIST

(This checklist must be completed and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all the requirements below are submitted.)

### STAFF APPLICANT

- Complete Food Service Establishment Application and *non-refundable* fee(s) (payable to Skamania County Community Health). **Fees are subject to change by resolution of the County Commissioners.**
  - Annual License
  - Change of ownership
    - With Prior Notice
    - Without Prior Notice
  - Plan Review
  - New Construction
  - New Catering Service
  - Kitchen remodel
- Mobile Units and Caterers Using Mobile Units. Complete and submit the form on page 5 of the application packet titled "Mobile Units and Caterers Using Mobile Units".
- Outdoor Food Service Operations. Complete and submit the form on page 6 of the application packet titled "Outdoor Food Service Operations".
- Food Handling Questionnaire is completed and attached.
- The Proposed Menu List is attached. Check all that apply.
  - Primary Food Service Establishment
  - Outdoor Food Service Operation
- The Facility Requirements Checklist is completed and attached.
- The Floor, Ceiling, and Wall Finish Requirements Form is completed and attached.
- A Floor Plan Drawing is completed and attached.
- A complete list of the equipment proposed to be used at the food establishment that includes the manufacturer, model number, and National Sanitation Foundation compliance information is attached.

Reviewed by \_\_\_\_\_ Complete: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

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### Food Service Establishment Application Packet

In accordance with WAC 246-215-200, an inspection is required by the Health Officer to determine compliance with these regulations before issuing a new license to a new food service establishment, following the remodel of an existing food service establishment, and for an existing food service establishment when the on-site management or ownership has changed. An inspection may also be required for the renewal of a license.

A minimum of two weeks is necessary for the Environmental Health Specialist to review any complete food service establishment plans. Any revision of plans must be submitted to Skamania County Community Health in writing for review and modification of approval. Skamania County Community Health issues licenses to the owners/operators of food service establishments, not the building facility owners. Upon receipt and review of the application, you will be notified in writing of any comments or concerns that the County may have. **You will then need to call to schedule a pre-opening inspection. Pre-opening inspections will be scheduled within eight business days of the request.** All construction and cleaning must be completed prior to the pre-opening inspection. In addition, all equipment must be in place and functioning at the time of the inspection.

If you have any questions regarding the plan review, permit process, or application, please contact the Skamania County Community Health at (509) 427-3850.

#### 3 - Food Service Establishment Plan Review and Annual License Application

Skamania County Community Health • 710 SW Rock Creek Dr., P.O. Box 1492 Stevenson, WA  
98648 Phone: 509-427-3850 • Website: [www.skamaniacounty.org](http://www.skamaniacounty.org) Updated: 8/2017

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## Food Service Establishment Plan Review and Annual License Application

### APPLICATION FOR:

- |  |   |
|--|---|
| <input type="checkbox"/> New Establishment   | <input type="checkbox"/> Remodel. If a remodel, please describe the proposed changes:   |
| <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Adding square footage to the food preparation or kitchen area. |
| <input type="checkbox"/> Renewal             | <input type="checkbox"/> Changing the location of the food preparation or kitchen area. |
| <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Adding additional food service areas.                          |

### TYPE OF FOOD SERVICE ESTABLISHMENT (Check all categories that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Head Start Facility                                       |
| <input type="checkbox"/> Caterer (Conducted off-site by an established restaurant)           | <input type="checkbox"/> Community Kitchen   |
| <input type="checkbox"/> Grocery/Convenience Store   | <input type="checkbox"/> Food Bank   |
| <input type="checkbox"/> Grocery Convenience Store with in-store meat market                 | <input type="checkbox"/> Bed and Breakfast   |
| <input type="checkbox"/> Grocery/Convenience Store with in-store bakery                      | <input type="checkbox"/> Rustic Cabin Resort                                       |
| <input type="checkbox"/> Grocery/Convenience Store with in-store deli                        | <input type="checkbox"/> Camping Cabin Facility                                    |
| <input type="checkbox"/> Espresso Stand (No indoor or outdoor seating offered)               | <input type="checkbox"/> Summer Camp Kitchen                                       |
| <input type="checkbox"/> Caterer (Not conducted by a licensed restaurant)                    | <input type="checkbox"/> Mobile Vender (With vehicle unit, not including caterers) |
| <input type="checkbox"/> School Cafeteria (Public and private, also includes student stores) |  |
| <input type="checkbox"/> Satellite School Cafeterias (Public and private)                    |  |

Restaurants with indoor and/or outdoor seating (select one):

- 0-50 seats       51-100 seats       101-150 seats       151 seats or more

### ESTABLISHMENT INFORMATION

Name of Food Service Establishment: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Estimated Opening Date: \_\_\_\_\_

### SCHEDULE FOR FOOD SERVICE ESTABLISHMENT

- Open Year Round
- Open Seasonal
- Months Open: \_\_\_\_\_ thru: \_\_\_\_\_

Days Open:  Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday

Hours of Operation: \_\_\_\_\_

#### 5 - Food Service Establishment Plan Review and Annual License Application

Meals Served:  Breakfast  Lunch  Dinner

Anticipated number of meals served per day: \_\_\_\_\_

### OWNERSHIP INFORMATION

Ownership Status of Establishment:  Sole Proprietor  Partnership  Corporation  LLC

List all Owners, Partners, Corporate Officers, or Members (attach additional sheets if necessary):

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Does the above owner own or operate other food service establishments within Skamania County? If so, please list: \_\_\_\_\_

### BILLING INFORMATION

Contact Person(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_ Billing Fax Number: \_\_\_\_\_

### CONTRACTOR INFORMATION

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

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### UTILITIES

1. Sewage

Public

On-site septic system

2. Water Supply

Individual Well

Public Water Supply:

Name of public water supply: \_\_\_\_\_ ID# \_\_\_\_\_

The undersigned, as the Food Service Establishment owner, does hereby make application to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service, WAC 246-215, and the Local Board of Health. I understand that this license is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location. I give the Skamania County Community Health permission to obtain and verify revenue information about my establishment.

\_\_\_\_\_  
Food Service Establishment Owner's Signature

\_\_\_\_\_  
Date

For Department Use Only:	
Date Received:	Fee Amount:
File Number:	Receipt Number:

# Mobile Units & Caterers Using Mobile Units

If proposing to use a mobile unit, please show which activities will happen at the commissary and which will happen on the mobile unit. The commissary is the location where food is stored, prepared, portioned and/or packaged for service elsewhere.

## Commissary

- Food Storage
- Dry/Paper Goods Storage
- Food Preparation
- Refrigeration
- Freezer
- Cooking
- Hot-Holding
- Cooling

## Mobile Unit

- Food Storage
- Dry/Paper Goods Storage
- Food Preparation
- Refrigeration
- Freezer
- Cooking
- Hot-Holding
- Cooling

## COMMISSARY FACILITY

If proposing to utilize a commissary kitchen, a letter is required by the owner of the commissary kitchen detailing the agreement for your use of the space.

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Will the mobile unit be stored at the commissary facility overnight or when not in use?

Yes  No, if no, name and address of storage unit: \_\_\_\_\_

**SERVING LOCATION** List all locations of operation for the espresso cart or mobile unit (attach additional sheets as needed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## LABOR AND INDUSTRIES

Has the unit been approved by L&I?  Yes  No

## UTILITIES

1. Water Supplier  
Supplier name and address: \_\_\_\_\_  
What is the capacity of the fresh water tank? \_\_\_\_\_
2. Wastewater Disposal Method  
Where will the waste water be emptied? \_\_\_\_\_  
What is the capacity of the waste water tank? \_\_\_\_\_  
\* Wastewater cannot be dumped down a storm drain or onto the ground.
3. Electricity  
Describe the source of power for the unit (electric, propane, generator, etc.) and amperage from each source: \_\_\_\_\_

**COOKING METHODS** (Check all that apply)

Oven  Microwave  Broiler  Stovetop  Deep Fryer  Other: \_\_\_\_\_

**HOT HOLDING** (List all of the hot holding equipment or methods you will use)

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# Outdoor Food Service Operations

1. Food establishment licenses are only valid for the facility plan and menu reviewed. If you are proposing to expand your business by adding on-site outdoor food service, the proposed menu and outdoor food preparation and service area(s) must be reviewed and inspected prior to being issued a license and operating.
2. An outdoor food service operation is an accessory use and contiguous to a legally established restaurant or other eating or drinking establishment which provides full menu food services, take-out food services, and specialty food service (e.g. cookies, ice cream). Temporary, mobile or freestanding food service providers or vendors are not eligible.
3. Each outdoor food service operation shall be operated in full compliance with all applicable provisions of the SCCH Health Code and all other applicable regulations.

## OUTDOOR FOOD SERVICE OPERATION APPLICATION REQUIREMENTS

Applicants proposing to incorporate Outdoor Food Service Operations in their Food Service Establishment must also submit the following information regarding the Outdoor Food Service Operation in addition to the information required for the primary food service establishment:

Proposed menu

A detailed list of menu items proposed to be prepared and cooked in the outdoor food service operation; along with the cooking method for food and beverages. See form on page 9;

Equipment Specification Sheet

Proposed equipment types, manufactures, model numbers, locations, dimensions, performance capacities, and installation specification. See the sample form on page 16;

Outdoor Food Service Operation Site Plan

In addition to the site plan that is required for the primary food establishment, a detailed site plan drawn to scale illustrating the proposed outdoor food service and seating area will be required and at a minimum must illustrate the following:

1. Property lines;
2. Size and location of principal building(s);
3. Size and location of parking area(s);
4. Name and location of bordering alleys, streets;
5. Identify any adjacent businesses;
6. Location of natural and manmade features adjacent to the food service and seating area;
7. Location of restrooms on the parcel;
8. Location of sinks, including hand washing sink(s), food preparation sink(s), and the mop sink;
9. Location and arrangement of the proposed outdoor seating and food preparation area including cooking equipment, furniture, garbage storage, etc. All equipment and furniture shall be clearly labeled on the plan with its common name.

Application Fee

## SCHEDULE FOR OUTDOOR FOOD SERVICE OPERATION

Open Year Round

Open Seasonal

Months Open: \_\_\_\_\_ thru: \_\_\_\_\_

Days Open:  Mon.  Tues.  Wed.  Thur.  Fri.  Sat.  Sun.

Meals Served:  Breakfast  Lunch  Dinner

Anticipated number of meals served per day: \_\_\_\_\_

❖ If this is a remodel/addition, a new license amending the existing food establishment license will be issued following the pre-operation inspection and approval of the operation.

### 8 - Food Service Establishment Plan Review and Annual License Application

# Food Handling Questionnaire

Please complete this questionnaire with as much detail as possible. Answers to the following will determine if your food handling techniques are consistent with proper food safety and public health protection.

Potentially Hazardous Foods (PHF) are defined as those foods which will support the growth of food borne illness causing bacteria and are those foods which have a high moisture and protein content and a low amount of acidity. PHFs, which have been frequently identified as vehicles of a food borne illness, include meat, poultry, seafood, dairy products, cooked rice/potatoes/beans, soups and gravies, potato and other combination salads. The definition does not include commercial hard cheeses, commercially prepared mayonnaise or salad dressings, raw vegetables or fruits (except cut melons and sprouts). **Please use additional sheets of paper if necessary to give complete answers.**

## 1. Cooling of Potentially Hazardous Foods

Will any potentially hazardous foods be cooled?  Yes  No

If yes, please explain in detail how you are cooling foods. Include:

- a. Technique;
- b. Time, if any foods are allowed to pre-cool at room temperature;
- c. Types of containers used and the level of food placed in these containers to cool;
- d. Whether foods are covered during the cooling process or not;
- e. How the process will be monitored;
- f. If using an ice bath, when are foods placed in refrigeration (at what temperature), how often are foods being stirred, what level is the ice in relation to the food.

## 2. Reheating Potentially Hazardous Foods (Skip this section if you answered "no" to question 1)

If you are going to reheat PFHs, please describe the process and include:

- a. Heating equipment used for reheating (stove burner, convection oven, etc.);
- b. Total amount of time taken to reheat before service or hot holding;
- c. Temperature you will be reheating to;
- d. How the process will be monitored.

**3. Hot and Cold Holding of PHFs**

If you are going to be hot or cold holding PHFs describe:

- a. The temperature of PHFs before they are placed into hot holding units (steam tables, crock pots, hot cases, etc.) or cold holding units other than refrigerators (salad bars, cold wells, ice storage, refrigerated drawers, etc.);
- b. The internal temperature of PHFs in hot or cold holding units to be maintained throughout the day;
- c. How the process will be monitored.

**4. Personnel Hygiene**

Describe how the hygiene of personnel will be addressed in your establishment and include:

- a. Policy on where and when hand washing occurs;
- b. Policy of ill food service workers;
- c. How employees will limit the amount of direct hand contact with food;
- d. Hand washing after handling raw meats, seafood and before handling ready-to-eat foods.

**5. Cooking Temperatures**

Beef: \_\_\_\_\_

Fish/Shellfish: \_\_\_\_\_

Poultry: \_\_\_\_\_

Ground Beef: \_\_\_\_\_

Pork: \_\_\_\_\_

Casseroles containing PHF's: \_\_\_\_\_

How will you monitor the cooking temperatures of these and other foods?

**6. Cleaning and Sanitation Procedures**

Describe the type and concentration of sanitizer you will be using and when it is to be used. Include how meat slicers, cutting boards, etc. will be cleaned and sanitized after becoming contaminated.

## Proposed Menu List

Below, list all food that will be served to the public from this food service establishment. Contact the Skamania County Community Development Department if you make any changes to the items listed below. Check the boxes that best describe how you prepare each item. Attach an additional sheet if necessary.

A separate proposed menu list must be provided for both the primary food establishment and the outdoor food service operation (if applicable). Check the appropriate box below to indicate which menu this list is for.

Primary Food Service Establishment Menu       Outdoor Food Service Operation Menu

Food Item	Ingredients			Preparation		Service			
	Purchased, ready to serve	Pre-cooked meat, fish or poultry	Raw meat, fish or poultry	Prepared ahead of time	Cooled during preparation	Cooked when ordered	Re-heated when ordered	Held hot	Leftovers saved
<b>Example:</b> Canned sausage gravy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Example:</b> Store bought potato salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Facility Requirements Checklist

**Facility Requirements:** The following is a list of facility requirements for opening a food service establishment. Read each requirement below and initial if in compliance or mark N/A if not applicable in the "APPLICANT USE" column. Please make sure that you understand and satisfy all applicable requirements for your food service establishment. An inspector will check each requirement off using the left column marked "DEPARTMENT USE" during the pre-opening inspection. Failure to meet these requirements upon the pre-opening inspection may delay the opening of your establishment. Please call if you have any questions. Incomplete checklists will be returned.

DEPARTMENT USE		APPLICANT USE
	<p><b>1. WATER SUPPLY</b>            Water is provided that is:</p> <ul style="list-style-type: none"> <li>a. Adequate in quantity and quality;</li> <li>b. Supplied by a source approved under WAC 246-290; and</li> <li>c. Monitored according to standards (WAC 246-215-1290(1))</li> <li>d. Water supply approved: <input type="checkbox"/> Public Water Source  <input type="checkbox"/> Individual Well</li> </ul>	
	<p><b>2. SEWAGE SYSTEM</b></p> <ul style="list-style-type: none"> <li>a. Is all liquid waste, including gray water, mop water, and ice melt disposed into an approved sewage disposal system. (WAC 246-215-129 (2))</li> <li>b. Sewage disposal system approved: <input type="checkbox"/> Public Sewer  <input type="checkbox"/> On-site sewage system</li> </ul>	
	<p><b>3. HAND WASHING SINK</b></p> <ul style="list-style-type: none"> <li>a. Provide a hand washing sink that is accessible, convenient to food preparation, food service and utensil washing areas and used exclusively for hand washing.</li> <li>b. The hand washing sink shall have a minimum hot water temperature of 100 degrees Fahrenheit and cold water provided through a mixing faucet.</li> <li>c. Provide hand soap and single use towels, or air dryer at the sink.</li> <li>d. Automatic faucets must have a minimum cycle of 15 seconds. (WAC 246-215-120(9)(10)(11))</li> </ul>	
	<p><b>4. FOOD PREPARATION SINK</b></p> <ul style="list-style-type: none"> <li>a. Provide sufficient and separate food preparation sinks in which food may be washed, rinsed, drained, cooled, and thawed.</li> <li>b. A food preparation sink may not be used for hand washing or utensil washing. (WAC 246-215-090).</li> <li>c. Food preparation sinks with indirect drains (per approved plan).</li> </ul>	
	<p><b>5. DISH WASHING FACILITIES</b></p> <ul style="list-style-type: none"> <li>a. Provide a method of cleaning and sanitizing equipment and utensils by either:               <ul style="list-style-type: none"> <li>i. A mechanical dishwasher with a two-compartment sink with limited menu and Department approval; or</li> <li>ii. A three-compartment sink with a drain board.</li> </ul> </li> <li>b. Indirectly drained dishwasher.</li> </ul>	
	<p><b>6. MOP SINK</b></p>	

	<ul style="list-style-type: none"> <li>a. Provide a mop sink for supplying and disposing of water for cleaning floors and walls.</li> <li>b. Mops may not be cleaned in food preparation or hand washing sinks.</li> <li>c. A mop bucket is not considered a substitute for a mop sink. (WAC 246-215-090)</li> </ul>	
	<p><b>7. PLUMBING</b></p> <ul style="list-style-type: none"> <li>a. Provide plumbing sized, installed and maintained in accordance with applicable state and local plumbing codes.</li> <li>b. Provide indirect drains from the ice machine, food preparation sinks, beverage ice sinks, salad bars, dipper wells and mechanical dishwashers into a floor sink, hub drain or similar device.</li> <li>c. Provide a properly vented dual check valve device or an approved reduced pressure back-flow assembly between copper pipes or tubing and carbonated beverage dispensing machines.</li> </ul>	
	<p><b>8. REFRIGERATION</b></p> <p>Provide National Sanitation Foundation (NSF) refrigeration units and shelving design in walk-in units, sufficient for all necessary foods, rapid cooling, pre-chilling, and thawing, as well as separation of raw meats, aquatic foods, and poultry from other foods.</p>	
	<p><b>9. THERMOMETERS</b></p> <ul style="list-style-type: none"> <li>a. All refrigeration equipment must have thermometers accurate to +/- three degrees Fahrenheit.</li> <li>b. There must be at least one metal stem thermometer (pocket thermometer) accurate to +/- two degrees Fahrenheit to monitor hot and cold food preparation and food holding.</li> <li>c. This stem thermometer should have a range of at least zero degrees Fahrenheit to two hundred twenty degrees Fahrenheit. (WAC 246-215-070).</li> </ul>	
	<p><b>10. FLOORS, WALLS, AND CEILINGS</b></p> <p>The flows, walls, and ceilings in all food preparation and storage areas, walk-ins and toilets shall be easily cleanable, water impervious, grease resistant and durable.</p>	
	<p><b>11. TOILETS</b></p> <ul style="list-style-type: none"> <li>a. The toilet rooms must have automatic door closing devices, mechanical ventilation, covered metal trashcans (women's room), and toilet paper dispensers.</li> <li>b. The toilet room must have a hand-washing sink, hot and cold water, mixing faucet, with single service soap dispenser and towel dispensers or air dryer (per approved plan).</li> <li>c. There must be toilet facilities for patrons when there is on premise consumption of food.</li> <li>d. Toilets must be within at least 200 feet of the food service establishment. (WAC 246-215-080(6)(7))</li> </ul>	
	<p><b>12. FOOD AND BEVERAGE WORKER CARDS</b></p> <ul style="list-style-type: none"> <li>a. All food and beverage service workers must obtain and maintain a valid food and beverage worker card. The card must be available for inspection by the Environmental Health Specialist</li> </ul>	

	<p>upon request.</p> <p>b. If an employee begins work before obtaining a food and beverage worker card, the employer is required to provide and document food safety training to the employee prior to commencement of employment. (WAC 246-215-080(6)(7)).</p>	
	<p><b>13. EQUIPMENT AND UTENSILS</b></p> <p>a. Equipment and utensils must be cleanable, durable, in good repair, and in conformance with the current standards and listings of the National Sanitation Foundation. (WAC 246-215-090(6)(8)).</p> <p>b. Ice machine and ice bins with indirect drains.</p> <p>c. Sneeze guards or covered food display. Food storage shelves 6' above floor.</p> <p>d. Gloves on-site.</p> <p>e. Chemical sanitizer test papers or test kits.</p>	
	<p><b>14. PUBLIC HEALTH LABELING</b></p> <p>a. When raw or undercooked meats, eggs or aquatic foods are offered for consumption as ready-to-eat, these foods need to be identified as such on the menu or reader board. Examples: Caesar salad dressing (unless eggs are pasteurized), lox, oysters on the half shell, pickled fish.</p> <p>b. In grocery stores, raw milk or foods prepared from raw milk must be labeled with a warning stating that raw milk or food prepared from raw milk may be contaminated with dangerous bacteria capable of causing server intestinal illness.</p>	
	<p><b>15. LIGHTING</b></p> <p>a. There must be at least 30-foot candles of light in the food preparation area, as well as in the utensil washing, hand washing, and toilet facilities.</p> <p>b. All lights in the food preparation and storage areas must have shields or guards. (WAC 246-215-150(5))</p>	
	<p><b>16. LOCKERS</b></p> <p>Lockers or shelves must be provided for storage of employee's clothing and personal belongings.</p>	
	<p><b>17. VENTILATION</b></p> <p>In accordance with State and local mechanical and fire codes, ventilation system design, installation, and maintenance must be provided. (WAC 246-215-150(6))</p>	
	<p><b>18. DOORS/PEST CONTROL MEASURES</b></p> <p>Doors to the exterior of the building should have automatic door closers or screen doors to prevent the entrance of insects and rodents. (WAC 246-215-140)</p>	
	<p><b>19. GARBAGE STORAGE</b></p> <p>To prevent overflows and nuisances, garage containers must be watertight, vermin proof, and covered. Appropriate frequency of garbage pickup must be arranged. (WAC 246-215-130)</p>	
	<p><b>20. BARS AND TAVERNS</b></p> <p>a. Bars and taverns are required to have a sink compartment for disposing of liquid drink wastes in addition to sinks necessary for</p>	

	<p>cleaning and sanitizing. (WAC 246-215-090(8))</p> <ul style="list-style-type: none"> <li>b. The bar area must have a hand washing sink and a drink disposal sink (per approved plans).</li> <li>c. Bar dishwasher (indirectly drained) with two-compartment sink or three-compartment sink (per approved plan).</li> </ul>	
	<p><b>21. BULK FOOD DISPENSING</b></p> <ul style="list-style-type: none"> <li>a. Bulk food must be separated from chemicals and/or pet food by partitions, different aisles, or by horizontal separation.</li> <li>b. For horizontal separation, chemical or pet foods must be below bulk foods.</li> <li>c. Bulk food containers must be gravity dispensing units or display units with covers.</li> <li>d. Dispensing utensils must be present for each unit with a holder so that the handle of the scoop or tongs is held out of the food.</li> <li>e. The lowest access point of bulk food containers of ready-to-eat foods must be at least thirty inches above the floor. (WAC 246-215-170(1)(2))</li> </ul>	
	<p><b>22. NON-SMOKING IN PUBLIC PLACES</b></p> <ul style="list-style-type: none"> <li>a. If you operate a public place or place of employment, smoking is not allowed at your establishment, effective December 8, 2005. If you see customers, staff, or visitors smoking, you or your staff must tell them not to smoke indoors. Smoking outside your establishment is prohibited within 25 feet of entrances and exits, windows that open, and ventilation intakes. Outside service areas, such as patio seating and "beer garden" locations fall under the 25-foot rule.</li> <li>b. A "No Smoking" sign must be conspicuously posted at each entrance as well as in prominent locations in your establishment. These signs are available at the Skamania County Community Development Department.</li> <li>c. The law prohibits employers from providing a smoking break room for employees. However, outdoor covered shelters area permissible. Local building and fire codes apply. Shelters can be covered but must be open on at least one side. Shelters must be 25 feet or more away from doors, windows, and air intake vents.</li> </ul>	

**If there is a significant change to the method of food preparation or style of service from the original plan review, you must notify Skamania County Community Health to obtain advanced approval of the proposed change.**

**FOR OFFICIAL USE ONLY**

You are approved to open after the corrections noted above are accomplished.

You are NOT approved to open. After corrections noted above are accomplished, call (509) 427-3850 for a re-inspection.

\_\_\_\_\_  
Environmental Health Specialist

\_\_\_\_\_  
Date

## FLOOR, CEILING, AND WALL FINISH REQUIREMENTS FORM

**Finish Requirements:** Fill out this chart and include all rooms or areas used for food preparation and food storage. Include restrooms. Example: kitchen, bar, dishwashing area, etc.

Floors, walls, and ceilings must be smooth, impervious, non-absorbent, and easily cleanable. Covered floor-wall junctures must be provided. Walls and ceilings must be light in color. **In all food prep/kitchen and dishwashing areas, bars, and wait stations, acoustical tile is NOT acceptable.** Inside of bar area must be smooth, non-absorbent and easily cleanable. Four-inch minimum required for baseboard coving.

ROOM OR FOOD AREA	FLOORS: FINISH/MATERIAL	COVING	WALLS: COLOR AND FINISH/MATERIAL	CEILINGS: COLOR AND FINISH/MATERIAL
<b>EXAMPLE:</b> Restrooms	Ceramic tile	Rubber Base 4"	White fiberglass reinforced panels	White vinyl clad ceiling tile
<b>Kitchen/Food Preparation</b>				
<b>Restrooms</b>				
<b>Dry Storage</b>				
<b>Dishwashing Areas</b>				
<b>Waitress Station or Service Counter Area</b>				
<b>Walk-in Cooler/Freezer</b>				
<b>Other: Bar, meat cutting, bakery area, etc. Please specify</b>				

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## FLOOR PLAN

Provide a floor plan drawing, to an approximate quarter-inch scale, of the proposed facility along with the following:

1. **Plumbing Information**

- a. Location of sinks, including the hand washing sink(s), the food preparation sink(s) and the mop sink;
- b. Location and type of drains;
- c. Location of toilet(s) and number of fixtures; and
- d. Location of garbage storage facilities and leachate drain location (if necessary)

2. **Equipment Information**

- a. Location and type of refrigeration and freezer equipment;
- b. Location, size, and shelving design of walk-in units;
- c. Location of ice making equipment and the indirect drain;
- d. Location of cooking, reheating, and hot-holding equipment;
- e. Location of dish washing machine and associated equipment; and
- f. Location of three-compartment sink with drain board.
- g. In addition to showing the size and location of the equipment proposing to be used on the floor plan drawing, a chart listing the make and model of the proposed equipment is also required. (See the attached "Sample - Equipment Placement, Manufacturer, and Model Number List for Floor Plan" for example chart.)

3. **Additional Information**

- a. Show location of employee lockers/shelves;
- b. Show location of shelving for dry food storage.

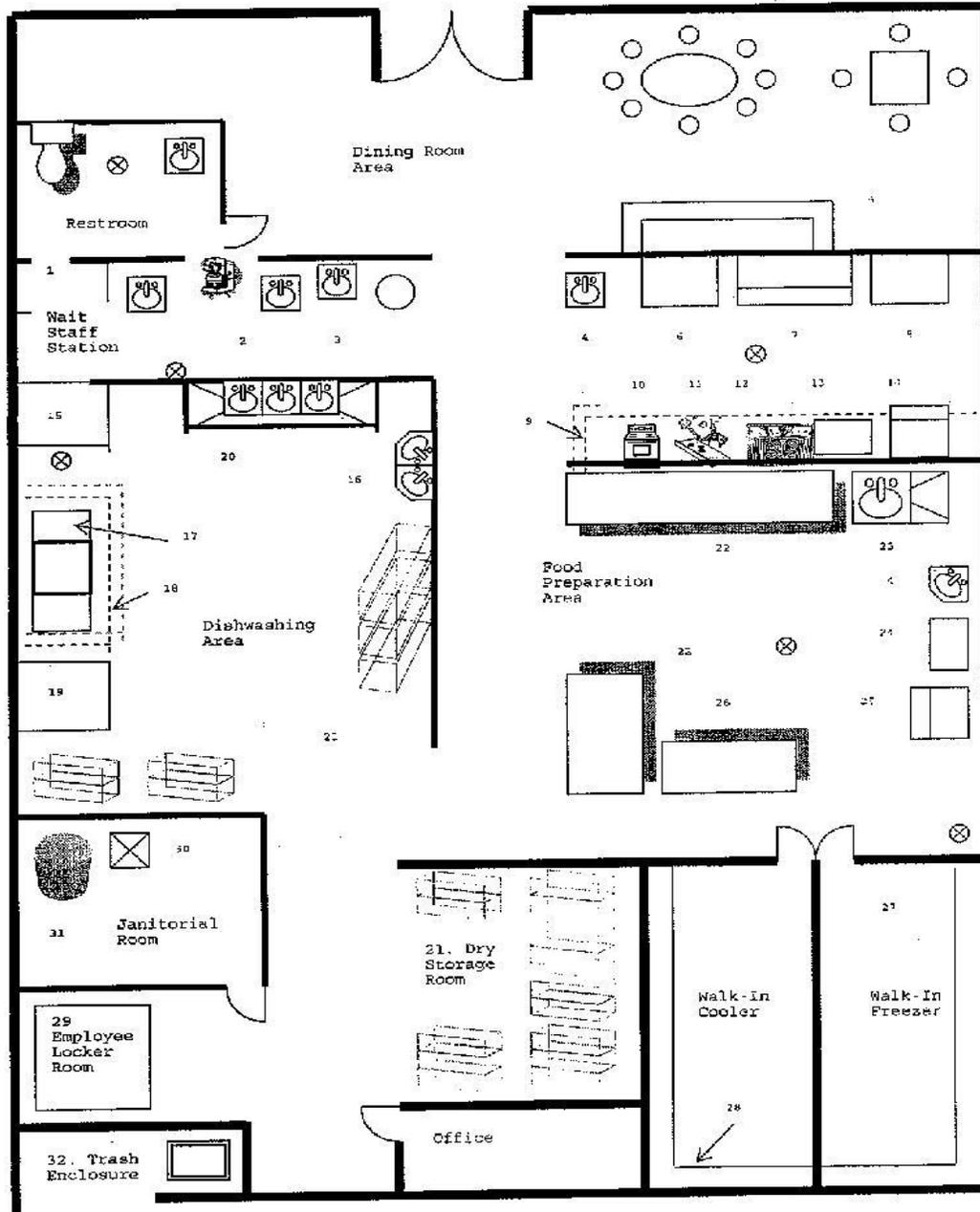
**SAMPLE - Equipment Placement, Manufacturer, and Model Number List for Floor Plan**

<b>ITEM #</b>	<b>Item</b>	<b>Manufacturer</b>	<b>Model #</b>	<b>NSF* Compliant</b>
1	Ice Maker			
2	Coffee Maker			
3	Counter w/Water & Ice Basin			
4	Employee Hand Sink			
5	Salad Bar			
6	Work Table S/S			
7	Refrigerated Prep Unit			
8	Reach in Freezer			
9	Exhaust Hood (Type I)			
10	Convection Oven/Stand			
11	6 Burner Range/Oven			
12	Grill			
13	Fryer Dump Station S/S			
14	Deep Fat Fryer			
15	Dirty Dish Table S/S			
16	Scrap Sink w/pre-rinse & Garbage Disposal			
17	High Temp. Dishwasher			
18	Vapor Hood (Type II)			
19	Clean Dish Table S/S			
20	3-Compartment Pot Sink			
21	Dry Storage Shelving			
22	Worktable S/S			
23	Food Prep Sink			
24	Mop Sink			
25	Refrigerator			
26	Worktable			
27	Walk in Freezer			
28	Walk in Cooler			
29	Employee Locker Room			
30	Water Heater			
31	Janitorial Room			
32	Trash Enclosure			
33				

**18 - Food Service Establishment Plan Review and Annual License Application**

34			
35			

\*NSF: National Sanitation Foundation



**19 - Food Service Establishment Plan Review and Annual License Application**

Skamania County Community Health • 710 SW Rock Creek Dr., P.O. Box 1492 Stevenson, WA  
 98648 Phone: 509-427-3850 • Website: [www.skamaniacounty.org](http://www.skamaniacounty.org) Updated: 8/2017

<b>Food Establishment Annual License</b>	
Bed & Breakfast, Rustic Cabin Resort, Camping Cabin Facilities, etc. (only one meal provided to overnight guests per day, otherwise must meet Restaurant Food Establishment criteria and pay corresponding fee)	\$200.00
Community Kitchen	\$300.00
Food Bank	\$50.00
Espresso Stand (does not include indoor/outdoor seating. If there is seating then see the "Restaurant" section for required annual license fee.	\$200.00
Summer Camp Kitchens (seasonal and only open to campers)	\$300.00
Caterer (not conducted by restaurant)	\$300.00
School Cafeteria - (Public & Private) - includes student stores	\$350.00
Satellite School Cafeterias (Public & Private)	\$300.00
Head Start Facility	\$300.00
Mobile Vendors	\$300.00
Limited Specialty Menu	\$350.00
Winery/Brewery Category I	\$350.00
<b>Restaurant Annual License Fee</b>	
Caterer: Conducted off site by established restaurant, add fee to the restaurant annual license fee.	\$225.00
Restaurants with indoor and/or outdoor seating:	
Seating: 0-50	\$350.00
Seating: 51-100	\$400.00
Seating: 101-150	\$500.00
Seating: 151 or more	\$500.00
<b>Grocery/Convenience Store Annual License Fee</b>	
Base Annual License Fee	\$350.00
Add for In-store Meat Market	\$75.00
Add for In-store Bakery	\$75.00
Add for In-store Deli	\$75.00
Example: Total Grocery Permit if the establishment has all three: (base + meat + bakery + deli) = \$575	\$575.00
<b>Follow-up Inspections For Food Establishments</b>	
Mandatory Follow-up Inspection after failed routine inspection (each follow-up inspection)	\$150.00
<b>Food Establishment Plan Review</b>	
Plan Review: new construction	\$625.00
Plan Review: new catering service	\$300.00

**20 - Food Service Establishment Plan Review and Annual License Application**

Plan Review: kitchen re-model	\$400.00
Change of Ownership: with prior notification	\$225.00
Change of Ownership: without prior notification	\$350.00

<b>Schools</b>	
Plan Review for School - New Construction	\$900.00
Plan Review for School - Portable	\$600.00
Plan Review for School - Remodel (pre-existing building)	\$800.00
Safety Inspection for Schools (other than routine food inspections)	\$300.00
<b>Food Worker Card</b>	
New Card	\$10.00
Card Replacement	\$10.00
<b>Food - Miscellaneous</b>	
Penalty for late food establishment annual license renewal (Over 30 days late)	\$35.00