



## HEALTH SERVICES

Environmental Health Division  
2100 NE Wyatt Court, Bend, OR 97701  
Telephone: 541 317-3114, Fax: 541-322-7604  
[www.deschutes.org](http://www.deschutes.org)

### **Foodservice Public Health Plan Review**

Follow all instructions below to avoid delays in the application process.

This package consists of the following information:

- I. Plan Review Checklist
- II. Roadmap to Licensure in Deschutes County
- III. Plan Review FAQs
- IV. Application (Pages 6-20)
- V. Employee Illness Policy
- VI. Pre-Opening Checklist for Operators

#### **I. Checklist for Foodservice Public Health Plan Review**

Please enclose the following documents:

- Complete Application
- Plan Review Fees (for current fees please call Environmental Health at 541-317-3114)
- Proposed Menu (including seasonal, outdoor cooking, off-site and banquet menus)
- Site plan showing location of business in building, location of building on-site including alleys, streets and location of any outside features (outdoor cooking equipment, dumpsters, wells, septic, etc.). This may be stand-alone or incorporated within the floor plan.
- Floor plan, drawn to scale, of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- "Rough" plumbing schedule. This may be stand-alone or incorporated within the floor plan.
- Equipment Schedule
- Schedule of Finishes (excluding dining areas)
- Manufacturer Specification Sheets (Cut Sheets) for each piece of equipment shown on the plan
- Other documents, (Shared Facility Agreements, Pest Management Plans, etc.)

## II. Roadmap to Licensure in Deschutes County

Your Step by Step Guide to

# Opening a Food Establishment in Deschutes County

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## We are here to help!

This is intended to help you track your progress through the Plan Review and Licensure process. When all steps are complete, your food establishment should be ready to operate.

## These are the steps.



**#1**

Submit Plan Review Application with required fee.



**#2**

After receiving Approval Letter, construction may begin.



**#3**

Submit annual Foodservice License Application with required fee



**#4**

At least two weeks prior to opening, call to schedule Pre-Opening Inspection.



## Congratulations !

Your Operating License will be issued upon successful completion of the Pre-Opening Inspection.

### III. Plan Review FAQs

#### **Who needs to apply for a Plan Review?**

This form is intended for the Public Health Plan Review of permanent food and beverage establishments that serve in Deschutes County. A food establishment is defined as an operation that prepares, assembles, packages, serves, stores, vends, dispenses, or otherwise provides food and/or beverages for human consumption to the general public. This includes but is not limited to:

Restaurants; cafes; caterers; catered feeding locations; microbreweries; coffee shops; private clubs, if open to the public; snack bars; satellite sites; senior citizen centers; benevolent organizations offering food service to the public; taverns, schools on the National School Lunch Program; hotel and motel meal service, other than a legally recognized continental breakfast; commissaries and warehouse facilities.

If a new food establishment is being built, an existing structure is being converted for use as a food establishment, an existing food establishment is being converted or the type of food operation at an existing food establishment is being changed, submit plans prior to beginning the construction or remodel.

#### **What about Food Trucks, mobile food establishments and temporary food vendors?**

Deschutes County has a separate Plan Review Application for mobile food vendors. [Find it here.](#)

For a Temporary Event License, [apply here.](#)

Seasonal and Intermittent Temporary Events use this license [application](#)

#### **I'm the new owner of an existing food establishment. Do I need to go through Plan Review?**

Plan Review may be necessary. But if not, you will simply complete the New Owner Packet, which can be found [here.](#)

### **How do I know whether a Public Health Plan Review is required?**

A Public Health Plan Review IS required:

- For construction of any new food and/or beverage establishment,
- For remodel of a previously or currently licensed food and/or beverage establishment and
- For conversion of an existing structure not previously licensed as a food and/or beverage establishment into a food and/or beverage establishment.

A Public Health Plan Review MAY be required:

- For significant change in the operator or type of food and/or beverage served,
- For a food and/or beverage establishment previously licensed by the Oregon Department of Agriculture, or
- For a food and/or beverage establishment that has been closed for at least six months.

### **When do I submit my Plan Review Application?**

Plan today for success tomorrow! This Public Health Plan Review is designed to catch problems at the planning stage before construction or remodeling begins. It is much easier to address problems and make changes on the plans prior to construction. Please notify us promptly of any changes or revisions to your plans so that these changes can be incorporated into the final plan approval. Any changes in plans that occur after the initial plans have been approved will require review. Omissions in plan will be treated as changes in plans.

### **How can I pay for my application fees?**

In Deschutes County, we are able to take fee payment in person or over the phone. Fees are subject to change. Please call 541-317-3114 for current fee rates. Application fees may be paid using cash, check or credit cards, including Visa, MasterCard, and Discover. Checks should be made out to: Deschutes County Environmental Health

Visit us in person or send payment to the following address:

Deschutes County Health Services  
Environmental Health Division  
1550 NE Williamson Blvd., #110  
Bend, OR 97701

**What happens after the Plan Review Application is submitted?**

After the application is submitted, it will go through an initial review by our staff. Expect a two to three week turn-around time for an initial review of plans. Our staff will be in contact with questions or for further information.

After all of the equipment is installed and operational, and at least two weeks prior to opening the business, contact Deschutes County Environmental Health at 541-317-3114 to schedule a Pre-Opening Inspection. This is to be performed after, or at time of, all other final inspection requests (building, fire, plumbing, etc.) Key staff and management should be on-site to discuss food operations and whether the establishment complies with local and state laws.

**What else do I need to do before I can open my food establishment?**

Before opening a food establishment, complete and submit a Foodservice License Application at the Deschutes County Health Services Building with the required fee. This is only an application for the annual Foodservice License. The license will be issued upon successful completion of the public health Pre-Opening Inspection. Foodservice Licenses are valid for the calendar year in which they are issued. Licenses are not transferable between facility locations or to a new owner at the same location. All Food service licenses expire on December 31<sup>st</sup> of the year that they are issued. Please be aware that license fees are not refundable once a license has been issued.

You must provide the receipt for the Foodservice License application at the time of Pre-Opening Inspection in order for the Pre-Opening Inspection to occur. The Pre-Opening Inspection must take place before the license can be issued. The appropriate Certificate of Occupancy and business license from the City or County of jurisdiction are also required prior to providing food to the public.

Also note that this plan review is for public health purposes only. The business owner has the responsibility to secure land use action (zoning) approval, licenses, reviews, and permits from any and all other governing bodies as applicable. If there are any questions after reviewing the enclosed information, please feel free to contact Deschutes County Environmental Health at 541-317-3114 during normal business hours.



**IV. Foodservice Plan Review Application**

General Information

Is this Plan Review Application for a: (check all that apply)

<input type="checkbox"/> New Construction	<input type="checkbox"/> Conversion of an existing structure to food service
<input type="checkbox"/> Remodel	Completion date: _____
<input type="checkbox"/> New owner (Please specify if changing type of food served) _____	

Was this location previously licensed as a food establishment? Yes      No

Former name: \_\_\_\_\_

Is this establishment (8-302.14):

- Stationary
- Mobile
- Permanent
- Temporary

Is the food establishment located within city limits? Yes      No

Name of City: \_\_\_\_\_

Name of water source: \_\_\_\_\_

Sewer service: \_\_\_\_\_

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Number of Indoor Seats: \_\_\_\_\_ Number of Outdoor Seats: \_\_\_\_\_

Number of staff: \_\_\_\_\_ (Maximum per shift)

Total Square Feet of Facility \_\_\_\_\_ Number of floors on which food operations are conducted \_\_\_\_\_

Type of Service: (check all that apply)

- Sit down meals
- Take out
- Caterer
- Bed and Breakfast
- Commissary
- Warehouse

Signature of Owner or Legal Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

IMPORTANT: A pre-application meeting with the plan review specialist is required (including specialist sign-off on this form) in order to submit this application.

Establishment Name	
Establishment Address	
Establishment Telephone	
Establishment Email	

Owner Name/Legal Entity			
Owner Address			
Owner Telephone			
Owner Email			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other

Contact Person and Title (e.g. Architect, Manager)	
Contact Person Address	
Contact Person Telephone	
Contact Person Email	

Please briefly summarize the project here:

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Project Start Date: \_\_\_\_\_

Projected Opening Date: \_\_\_\_\_

This Plan Review is designed to be used with the State of Oregon Food Sanitation Rules (Oregon Administrative Rules Chapter 333) from the Oregon Health Authority (OHA).

In addition to submitting the Deschutes County Health Services Plan Review Application, please contact the following agencies with jurisdiction at the food establishment location for any requirements they may have.

Plans or applications have been submitted to the following authorities on the following dates:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> City/County | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Zoning      | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Building    | <input type="checkbox"/> Fire     |

If the food establishment is to be served by a private well, it must be approved for public use. Please contact the Deschutes County Drinking Water Program at 541-388-6563 or the Oregon Health Authority at 971-673-0405 for requirements.

If the food establishment will be served by an onsite wastewater treatment system, the Oregon Department of Environmental Quality (DEQ) must approve the system for this use. Contact the DEQ office in Bend at 541-388-6146.

**DESCHUTES COUNTY**

Community Development (Building and Planning Divisions).....541-388-6575

**CITY OF BEND**

Building and Planning (including Fats, Oils and Grease or FOG Interceptors).....541-388-5580  
 Public Works (Sewer and Water).....541-317-3000  
 Fire Marshal.....541-322-6308

**CITY OF REDMOND**

Planning & Building Division (including Fats, Oils and Grease or FOG Interceptors) .....541-923-7721  
 Fire Marshal.....541-504-5006  
 Business licenses .....541-923-7726

**CITY OF SISTERS**

Deschutes County Building Safety Division for building related permits in Sisters,  
 (including Fats, Oils and Grease or FOG Interceptors).....541-388-6575  
 Public Works (Sewer and Water).....541-323-5220  
 Fire Marshal.....541-549-0771  
 Business Office.....541-549-6022

LA PINE PUBLIC WORKS (sewer, FOG interceptors, water).....541-536-1432  
 SUNRIVER UTILITIES (sewer, FOG interceptors, water).....541-593-4197  
 OREGON LIQUOR CONTROL COMMISSION .....541-388-6292  
 OREGON OCCUPATIONAL SAFETY & HEALTH DIVISION (OR-OSHA).....541-388-6066



## Menu and Procedure Review

Answer only the questions that apply to this facility. Add documents or pages as needed to describe the operation. The Food Sanitation Rules, OAR 333-150-000 can be obtained at:

[www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)

### **Training and Policies**

1. Describe or attach the current policy to exclude or restrict food workers who are sick or have infected cuts and lesions. *Note: Food employees with unwashed hands or diarrhea must be excluded from the food establishment for 24 hours. (2-201.12, 2-201.13):*
  - 1a. Will employees have paid sick leave? Yes      No
  - 1b. Will staff be scheduled as back-up for sick employees?      Yes      No
2. What are employees told about working when ill (2-201.12)?
3. Provide the established handwashing policy (2-301.14, 2-301.12, 2-301.15)
4. How are employees informed about handwashing requirements (2-103.11(D) and (L))?
5. How are handwashing and ill employee requirements reinforced (2-201.12 & 2-103.11(D))?
6. Describe the glove (non-latex only) use policy (3-304.15):
7. Who will be the person(s) in charge (2-101.11)?
8. Are you aware of the rule that requires a “knowledgeable” person to be present when in operation (2-201.11)? Yes      No  
*Note: One way to meet this requirement is to obtain certification in a food safety program designed for food managers: [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)*
9. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept. *Facilities serving thin foods such as meat patties and fish filets must have a small diameter probe. (4-302.12 & 4-203.11):*

10. How are food probe thermometers calibrated, and how often (4-502.11(B))?

11. Who is responsible for calibrating thermometers (4-502.11(B))?

12. How are probe thermometer cleaned and sanitized (4-602.11(A(4)))?

13. What type of chemical sanitizer will be used (such as chlorine, quaternary ammonium, or iodine)(4-501.114)? ) \_\_\_\_\_

At what concentration is this sanitizer used? \_\_\_\_\_

What type of test kit is available (4-302.14)? \_\_\_\_\_

When is the test kit used (4-501.116)? \_\_\_\_\_

13a. For cleaning and sanitizing dishes and equipment, will this operation have a 3-compartment sink, a warewashing machine, or both?

13b. If using a low-temp warewashing machine, does the machine have an alarm or other means to verify that detergents and sanitizers are delivered? Yes      No  
Please specify.

14. Describe how cutting boards, large pots and other food contact surfaces are cleaned and sanitized if they are too big to be submerged into sinks and too big for the warewashing machine (4-603.15):

15. When and how often does cleaning and sanitizing need to occur (4-602.11)?

16. What is done with leftover food (3-501)?

17. Will salads such as tuna, egg, chicken, macaroni, pasta and potato salad be prepared from scratch in this facility? Yes      No

If yes, will the ingredients be pre-chilled before being mixed or assembled? Yes      No

18. Describe how bare hand contact with ready-to-eat food will be minimized. For example, will deli tissues, spatulas, tongs, single-use gloves or dispensing equipment be used with ready-to-eat food (3-301.11(B))?

19. Describe when and where produce will be washed prior to use (3-302.15 and 5-402.11)?

### Food Preparation

1. Does the food establishment prepare food using any of these steps (8-302.14)?

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Hot holding  |
| <input type="checkbox"/> Cooling   | <input type="checkbox"/> Cold holding |
| <input type="checkbox"/> Reheating | <input type="checkbox"/> Thawing      |
| <input type="checkbox"/> Freezing  |                                       |

2. Does this establishment prepare (8-302.14):

- Animal foods cooked from raw?
- Food for delivery and off-site consumption?
- Only shelf-stable food (that is, non-Potentially Hazardous Foods)?

3. List animal foods that will be served raw or partially cooked, such as burgers and steaks cooked to order, eggs over easy, sushi, steak tartar, or oyster shooters (3-603.11):

4. Please describe the consumer advisory for raw or partially cooked foods that is on the menu (3-603.11):

5. If serving raw fish (sushi, lox, ceviche, etc.) will parasite destruction be done on-site or by the supplier (3-402.11 & 3-402.12)?

- On-site. Provide the procedure on parasite destruction. *(A freezer used for parasite destruction must maintain -4°F for 7 days. Measure and record temperature of freezer unit daily.)*
- Off-site. Provide the name of the supplier and documentation to show parasite destruction. *(Each invoice must state the specific species of fish that has been frozen to meet parasite destruction requirements.)*
- Aquacultured fish. Provide documentation from the supplier.

6. List food suppliers for the following:

<b>Category</b>	<b>Supplier</b>
Game Meats (including emu, ostrich, elk)	
Wild mushrooms	
Fresh or live shellfish	

7. List the suppliers, caterers, grocery store delis, etc. where food will be acquired:

8. Describe any special food processing within the facility, (such as juicing, smoking or curing meats, reduced oxygen packaging, canning, sprouting, etc.) (3-502.11):

9. Will the establishment use a non-continuous cooking method (such as par-cooking)? If so, please include a Standard Operating Procedure (3-401.14):

10. List any foods that will be wholesaled from the establishment:

11. Is there open-air dining via unprotected outer openings, such as large windows, moveable walls, roll-up doors, etc.? Yes  No   
If yes, provide a pest control plan with this application (6-202.15).

12. Will there be an outdoor cooking or beverage dispensing operation? Yes  No   
12a. How will food/beverages be protected from insects, birds, dust, overhead leakage, and other potential sources of contamination?

12b. What type of outdoor cooking equipment will be used?

12c. How will food service employees monitor outdoor cooking and/or beverage dispensing operations?

12d. When not in operation, how will the cooking and/or beverage dispensing operation be designed and secured to protect the food, equipment, utensils, etc. from potential contamination?

12e. What type of handwashing set-up will be at the outdoor cooking operation?

**Temperature Control of Potentially Hazardous Foods (PHF)**

1. List the size, description/manufacturer and what will be stored in each refrigeration unit:

Refrigerator Number	Size/Capacity	Manufacturer or Description	Type of food stored inside

2. How will the temperature of each refrigerator be monitored to ensure that it is at 41°F or below (4-203.12 & 4-502.11(C))?

3. Does each refrigerator have a working thermometer placed in an easily visible location (4-204.112)?

Yes            No

4. Is an ice machine provided and indirectly drained? Yes            No

5. If ice is purchased, who is the supplier?

6. If ice is used to keep food cold, such as in a salad bar, how will the food be stored in the ice? Please describe:

7. Will time instead of temperature control be used as a public health control (3-501.19)?  
Yes            No

If so, submit a Time as a Public Health Control Policy. Written procedures are required to be maintained in the facility.

8. Describe the procedure for date-marking ready-to-eat PHF (3-501.17):

9. How will you store raw animal foods to prevent contamination of ready-to-eat food (3-302.11)?

*Note: When storing raw animal products above one another, their storage should be based on the final required cooking temperature of each animal product. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g. raw fish above raw ground beef.) This also applies to food storage in freezer units unless the food is stored in commercially processed, unopened packages. (3-302.11)*

10. How and where will frozen food be thawed (3-501.13)?

11. What type of equipment will be used for holding food hot? What is the procedure for monitoring safe food temperatures throughout the day?

12. Describe how food temperatures (hot and cold) will be maintained while in transport or at catered sites or satellite kitchens (333-162-0280)?

13. Describe how PHF will be cooled in your establishment (3-501.14, 3-501.15 & 4-301.11).

	<b>Cooling method (may include shallow pans, ice bath, blast chiller, ice wand, reducing the volume, frequent stirring or other)</b>	<b>Cooling location</b>
Solid Foods (roasts, turkey, solid cuts of meat)		
Soft, thick foods (refried beans, rice, potatoes, stews, soups, sauces and chili)		
Liquids (thin broths, sauces)		

\*For cooling in shallow pans, adequate refrigeration is required.

\*\* For ice baths, food-prep sink and ice machine are required.

14. How will food handlers know that the food has cooled from 135°F to 70°F within two hours, and then from 70°F to 41°F within four additional hours (3-501.14)?

*Note: Required holding temperatures and cooling requirements are listed in the “Food Safety: Your Self-Training Manual” and in the “Food Sanitation Rules”. Both can be obtained from our department or at this website: [www.healthoregon.org/foodsafety](http://www.healthoregon.org/foodsafety)*

**Self Service**

1. Will self-service food be provided to the customers? Yes                      No
2. How will food be protected from customer contamination in self-service areas (3-306.11 & 3-306.13)?

**Cooking and Reheating**

1. Describe how staff will know when raw animal foods are fully cooked (3-401.11):
2. How will staff know that all parts of the food being reheated have reached at least 165°F for 15 seconds within two hours of beginning the reheating process (3-403.11)?
3. List equipment used for reheating and hot holding foods (4-301.11):

**Allergens and Food Labeling**

1. List the eight major food allergens and the symptoms that a food allergen could cause in a sensitive individual (2-102.11):
2. How are foods that are intended for off-site consumption (such as sandwiches or yogurt parfaits in a display case) properly labeled (3-602.11)?

**Food Sanitation Rules (OAR 333-150-0000)**

1. Do you have a copy of the Food Sanitation Rules? Yes                      No
2. Do you know how to locate specific information in the rules? Yes                      No

## Facility Plan Review

### **Restrooms**

1. Are outer restroom doors self-closing (6-202.14)? Yes      No
2. Are restrooms provided with ventilation (6-304.11)?      Yes      No

### **Pest Control**

1. Will all outside doors be self-closing and rodent proof (6-202.15)? Yes      No
2. Will air curtains be used? Yes      No
3. Are holes and gaps (near pipes, electrical conduit chases, ventilation exhaust and intakes, etc.) sealed and filled to protect from the entry of pests (6-202.15)? Yes      No
4. Will this business be treated by a licensed pest control company? Yes      No  
Company Name: \_\_\_\_\_

### **Waste**

1. Is there a designated area to store damaged food packages (6-404.11)? Yes      No
2. Where will garbage and recycling be stored at the facility (5-501.19)?
3. At what frequency will garbage be picked up (5-502.11)? \_\_\_\_\_  
Contractor: \_\_\_\_\_
4. Will there be a grease storage receptacle? Yes      No  
At what frequency will grease and used fryer oils be picked up? \_\_\_\_\_  
Contractor: \_\_\_\_\_
5. Does the exterior garbage area have a hard, cleanable, non-absorbent, sloped-to-drain surface (5-501.11)? Yes      No

### **Lighting**

1. Describe how lighting in food preparation and food storage areas is shielded and shatterproof (6-202.11):
2. Is lighting adequate in all areas of the facility? Where are the most well-lit areas of the food service establishment (6-303.11)?



**Plumbing**

1. Does piping run within walls or at least 4" above the floor (6-201.12)? Yes No
  
2. If sewer lines run over food preparation areas, how are they shielded? (3-305.12)?
  
3. Where will mop water be dumped after cleaning floors (5-203.13)?
  
4. Will there be an installed chemical dispenser in the establishment? Yes No  
 If so, it should be served by a dedicated water line. Specify location of chemical dispenser.
  
5. If the establishment has a post-mix "bag in box" soda fountain or submerged inlet, such as a blender spray station, describe the backflow prevention for these devices, including the type of device and location of installation (5-203.15).
  
6. Do water faucets and dishwashing rinse hoses have backflow prevention with an air-gap (5-203.14)? Yes No
  
7. Show which kind of indirect connection to the sewer or grease interceptor will be used with each of these fixtures (5-203.14). (Mark N/A/ if not applicable at the establishment.)

<b>Equipment</b>	<b>Floor Sink</b>	<b>Hub Drain</b>	<b>Other (please describe)</b>
Food prep sinks			
Ice machines			
Ice bins			
Dipper wells			
Non self-evaporating refrigeration units			
Steam tables with drains			
Salad bars with drains			
Blender station sinks			
Dishwashing machines			
Sanitizer compartment of 3-comp sinks			
Other (please explain)			

*Note: Draining wastewater into containers such as buckets is not approved.*



The waste drain piping that discharges into a floor sink or hub drain is required to have an air-gap or an air-break. Contact the building department with jurisdiction for code specifics. This illustration shows both indirect waste connections.

**Finishes and Surfaces**

OAR 333-150-000, Section 6-101.11(A(3))

Use the following chart to indicate all finishes or reference number on plans

	Floors	Cove base	Walls	Ceilings	Food contact surfaces	Shelving
<b>Kitchen</b>						
<b>Bar</b>						
<b>Storage Rooms</b>						
<b>Toilet Rooms</b>						
<b>Garbage and refuse storage</b>						
<b>Mop service area</b>						
<b>Dish washing area</b>						
<b>Walk-in refrigerators and freezers</b>						
<b>Outdoor cooking area</b>						
<b>Outdoor beverage dispensing area</b>						
<b>Example: Kitchen</b>	Quarry tile, smooth seal	Quarry tile, smooth seal	FRP, Stainless steel	Vinyl acoustical tile	Stainless steel	Wood, painted smooth

## Site Plan, Floor Plan and Rough Plumbing Plan

Required Format and Specifications – Draw Plans to Scale

According to OAR 333-150-000:

1. Accurately draw floor plan to a recommended minimum scale of ¼ inch = 1 foot
2. Show seating capacity
3. Locate and label each piece of food equipment with its common name. Include self-service hot and cold holding units with sneeze guards. (Chapter 3&4) Indicate if equipment is new vs. used.
4. Identify the equipment that will be used for rapid cooling, (i.e. ice baths, refrigeration).
5. Identify the equipment that will be used for rapid reheating.
6. Identify food preparation units.
7. Show where raw and ready-to-eat foods will be prepared.
8. Identify each designated hand sink. This includes hand sinks in the restrooms, food preparation, food service and dishwashing areas. (Chapter 5).
9. Include:
  - 9a. Entrances, exits, loading and unloading areas and docks
  - 9b. Plumbing schedule, including location of floor sinks, floor drains, overhead wastewater lines, water heater BTU or KW and capacity, grease trap or interceptor (Chapters 4 & 5)
  - 9c. Denote all cooking and warewashing hoods (if required by law) and fans
  - 9d. Mop sink or curbed cleaning facility with facilities for hanging wet mops (5-203.13)
  - 9e. Chemical storage location
  - 9f. Location for the storage of personal items such as dressing rooms or locker areas (6-305.11)
  - 9g. Dish washing machine or 3-compartment sink, including indirect drain (Chapter 4). Largest piece of equipment must be able to fit into sink or warewashing machine (4-301.12).
  - 9h. Indicate surface materials and the location of where the dumpster, compactor, garbage cans, waste oil, recycling containers and soiled linens are stored (Chapter 5-501 & 6-102)
  - 9i. Indicate any outdoor cooking and beverage dispensing operations (3-201.18).

**Statement:** I hereby certify that the above information is correct and I fully understand that my deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

\_\_\_\_\_ Date \_\_\_\_\_

Date

Date

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A Pre-Opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).

For Office Use Only:

EHS APPROVAL for TAKE-IN: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LICENSE AS: FULL SERVICE: \_\_\_\_\_ Mobile Unit: \_\_\_\_\_ Class: \_\_\_\_\_

COMMISSARY: \_\_\_\_\_ WAREHOUSE: \_\_\_\_\_ LIMITED SERVICE: \_\_\_\_\_

PLAN REVIEW FEE: NEW: \_\_\_\_\_ MAJOR REMODEL (same fee as new) \_\_\_\_\_ MINOR REMODEL (remodel fee) \_\_\_\_\_

Application RECEIVED ON date: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Plan Review #: \_\_\_\_\_ Computer ID#: \_\_\_\_\_

## V. Employee Illness Policy

A COPY OF THIS POLICY IS TO BE PROVIDED TO EACH NEW HIRE AND TO EACH CURRENT EMPLOYEE WHO HAS NOT RECEIVED THIS POLICY IN THE PAST. ALSO, THIS POLICY IS TO BE POSTED WITHIN THIS FACILITY AND ALL EMPLOYEES NOTIFIED OF WHERE IT IS POSTED. THE PERSON IN CHARGE DURING EACH WORK SHIFT MUST BE ABLE TO SHOW HEALTH INSPECTORS WHERE THIS POLICY IS POSTED AND ABLE TO DISCUSS THIS POLICY WITH EMPLOYEES AND HEALTH INSPECTORS.

Reference Oregon Food Sanitation Rules 2-201.11, 2-201.12 and 2-201.13 concerning employee illness. The Oregon Food Sanitation Rules can be viewed and/or downloaded in its entirety at the following website: [public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/rules.aspx](http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Pages/rules.aspx)

ALL NEW EMPLOYEES ARE TO INFORM MANAGEMENT OF THE FOLLOWING AT TIME OF HIRING AND AGREE TO REPORT TO MANAGEMENT SUCH CONDITIONS SHOULD THEY OCCUR DURING THEIR EMPLOYMENT AT THIS FACILITY.

(Food Code Rules Annex Form 1-A and Annex Form 1-B located towards back of food rules can be used to collect relevant past medical history and employee reporting agreement requirements.)

1. If suffering from diarrhea, vomiting, jaundice (yellowing of skin or eyes), or sore throat with fever. Employees will not come to work when experiencing these symptoms. Employees who experience undiagnosed diarrhea or vomiting will not return to work for at least 24 hours (72 hours is recommended) after their symptoms have ended.
2. If currently or in the past diagnosed or presumptive with any of these medical conditions: Norovirus, Hepatitis A, Typhoid Fever, Shigellosis, *E. coli* 0157:H7, or other EHEC/STEC condition. *If a new hire or current employee is diagnosed or presumptive with any of these conditions, then this facility will immediately notify the Deschutes County Health Department at 541-322-7400 and exclude this individual from this facility until lab tests confirm that the employee is free from pathogens relating to any of these conditions, or as otherwise allowed by the Health Department.*
3. If they have been exposed to or suspected of causing any confirmed outbreak with regard to any of the medical conditions outlined in #2, above. When and where?
4. If they have a household member diagnosed with any of the medical conditions outlines in #2, above.
5. If they have a household member attending or working in a setting experiencing a confirmed outbreak as related to the medical conditions outlines in #2, above.
6. Name, address and telephone number of their health practitioner or doctor.

FOOD EMPLOYEES WITH LESIONS (E.G. OPEN SORES, CUTS, DEEP SCRAPES OR PUSS FILLED GASHES) SHALL BE EXCLUDED OR RESTRICTED FROM WORK DUTIES UNLESS:

1. A lesion on the hands or wrists is protected with an impermeable cover such as a finger cot and a single use glove is worn.
2. A lesion on exposed portions of the arms is protected with an impermeable cover.
3. A lesion on other parts of the body is protected with a dry, durable, tight fitting bandage.

## VI. Pre-opening Checklist for Operators

1. Is hot and cold running water available at each handwashing sink?
2. Are soap and paper towels available at all handwashing sinks?
3. Are all refrigeration units operational (holding <41°F) with internal air temperature thermometers located at the front area of these units?
4. Is all food storage at least six inches off of the floor?
5. Are all warewashing machines operational and reaching the proper sanitization temperature or chemical residual?
6. Are the required temperature and pressure gauges on warewashing machines working?
7. Do you have sanitizer test strips for chemicals used in warewashing machines and wiping cloth solutions?
8. Are all containers of chemicals, including spray bottles and buckets, clearly labeled and stored away from food?
9. Do you have food temperature thermometers? A food thermometer for use with thin foods such as meat patties and fish fillets is required unless these foods are not served.
10. Please be prepared to answer questions related to the food operations. All food workers are required to have Food Handlers Permits within thirty (30) days of beginning work within the food establishment. *One way to meet this requirement is to obtain certification through the Oregon Food Handlers Program:* <http://www.orfoodhandlers.com/eMain.aspx?State=OREGON>