



ENVIRONMENTAL HEALTH DIVISION - FOOD SAFETY

Catering Plan Application

This plan review packet is designed to guide you through the plan review process and help you submit accurate and complete plans for Whitman County Public Health to review. A copy of the Washington State Retail Food Code, Chapter 246-215 WAC can be found here:

<https://www.doh.wa.gov/portals/1/documents/pubs/332-033.pdf>. Applications must be submitted **at least 30 calendar days** before the date planned for opening a food establishment.

Each section includes required items to submit a full plan review packet:

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| 1. Overview of Plan Application Submittal | 5. Garbage Disposal |
| 2. Food Service Application | 6. Transport Vehicle |
| 3. Menu and Food Handling Procedures | 7. Service Site Requirements - Acknowledgement |
| 4. Equipment List | 8. Approved Kitchen |

1. OVERVIEW OF PLAN APPLICATION SUBMITTAL	
Type of Plan Review:	<input type="checkbox"/> New Catering Operation <input type="checkbox"/> Adding on catering to existing permit
Are there any specialized processes (vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying, growing sprouts, molluscan shellfish tank) included as part of your food preparation and service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the estimated opening date?	
Who will be the manager/person in charge for this plan review?	Name: Phone: Email:

2. Food Service Establishment Application

Ownership & Establishment Information

Business Name: _____

Business Address: _____

Street

City

State

Zip Code

Billing Address (if different): _____

Street

City

State

Zip Code

Business Phone: _____ Email Address: _____

Owner(s) Name: _____ Date of Birth: _____ Owner Phone: _____

Owners Address: _____

Street

City

State

Zip Code

Ownership Type : ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other _____

Business Information

Business is (Check one): ☐ Mobile ☐ Stationary **Business is (Check one):** ☐ Temporary ☐ Permanent

Type of Business (Check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Coffee Stand | <input type="checkbox"/> Hotel | <input type="checkbox"/> Large Grocery |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Continental Breakfast | <input type="checkbox"/> Catering w/Restaurant |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Coffee Shop w/Food Prep | <input type="checkbox"/> Catering Only |
| <input type="checkbox"/> Ice Cream Shop | <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Mobile Unit- Simple Menu |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> School Kitchen | <input type="checkbox"/> Mobile Unit- Complex Menu |
| <input type="checkbox"/> Simple Menu | <input type="checkbox"/> Small Grocery | |

Food Specifics of Establishment

The operation includes (check one):

- ☐ **Simple Preparation:** prepares, offers for sale, or serves potentially hazardous food (i.e. food that requires time/temperature control)
If yes, then (check all that apply):
 - ☐ Only to order upon consumer's request
 - ☐ In advance quantities based on projected consumer demand and discards food that is not sold or served
 - ☐ Using time as a public health control under WAC 246-215-03530
- ☐ **Complex Preparation:** prepares potentially hazardous food in advance using a food preparation method that involves two or more steps including; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.
If yes, then (check all that apply) Prepares food as specified above for delivery or catering

- ☐ Prepares food as specified for immediate consumption
- ☐ Prepares food as specified above for service to a highly susceptible population
- ☐ Prepares only food that is not potentially hazardous or does not require time/temperature control (attach menu)
- ☐ Does not prepare, but offers for sale only pre-packaged food that is not potentially hazardous food.

Other Business Contacts:

Person directly responsible for the food establishment:

Name: _____ Title: _____
 Address: _____ Phone: _____

Person who functions as the immediate supervisor of the person above (such as zone, district, or regional supervisor): ☐ Check if same as above

Name: _____ Title: _____
 Address: _____ Phone: _____

Any other person comprising the legal ownership not addressed above:

☐ Check if same as above ☐ Check if not applicable

Name: _____ Title: _____
 Address: _____ Phone: _____

Local resident representative, if one is required, based on the type of legal ownership:

☐ Check if same as above ☐ Check if not applicable

Name: _____ Title: _____
 Address: _____ Phone: _____

I, _____, certify that the information provided in this application is accurate. I affirm that I will comply with Washington Administrative Code 246-215 Food Service. I agree to allow the regulatory authority of Whitman County access to the establishment as specified under 08415 and to the establishment records specified under 03290, 05280 and 08215 (4)(f) of the Washington Administrative Code 246-215 Food Service.

Applicant Signature: _____ **Date:** _____

Regarding Food Service Permits in Whitman County:

- Permits must be renewed annually to continue operating.
- Renewals are sent out at the beginning of the calendar year, and permits expire January 31 of each year.
- Establishments are classified based on operation type and risk category of menu and process. Permit fees are set by the Whitman County Board of Health and are subject to change each year.
- The initial plan review and pre-opening inspection is accompanied by a plan review fee.
- Permits are not transferable. If your operation relocates, or changes business name/owner, the new operation is subject to fees for plan review and reinstatement of permit
- Food service establishments are inspected once every 6-18 months depending on risk category. These are known as Routine Inspections.
- Failed inspections are put into a compliance schedule. Repeat failed inspections may cause forced closure on the restaurant until back into compliance.
- Any significant changes in menu, ownership, equipment or facility must be reviewed and approved by Whitman County Public Health.

3. Menu & Food Handling Procedures

Attach a detailed copy of your menu including all food and drinks you will be serving. Provide food preparation steps for all menus using the table below. If using an Approved Kitchen, explain what food preparation activities will be occurring at the Approved Kitchen and what activities will be done at the food service locations:

- All foods must come from an approved source
- Significant changes to menu or preparation process must be submitted and approved

Procedure	Procedure Used	List all food items that will use this procedure
Cold Holding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot Holding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Washing, cutting, portioning, preparing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cooling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reheating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thawing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cooking from raw (including meats and produce)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special processes (vacuum packaging, sous vide, curing, smoking, custom meat processing, acidifying, growing sprouts, molluscan shellfish tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Equipment List

Provide make and model numbers of all equipment (including countertop appliances). All food equipment must be commercial grade (NSF or equivalent)

Cooking Equipment				
Type of Equipment	Make	Model	NSF or Equivalent	Quantity
Stoves/Griddles			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ovens			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broilers			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fryers			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Woks			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cold Holding/Hot Holding Equipment				
Type of Equipment	Make	Model	NSF or Equivalent	Quantity
Walk-in cooler			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Walk-in freezer			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reach-in cooler			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prep Cooler			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot holding cabinet			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot/Cold Table			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food warmer			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Equipment (countertop, cooking, holding, cooling)				
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Garbage Disposal

Provide the dumpster size and location, including its distance from the building. Provide the disposal company name and frequency of pick-up. Describe the garbage enclosure material and floor surface (i.e. is the dumpster located on concrete or asphalt, is it sloped to drain or does it have a drain to sewer).

Dumpster Size		Dumpster Location	
Dumpster Distance from Building		Disposal Company Name	
Frequency of Pickup		Enclosure material (i.e. fenced, locked, not enclosed, etc.)	
Floor Surface (i.e. concrete, asphalt, etc.)		Description of drain (i.e. sloped to drain, drained to sewer, etc.)	

6. Transport Vehicle

Include description, make and model number and license of vehicle to be used for transport. Surfaces inside the vehicle must be easily cleanable.

Number of vehicles used for transport		Surfaces inside vehicles are cleanable?	
Make, Model and License for each vehicle			

7. Serving Site Requirements – Acknowledgement

I acknowledge that I am responsible for providing temporary hand wash station(s) as needed for sites with no plumbed hand wash stations at the service and/or final preparation station(s). I acknowledge that I am responsible for providing overhead covers that are waterproof, wind and fire resistant, and extend over all preparation and services areas when preparing or serving food outdoors.

Name: _____ **Signature:** _____ **Date:** _____

Type Of Approved Kitchen And Application Requirements		
	Approved Kitchen Situation	Requirement to Proceed
<input type="checkbox"/>	An existing permitted food establishment in Whitman County. We are adding on catering out of the permitted kitchen and under the same ownership.	Nothing further required
<input type="checkbox"/>	Using an Approved Kitchen in Whitman County	Approved Kitchen Agreement
<input type="checkbox"/>	Using a permitted restaurant or school kitchen	Approved Kitchen Agreement
<input type="checkbox"/>	Using an Approved Kitchen that is in another state or county	Approved Kitchen Agreement and copy of permit from other permitting authority
<input type="checkbox"/>	Using a Cottage Food permitted kitchen	Copy of Cottage Food Permit
<input type="checkbox"/>	Other (describe)	

Attachments

Any attachments required throughout the document can be uploaded by clicking the link below.