



PRELIMINARY FOOD FACILITY CHECKLIST- DISTRIBUTOR

Complete this form and submit it to Environmental Health Services (EHS) with proposed plans. If the form is incomplete, the submitted plans are returned to the applicant and will delay processing.

FACILITY INFORMATION

Name of Facility:	Contact Name:
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Address:	Phone Number:
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- Unincorporated Area (County*) Incorporated Area (City)

*If unincorporated provide proof of plan submittal with Building and Safety (i.e. a receipt).

- Existing Structure* New Structure

*If submitting plans for a remodel all items must be completed regardless of new or existing structure.

ELECTRONIC PLANS

Initial:	Requirement:
	Plan sheets have been submitted to EHS in a single portable document format (PDF) file via email (max. file size 20MB) or a file sharing service.
	Plans are saved at full-size and to-scale, the scale is indicated on <u>all</u> sheets and any drawing layers or comments were flattened in the computer-aided design (CAD) program before PDF was created.
	All plan sheets are legible and in proper orientation face up (<u>not</u> sideways or upside down).
	All sheets are labeled with sheet number and title (i.e. P1.0 Plumbing Schedule).
	Plans are not locked or password protected.
	Specification sheets are submitted separately in a single PDF file for all food related equipment.

VERIFICATION

Complete the verification requirements checklist below. (Must include Sheet Number unless N/A.)

Yes	N/A	Requirement:	Sheet Number:
<input type="checkbox"/>	<input type="checkbox"/>	Three identical sets of complete paper plans or one set of complete digital plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Name of facility, site address, owner or contractor's mailing address, email and contact phone number is listed on the plans.	
<input type="checkbox"/>	<input type="checkbox"/>	Type of food stored on site (I.E. Prepackaged foods, beverages, supplements)	
<input type="checkbox"/>	<input type="checkbox"/>	Site plan includes a trash enclosure or dumpster location.	
<input type="checkbox"/>	<input type="checkbox"/>	Indicate method of sewage disposal: <input type="checkbox"/> Sewer Sewer company name (<i>required</i>): _____ <input type="checkbox"/> Septic: • Existing Septic Systems: Existing septic systems in unincorporated areas must submit an Onsite Wastewater Treatment System (OWTS) Certification to the EHS Wastewater program. • New Septic Systems: New septic systems in unincorporated areas must submit an Application for Onsite Wastewater Treatment (OWTS) Review to the EHS Wastewater program. • Septic Systems in Incorporated Cities: Contact local City for requirements. NOTE: SEPTIC APPROVAL IN UNINCORPORATED AREAS IS REQUIRED PRIOR TO PLAN APPROVAL. CONTACT THE EHS WASTEWATER PROGRAM FOR ADDITIONAL INFORMATION.	

VERIFICATION *continued*

Yes	N/A	Requirement:	Sheet Number:																														
<input type="checkbox"/>	<input type="checkbox"/>	Indicate source of water supply: <input type="checkbox"/> Municipal Water Water company name (<i>required</i>): _____ <input type="checkbox"/> Well/Water System NOTE: A TECHNICAL, MANAGERIAL AND FINANCIAL (TMF) ASSESSMENT IS REQUIRED FOR A CHANGE OF OWNERSHIP OR A NEW WELL/WATER SYSTEM. ADDITIONAL INFORMATION - AVAILABLE BY CALLING THE EHS OR AT THE State Water Resources Control Board Drinking Water Program.																															
<input type="checkbox"/>	<input type="checkbox"/>	Floor plans show all equipment, are drawn to a minimum scale of 1/4" = 1'.																															
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Schedule includes make, manufacturer and model number of all equipment. All food equipment listed is American National Standards Institute/ National Sanitation Foundation (ANSI/NSF) approved for sanitation. <ul style="list-style-type: none"> • Mop sink and faucet (mop rack and chemical shelf) • Handwashing sink • Water heater 																															
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Specification Sheets provide manufacturer specification sheets numbered with the corresponding number on the equipment schedule for all proposed food equipment which indicates an approved ANSI/NSF sanitation listing.																															
<input type="checkbox"/>	<input type="checkbox"/>	Finish Schedule: List the type of finish used for each area of the food facility. (Finish schedule <u>must</u> be provided on the plans.) <table border="1" data-bbox="289 919 1271 1289" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Floor</th> <th style="width: 15%;">Integral Covered Base</th> <th style="width: 15%;">4' Wainscot</th> <th style="width: 15%;">Walls</th> <th style="width: 20%;">Ceiling</th> </tr> </thead> <tbody> <tr> <td>Example</td> <td><i>Sealed concrete</i></td> <td><i>Topset tile base cove with 3/8' radius keyed into ceramic tile</i></td> <td><i>Fiber-reinforced Polymer (FBR)</i></td> <td><i>Drywall/painted semi-gloss above tile</i></td> <td><i>Vinyl faced T-bar panels</i></td> </tr> <tr> <td>Walk-in Cooler</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Restroom(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mop Sink Area</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Floor	Integral Covered Base	4' Wainscot	Walls	Ceiling	Example	<i>Sealed concrete</i>	<i>Topset tile base cove with 3/8' radius keyed into ceramic tile</i>	<i>Fiber-reinforced Polymer (FBR)</i>	<i>Drywall/painted semi-gloss above tile</i>	<i>Vinyl faced T-bar panels</i>	Walk-in Cooler						Restroom(s)						Mop Sink Area						
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<input type="checkbox"/>	<input type="checkbox"/>	The Mop Sink is provided with a chemical shelf and mop rack nearby.																															
<input type="checkbox"/>	<input type="checkbox"/>	Floor sink locations are shown on the plumbing or equipment floor plan. All sheets show consistent floor sink locations.																															
<input type="checkbox"/>	<input type="checkbox"/>	Employee lockers are shown on plans.																															
<input type="checkbox"/>	<input type="checkbox"/>	Remodels include layout of facility before and after proposed remodel. A remodel is any change to a currently permitted food facility made by current permit.																															

VERIFICATION *continued*

Yes	N/A	Requirement:	Sheet Number:
<input type="checkbox"/>	<input type="checkbox"/>	Select the applicable option: <input type="checkbox"/> Tanked Water Heater <input type="checkbox"/> Tankless Water Heater Manufacturer Name: _____ Manufacturer Name: _____ Model Number: _____ Model Number: _____ BTU: _____ Gallons per Minute (GPM) at 50°F rise kW: _____ (70°F rise in mountain regions): _____	

COMMON REASONS FOR REJECTION

Common reasons for rejection are listed below. Initial in the right column acknowledging you have reviewed these items.	Initial:
Facility not fully enclosed.	
Plan not drawn to scale or inconsistent floor plan/equipment information on different pages.	
Floor sinks were not provided for equipment producing liquid waste, completely covered by equipment or completely exposed.	
Mop sink was not provided.	
Finish schedule was not provided, or plan proposed unapproved materials.	
Equipment schedule with make and model number was missing, incomplete or inconsistent.	
Septic system was not approved for facilities in unincorporated areas.	
Domestic Water Supply Permit for use of well not obtained or initiated.	
Owner/Agent Signature:	Date:

Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

FOR OFFICE USE ONLY

<input type="checkbox"/> Plans accepted for plan check	Service request (SR) Number:
<input type="checkbox"/> Plans NOT accepted for plan check	
Environmental Health Specialist/Technician Signature:	Date: