



## CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ PO Box 9825

Vancouver, WA 98666-8825

(360) 397-8428 ♦ Fax (360) 397-8084

### FOOD ESTABLISHMENT PACKET

Before opening a new food establishment, purchase/change of ownership, or reopen a closed food establishment, provide the following information to Clark County Public Health – Environmental Public Health, at least 30 days prior to the opening.

1. **PLAN REVIEW APPLICATION FORM.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION FORM.** Complete the green Permit Application form.
3. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
4. **MENU.** Provide a menu or a list of the foods to be served.
5. **METHOD OF FOOD PREPARATION** Provide information on food preparation, cooking temperatures and cooling:
  - Food preparation procedures that indicate the final internal cooking temperature of all meat and poultry products, hot holding temperatures.
  - List of all foods that are cooked and then cooled on site. Indicate the cooling method used and the quantities of those foods cooled on site.
  - Food storage procedures for raw meat and eggs and measures used to prevent cross contamination.
  - Employee sanitation practices including proper hand washing, barrier/glove use and illness policy.
6. **FLOOR PLAN.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed facility with the following:
  - Hand wash sink(s), food preparation sink(s) and mop sink
  - Three-compartment sink with drain boards and any associated mechanical ware washing equipment
  - Type/model of commercial refrigeration and freezer equipment
  - Size and shelving design of walk-in units
  - Ice machine and floor drain
  - Cooking, reheating, and hot-holding equipment
  - Indirect drains
  - Employees' lockers or area of shelves for personal item storage
  - Garbage storage facilities and leachate drain location (if necessary)
  - Toilet(s) and number of fixtures
  - Dry food storage area and shelves
  - Description of finishes used on floors, walls, counter tops and ceilings

**ALL OF THE ABOVE ITEMS MUST BE SUBMITTED FOR THE PLAN REVIEW.**

**If any of these items are omitted, the plan review cannot be accepted.**

**PLEASE ALLOW AT LEAST 10 WORKING DAYS FOR REVIEW OF THE PLAN.**

Following plan approval:

- ✓ **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** A pre-opening inspection of the food establishment must be conducted. Call (360) 397-8428 at least one week in advance to schedule this on-site inspection.
- ✓ **PAY FOR PERMIT.** Before opening, the food service permit must be paid.

### COMPLIANCE WITH CHAPTER 246-215 WAC IS REQUIRED

1. **WATER SUPPLY.** For private well water use, apply for a Small Public Water Supply. Call (360) 397-8428 and ask to speak to an Environmental Health Specialist in the Water Program.
2. **SEWER OR SEPTIC SYSTEM.** Provide proof of a sewer connection or an approved on-site sewage system.
3. **HAND WASH SINK.** Provide hand wash sink(s) that is/are accessible, convenient to food preparation, food service and utensil washing areas and ***used exclusively for hand washing***. Every hand wash sink shall have minimum hot water temperature of 100° F and cold water provided through a mixing faucet. Provide hand soap and single use towels at the sink. Automatic faucets must have a minimum cycle of 15 seconds.
4. **FOOD PREPARATION SINK.** An indirectly drained food preparation sink is required if any products (fruits, vegetables or meats) are washed, defrosted or cooled. At a minimum, a one-compartment food preparation sink with an attached drain board is required. If more than one type of product is processed, multiple sink compartments will be required. ***A food preparation sink may not be used for hand washing or utensil washing.***
5. **WARE WASHING FACILITIES.** Provide a three-compartment sink with a drain board. If a mechanical dishwasher is used, a three-compartment sink is still required. All utensils/pots and pans must be able to be fully submerged in each compartment of the utensil-washing sink.
6. **SPLASH GUARDS.** If splash or contamination could occur, 12" splash guards will be required to prevent contamination for any hand sink, dipper well, food prep sink, clean dish drain/drying area, etc. from any source of contamination such as a mop sink or dish wash sprayer.
7. **MOP SINK.** A mop/utility sink is required and must be located so food and equipment are not contaminated. A laundry tub or mop bucket **CANNOT** substitute for a mop sink.
8. **PLUMBING.** Provide plumbing sized, installed and maintained in accordance with applicable state and local plumbing codes. Provide indirect drains from the ice machine, food preparation sinks, beverage ice sinks, salad bars, dipper wells and mechanical dishwashers into a floor sink or similar device. Provide a properly vented dual check valve device or an approved reduced pressure back flow assembly between copper pipe or tubing and carbonated beverage dispensing machines.
9. **GREASE TRAPS.**

**Vancouver Sewer District.** The Vancouver Municipal Code (VMC 14.10) requires all food service establishments to have equipment that prevents food grease from entering the sewer system. The Oil & Grease Management Program (OGM) must review and approve the grease interceptor plans prior to installation. New grease interceptors or traps must be sized according to the Uniform Plumbing Code. A copy of the sizing requirements can be obtained from the OGM Program. They can be contacted at (360) 696-8177.

**Hazel Dell Sewer District.** Hazel Dell Resolution 1031 requires all food servers to have grease control. The Unified Plumbing Code must be followed in cases where the User does not have a Type 1 Hood. If the User has a Type 1 hood they are required to have, at a minimum, a 1000-gallon interceptor outside the building. For further information call the Pretreatment Coordinator at Hazel Dell Sewer District (360) 750-5876.
10. **FLOORS, WALLS, CEILING.** The floors, walls, and ceilings in all food preparation and storage areas, walk-ins and toilets shall be easily cleanable, water impervious, grease resistant, and durable. Ceiling studs, joists and rafters **shall not be exposed** in food preparation areas, equipment washing and utensil washing areas, toilet rooms, walk-in refrigeration units, and vestibules.
11. **REFRIGERATION.** Provide commercial refrigeration units and shelving design in walk-in units sufficient for all necessary foods. No home-style equipment or refrigeration units are allowed.

12. **EQUIPMENT AND UTENSILS.** Equipment and utensils must be cleanable, durable, in good repair and in conformance with the current standards.
13. **TOILETS.** All toilet rooms must have automatic door closing devices, mechanical ventilation, and hand washing sink with single service soap and towel dispensers. There must be toilet facilities for patrons when there is on-premise consumption of food. Toilets must be accessible during all hours of operation and within at least 200 feet of food service establishment.
14. **LIGHTING.** All light fixtures must have light covers, sleeves and end caps or have shatterproof light bulbs.
15. **LOCKERS.** Provide lockers or shelves for employees to store clothing and personal belongings.
16. **GARBAGE STORAGE.** Garbage containers must be watertight, vermin proof, covered containers and appropriate frequency of garbage pickup to prevent overflows and nuisances. Provide sewer disposal for any leachate. Provide garbage storage on a concrete or asphalt pad.
17. **BAR AND TAVERNS.** Bar and taverns are required to have a sink compartment for disposing of liquid drink wastes in addition to the sinks necessary for hand washing and utensil cleaning and sanitizing.
18. **BULK FOOD DISPENSING.** Bulk food must be separated by partitions, different aisles or by horizontal separation from chemicals and/or pet food. For horizontal separation, chemical or pet foods must be below bulk foods. Bulk food containers must be gravity dispensing units or display units with covers. Dispensing utensils must be present for each unit with a holder so handle of scoop or tongs is held out of food. The lowest access point of bulk food containers of ready-to-eat foods must be **at least 30 inches** above the floor.
19. **SMOKING SIGNS.** Signs prohibiting smoking must be posted conspicuously at each entrance and in prominent locations throughout the establishment. RCW 70.160.050

For further information, please call Clark County Public Health at (360) 397-8428 and press option 0 to speak to the program assistant.



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 Vancouver, WA 98666-8825  
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**PLAN REVIEW APPLICATION FORM**

RESTAURANT NAME OR NAME OF ESTABLISHMENT \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_  
 SITE PHONE NUMBER \_\_\_\_\_ ESTIMATED OPENING DATE \_\_\_\_\_

**BUSINESS NAME OF OWNER or CORPORATION NAME** \_\_\_\_\_  
 BUSINESS OWNERSHIP STATUS:  Sole Proprietor  Partnership  Corporation  LLC  
 LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.  
 OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

IS THIS A CHANGE OF OWNERSHIP? NO  YES  IF Yes, date of change: \_\_\_\_\_  
 If Yes, previous name of the restaurant? \_\_\_\_\_  
 IS THIS:  New construction or conversion of an existing building to a restaurant  
 An existing restaurant/kitchen remodel  
 Construction company contact person \_\_\_\_\_ PHONE \_\_\_\_\_  
 BUILDING DEPARTMENT PERMIT NUMBER: \_\_\_\_\_

**TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?**

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**WATER:**  Amboy (CPU)  BattleGround  CPU  Camas  Vancouver  Washougal  Yacolt (CPU)  Other \_\_\_\_\_  
 Small Public Water Supply Name \_\_\_\_\_ ID# \_\_\_\_\_

**SEWAGE:**  Public sewer  On-site septic system. **Date of last septic system inspection or pumping:** \_\_\_\_\_

**TYPE OF ESTABLISHMENT:** Check one or more of the boxes below that best describe the type of establishment that you are planning.

- |  |   |  |  |  |  |   |
|--|---|--|--|--|--|---|
| <input type="checkbox"/> Restaurant    | <input type="checkbox"/> School / Cafeteria | <input type="checkbox"/> Tavern/Bar    | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Motel/Hotel             | <input type="checkbox"/> Bed & Breakfast   | <input type="checkbox"/> Food Bank                |
| <input type="checkbox"/> Espresso Cart | <input type="checkbox"/> Mobile Truck       | <input type="checkbox"/> Little League | <input type="checkbox"/> Concession Stand/Cart | <input type="checkbox"/> Annual Itinerant        | <input type="checkbox"/> Bakery (only)     | <input type="checkbox"/> Caterer                  |
| <input type="checkbox"/> Grocery Store | and <input type="checkbox"/> Deli           | and <input type="checkbox"/> Bakery    | and <input type="checkbox"/> Meat/Fish Market  | <input type="checkbox"/> Meat/Fish Market (only) | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Convenience Store & Deli |

Hours of operation \_\_\_\_\_ Number of employees per shift \_\_\_\_\_

Anticipated number of meals served per day \_\_\_\_\_ Anticipated seating capacity \_\_\_\_\_

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) \_\_\_\_\_ ID # \_\_\_\_\_

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) \_\_\_\_\_

<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>
------------------------------	-------------

FOR OFFICIAL USE ONLY			
DATE PAID: _____	IN: _____	OW: _____	_____
AMT RCVD: \$ _____	AR: _____	FA: _____	EHS: _____
EHA: _____	SR: _____	PR: _____	_____



# CLARK COUNTY PUBLIC HEALTH

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## FOOD SERVICE PERMIT APPLICATION FORM

**THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT**

**NAME OF FOOD ESTABLISHMENT** \_\_\_\_\_

SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_

SITE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS:  YES

IF NO, LOCAL MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE WA ZIP \_\_\_\_\_

**SITE E-MAIL ADDRESS** \_\_\_\_\_

**OWNER INFORMATION:**

**BUSINESS NAME or CORPORATION NAME** \_\_\_\_\_

OWNERSHIP STATUS OF ABOVE:  Sole Proprietor  Partnership  Corporation  LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_

OWNER HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER PHONE \_\_\_\_\_ HOME/EMERGENCY CONTACT PHONE \_\_\_\_\_

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS:  YES

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**OWNER E-MAIL ADDRESS** \_\_\_\_\_

**BILLING INFORMATION:**

**NAME** \_\_\_\_\_ **CARE OF** \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BILLING PHONE \_\_\_\_\_ BILLING FAX NUMBER \_\_\_\_\_

**ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE:** (For restaurants and taverns only) **WASHINGTON STATE TAX ID #** \_\_\_\_\_

Check one: A.  0- \$250,000 B.  \$250,000 - \$500,000 C.  \$500,000 - \$750,000 D.  \$750,000 - \$1,000,000 E.  \$1,000,000 and over

**IS THIS A CHANGE IN OWNERSHIP?** NO  YES  If YES, date of change: \_\_\_\_\_ Previous establishment's name: \_\_\_\_\_

**WATER:**  Amboy (CPU)  Battle Ground  CPU  Camas  Vancouver  Washougal  Yacolt (CPU)  Other \_\_\_\_\_

Small Public Water Supply Name \_\_\_\_\_ and ID # \_\_\_\_\_

**SEWAGE:**  Public Sewer  On-site septic system. Last inspection or pumping date: \_\_\_\_\_ **\*ATTACH COPY OF THIS INSPECTION/PUMPING.**

**TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:**

<input type="checkbox"/> Restaurant	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Public Kitchen/Grange	<input type="checkbox"/> Bakery (only)	<input type="checkbox"/> Grocery/Convenience Store
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Head Start	<input type="checkbox"/> Annual Itinerant/Farmer's Market **	<input type="checkbox"/> Meat/Fish Market (only)	<input type="checkbox"/> with Deli
<input type="checkbox"/> Concession**	<input type="checkbox"/> Mobile Truck**	<input type="checkbox"/> Espresso Cart/Stand**	<input type="checkbox"/> Caterer**	<input type="checkbox"/> with Bakery
<b>**CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE REQUIRED FOR PERMIT</b>				<input type="checkbox"/> with Meat Market

Food establishment prepares, offers for sale or serves potentially hazardous food  YES  NO

Is time as temperature control used?  YES  NO Is a highly susceptible population served?  YES  NO

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. **I understand that this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.**

<b>FOR OFFICIAL USE ONLY</b>			
DATE PAID: _____	IN _____	OW _____	_____
AMT RCVD: \$ _____	AR _____	FA _____	EHS: _____
EHA: _____	SR _____	PR _____	_____



## ENVIRONMENTAL PUBLIC HEALTH DEPARTMENT 2009 FEE SCHEDULE

FOOD PLAN REVIEW	
New Construction	\$500
Remodel	\$400
Annual Itinerant/Espresso	\$400
Non-profit	\$100
Change of Ownership	\$400
Change of Owner-No notification	\$500
Longer than 2 hours	\$100

RESTAURANT	
Level 1 (A-B)	\$364
Level 1 (C-D)	\$650
Level 1 (E)	\$848
Level 2 (A-B)	\$598
Level 2 (C-D)	\$858
Level 2 (E)	\$1,040
Level 3 (A-B)	\$936
Level 3 (C-D)	\$1,196
Level 3 (E)	\$1,300

GROCERY	
Base Permit	\$244
w/Meat Market	\$244
w/Bakery	\$244
w/Deli	\$390

ESTABLISHMENT PERMIT	
Bed & Breakfast	\$244
Bakery	\$244
Caterer	\$494
Espresso Stand	\$244
Meat Market	\$244
Public Kitchen	\$244
Seasonal Permit	\$364

NFP Low	\$140
NFP Medium	\$281
NFP High	\$421

MOBILE TRUCK	
Level 1 Low	\$244
Level 2 Medium	\$468
Level 3 High	\$728

ANNUAL ITINERANT	
Level 1 Low	\$244
Level 2 Medium	\$442
Level 3 High	\$676

SEASONAL TEMPORARY PERMITS	
1-3 Consecutive Days	\$130
4-21 Consecutive Days	\$260
Non-Profit 1-3 Days	\$78
Temporary Late Fee	\$52

FOOD FOLLOW-UP INSPECTION	
Mandatory Follow-up Inspection	\$260
Food Probation Inspection	\$1,040

SCHOOL PLAN REVIEW	
New Construction	\$572
Remodel	\$442
Portable Addition	\$244

SCHOOL PERMITS	
Cafeteria Public/Private	\$489
Permit Student Store	\$182
Summer School	\$224
Head Start	\$224
School Safety Inspection	\$312

Additional Services Food Program	\$106/hr
Food Worker Card	\$10



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# FOOD WORKER CARD TEST INFORMATION

### TESTING DAYS & TIMES —

**WHEN:** Monday, Thursday, & Friday  
8:00 to 11:45 AM  
1:00 to 3:00 PM

**WHERE:** Clark County Public Health  
1601 E. Fourth Plain Blvd.  
Third Floor

- ◆ Registration closes at 3:00 PM.
- ◆ Applicants must complete testing *before* 4:15 PM.
- ◆ Children are not allowed in the testing room and should not be left unattended in the waiting area.
- ◆ For information call 397-8435.

### FOR FIRST CARD —

All food workers must have a Washington State food worker card before starting work. The first card is valid for 2 years.

- ◆ Read the Washington State Food and Beverage Worker's Manual **BEFORE** coming to the testing session.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch a 30-minute video on food safety.
- ◆ Pass the test. The written test may be taken in Spanish, Russian, Chinese, Vietnamese, Korean and English.

### RENEWING CARDS —

#### **REPLACEMENT CARDS:**

- ◆ Bring picture identification and fill out application form.
- ◆ Pay \$10.00 replacement fee.

#### **TO RENEW CARD:**

If card is renewed *before* the expiration date on the card, a 3 year card will be issued. The renewal period is **60 DAYS BEFORE** the card expires.

- ◆ Read the Washington State Food and Beverage Worker's Manual.
- ◆ Bring original or a photocopy of current card before it expires.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch the 30-minute video on food safety.
- ◆ Pass the test.

#### **RENEWING CARD FOR 5 YEARS:**

- ◆ Follow the procedure to renew a card.
- ◆ Bring proof an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

### SPECIAL NEEDS TESTING —

Call 397-8428, Ext. 7249 for information and scheduling.

### FOR GROUP TESTING —

Worksite group testing offered on a limited basis.

- ◆ Call 397-8444 to schedule group testing.
- ◆ Have employees bring current food worker card and a picture ID to the testing site.
- ◆ Have employees read the Washington State Food and Beverage Worker's Manual.
- ◆ Employees will watch the 30-minute video and then take the written test.
- ◆ Pay \$205.00 group testing fee **AND** \$10.00 fee for each person who takes the test.
- ◆ Cards will be mailed or picked up at Environmental Public Health office upon receipt of payment.

### ONLINE INFORMATION —

Food Work information is available online: [www.clark.wa.gov](http://www.clark.wa.gov), type "food worker" in the search field and press the search button.

The Internet Food Safety Education Program video is now available online in either English or Spanish:

English site:

<http://ccph.gibbymedia.com/foodsafety2/>

Spanish site:

[http://ccph.gibbymedia.com/foodsafety2\\_sp/](http://ccph.gibbymedia.com/foodsafety2_sp/)



For other formats, contact the Clark County ADA Office: **Voice** (360) 397-2000; **Relay** 711 or (800) 833-6388; **Fax** (360) 397-6165; **E-mail** ADA@clark.wa.gov.

**FOOD WORKER CARDS ARE VALID IN EVERY COUNTY IN WASHINGTON STATE.**