



Submit form with \$425.00 nonrefundable fee to:
OCCHD
 4900 Richmond Square, Suite 200 Oklahoma
 City, OK 73118
 Phone: (405)425-4347
 email: planreview@occhd.org
 Fee can be paid online at occhd.org/payment

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: _____

All facilities must be inspected and licensed prior to operation.
**SUBMITTING THIS FORM DOES NOT GIVE
 PERMISSION 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) ADDITIONAL DOCUMENTATION 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
 - 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
 - Plumbing (including labelled 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
 - Employee locker area
 - Equipment Location (inside and outside)
 - Sinks (labeled handwashing / warewashing / food prep. / mop / etc.)
 - Toilet areas

(Multiple layouts/plans may be submitted as needed.)

- 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 fighting 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)