Cheyenne Laramie County Public Health

Environmental Health
100 Central Ave
Cheyenne, WY 82007
Phone: (307) 633-4090
Email: envhlth@laramiecountywy.gov

Retail Food Establishment Plan Review

The following are REQUIRED to complete your review:

☐ Plan Review Fee.

☐ Attach brief written description of the operational plan, scope of work, and what changes or construction will occur at end of form

☐ Attach menu: Breakfast/Lunch/Dinner (including seasonal, offsite catering, and banquet menus) at end of form

☐ Attach plans at end of form:

- Show location of business in building, location of building on site (including alleys and streets), and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).
- Floor plan: Show location of equipment, plumbing, and location of hood. (Minimum ¼ inch scale for architectural renderings). Please identify any garage doors and outer openings.
- Plumbing plan: Show location of floor sinks and floor drains, restrooms, toilets, urinals, and all hand washing sinks, grease/solids interceptor (if required by the local building, water, or sanitation authority), hose bibs and hose reels, laundry facilities etc.

☐ Attach commercial equipment specification sheets at end of form. Include cooking equipment, food handling equipment, dish machine, water heater, ice machine, etc, (sheets must include make and model numbers). Please note: If a specification sheet lists more than one piece of equipment, identify the specific equipment to be used.

☐ Food Protection Manager Certification: Required prior to issuance of annual food license. Please see Public Health website, https://clcpublichealth.org/environmental-health-home/food-restaurants/ for certification options. Attach at end of form.

☐ Vomiting and Diarrheal Event Clean-Up Procedures. Submit plan describing how vomiting and diarrheal events will be cleaned within the establishment. Attach at end of form. Our office can provide a procedure if needed. Please note: All facilities are required to have a proper written procedure.

☐ Employee Illness Policy. Information regarding exclusions and restrictions may be provided. Attach at end of form. Our office can provide a policy if needed. Please note: All facilities are required to have a proper written procedure.

***The plans will not be reviewed until the listed items are submitted.**

PLAN REVIEW FORM

Owner Name: _____

Owner Mailing Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Billing Contact:_____

Billing Address:_____

Billing Email:_____ Billing Phone:_____

Establishment Name: _____

Address: _____

Email: _____Phone: _____

Contact Information - During Plan Review Process	
Name of Primary Contact:	Phone:
Street Address:	Email:
City/State/Zip:	
Name of Architect:	Phone:
Street Address:	Email:
City/State/Zip:	
Name of Contractor:	Phone:
Street Address:	Email:
City/State/Zip:	

Categories:

TCS (Time and/or temperature control for safety) Food: a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation.

Supermarket/Multi-Venue: grocery stores; more than two food areas under one license; ex. King Soopers; Walmart; Derby Club; Antelope; Little America; Horse Palace

Complex Food (Full Service): raw meat; reheating; cooling; leftovers; ex. Texas Roadhouse, Burger King, Arby's

Simple Food (Fast Food): heating pre-cooked food; bar; ex. Eagles Nest, Starbucks, Keg & Kork

Specialty Food: non-TCS food; one food type; ex. Crumbl Cookie, Yeehaw Ice

Remodel/Misc: remodeling licensed food establishments; courtesy plan review for establishments that don't require licenses

Requirements:

Other permits, licenses, or inspections may be required for you to operate. It is your responsibility to ensure that you have obtained all necessary permits, licenses, and inspections prior to operation, including:

- ✓ Local Building Department Permit and Inspection
- ✓ Local Fire Department Inspection
- ✓ Liquor License (if selling alcohol)
- ✓ Wyoming Sales Tax License

We reserve the right to request a copy of any of the above, prior to issuing your retail food license.

Usually there are at least two inspections of your facility to complete the plan review process and obtain permission to open for business.

One will be a construction check or walkthrough inspection, and the other will be the opening inspection at which the license will be issued.

Call at least 5 business days in advance when scheduling these inspections.

1. Walk-through or construction check inspection: Usually conducted when the facility is about 95% complete. This inspection is to ensure that the approved plans were followed and that there are no other unexpected major compliance obstacles. Usually a short "punch list" is created with items to be addressed by the final inspection. Refrigeration and plumbing will be checked at this inspection. All refrigeration units should be operating at approximately 37°F to keep potentially hazardous foods at 41°F or below, even during peak use. All plumbing should have hot and cold water available.

2. Opening or licensing inspection: Is conducted when the facility is ready to open. All food, equipment, chemicals, test strips, thermometers, soap, and paper towels should be present. All items noted on the walk-through inspection report should be completed. The following will be collected at the licensing inspection:

a. The license fee.
b. Outstanding plan review fees
c. Any remaining items noted in the checklist on front page.

Type of Retail Food Establishment (Choose One)	
☐ Supermarket/Multi-Venue $364 + $87/hour for additional time over 3 hours spent on plan review	☐ Specialty / Other $190 + $87/hour for additional time over 1 hour spent on plan review
☐ Complex $364 + $87/hour for additional time over 3 hours spent on plan review	☐ Remodel / Miscellaneous $190 + $87/hour for additional time over 1 hour spent on plan review
☐ Simple $277 + $87/hour for additional time over 2 hours spent on plan review	
Days and Hours of Operation **Insert hours in the following format: 8am to 8pm**	
Days:	Hours:
Seasonal: ☐ Yes ☐ No Months of Operation:	
Projected maximum number of meals to be served	
Number of meals per week:	

Have plans for this establishment been submitted to the local building department? ☐ Yes ☐ No

Construction Start Date: _____ Planned Opening Date: _____

Indicated number of seats in each area: Indoor: _____ Outdoor: _____

Choose one: ☐ Newly Constructed
☐ Remodeled
☐ Conversion of Existing Structure (Unlicensed) to Food Establishment

Cheyenne/Laramie County Building Permit Number: _____

Food Handling Procedures

Standard Operating Procedures (SOPs) must be provided for cooling & reheating of TCS foods.

Procedures	Yes	No
Will food be held cold? (coolers, ice bath etc.)	☐	☐
Will food be held hot? (steam well, warmers etc.)	☐	☐
Will food need to be washed or rinsed?	☐	☐
Will food be cooled after cooking?	☐	☐
Will food be reheated after cooling?	☐	☐
Will food that is frozen need to be thawed?	☐	☐
Will food be cooked? (example: raw meats)	☐	☐
Will facility serve raw, undercooked, or cooked to order eggs, meat, poultry, or fish?	☐	☐
Will foods be prepared that will be sold to other establishments?	☐	☐
Will catering be conducted?	☐	☐
Will self-service foods (i.e., buffets and salad bars, continental breakfast) be provided?	☐	☐
Will food items such as candy, trail mix, etc. be sold in bulk to the public?	☐	☐

Complete applicable sections:

A. List the prepared foods that will require rapid cooling (example: rice, green chili, soup, etc.). Attach SOPs at end of form.

In addition, describe what methods will be used in your facility to rapidly cool cooked food. Check only those that apply in your establishment.

☐ Under refrigeration with continuous stirring ☐ Ice water bath

☐ Adding ice as an ingredient ☐ Shallow pans/small containers

☐ Rapid cooling equipment (Blast Chiller) ☐ Individual portions

☐ Other: _____

B. List the cooked foods that must be rapidly reheated. Attach reheating SOPs at end of form.

What equipment will be used for reheating?

☐ Stove ☐ Microwave ☐ Other: _____

C. Describe how frozen foods will be thawed:

☐ Under refrigeration ☐ As part of the cooking process ☐ In a microwave

☐Under running water

D. Lockable personal storage area is required. Describe where personal items will be stored:

E. Describe where chemicals will be stored:

F. How will bare hand contact with ready-to-eat foods be prevented during preparation?

☐ Gloves ☐ Utensils ☐ Deli tissue

☐ Other: _____

Finish Schedule

INSTRUCTIONS: Indicate which materials [quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, 4" plastic coved molding, sealed concrete, painted drywall, vinyl coated ceiling tiles (VCT) acoustical ceiling tiles (ACT), etc.]. Indicate Not Applicable (NA) as appropriate.

If finish schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found: _____

ROOM/AREA	FLOOR	FLOOR WALL JUNCTURES	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Dish Washing Area				
Walk-in Refrigerators and Freezers				
Service Sink/Mop Sink				
Garbage Area				
Toilet Rooms and Dressing Rooms				
Other:				
Identify the finishes of: Cabinets, Countertops, and Shelving				
Dining Area				

Equipment Installation Table					Installation Method					
Complete the following table to indicate what equipment will be installed within the establishment (examples include refrigerator, ovens, grills, etc.). Please attach additional equipment and specifications at end of form. Make sure equipment ID # in plans is provided on matching specification sheet(s). *If equipment schedule is contained within architectural plans submitted, please indicate which page the equipment schedule can be found:* _____					**Floor Mounted**			**Counter/Table Mounted**		
Specification Sheet and Plan ID # for Equipment	**Equipment**	**Make/Model**	**New (N)/Used (U)**	**Plumbing Required? Yes/No**	**Casters**	**Legs (at least 6 inches)**	**Sealed in Place**	**Portable**	**Legs (at least 4 inches)**	**Sealed in Place**
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐

Plumbing Fixtures

Complete table below for all plumbing fixtures:

Specification Sheet and Plan ID # for Equipment	Fixture or Equipment	Drainage (Direct or Indirect)	# of Plumbing Fixtures Requiring Hot Water
	Hand Sinks (include restrooms)		
	Dish Machine(s)		
	3-Compartment Sinks		
	Food Prep Sink		
	Dump Sink		
	Utensil Soak Sinks		
	Ice Bins/Machines		
	Beverage Machines		
	Mop/Utility Sink		
	Chemical Dispensing Units		
	Hose Bibs		
	Pre-rinse Sprayers		
	Garbage Disposal		
	Garbage Can Washer		
	Showers (using hot water)		
	Other:		
	Other:		
	Other:		
	Other:		

Note:

- *Approved backflow protection must be supplied on all fixtures and equipment with submerged inlets.*
- *Vacuum breakers must be installed on water inlet lines for dishwashing machines, garbage disposals, and hose bibs.*
- *Carbonated beverage machines require an ASSE 1022 dual check valve with a minimum 100-mesh screen and may require a drain.*
- *Continuous pressure backflow protection devices must be installed on water lines where a valve or shut off is located between the backflow device and the inlet to the fixture/equipment, such as hose reels and pitcher-rinsers.*
- *Indirect drainage is required for all 3-compartment sinks, dish machines, food preparation sinks, ice bins/machines, beverage machines, and walk-in refrigeration units.*
- *Items may not drain into buckets.*

Plumbing- Sink Sizes

Food will primarily be served on:

☐ Multi-use Tableware ☐ Single-serve Tableware ☐ Both

Dish Washing Equipment

☐ 3-Compartment ☐ Dish Machine ☐ Both

3-Compartment Sink

Include the size of each compartment (length x width x depth) of the three-compartment sinks, soiled and clean drainboard lengths, and whether a pre-rinse spray hose will be installed for each dish washing area, including bars.

Note: 3-Compartment Sinks must be large enough to accommodate the largest piece of equipment/utensil used and have integral (attached) drainboards and round basins.

Specification Sheet and Plan ID # for Equipment	Length (inches) of Soiled Drainboard	Length (inches) of Clean Drainboard	Dimensions (inches) of Sink Compartments **(L x W x D)**	Pre-rinse Sprayer Yes/No

Dish Machine

Provide make and model numbers and **attach specification sheets** for each dish washing machine at end of form. Please indicate if the machine is heat or chemical sanitizing. Indicate soiled and clean drainboard length, whether or not a pre-rinse spray hose will be used, **utensil soak sink dimensions** and water usage in gallons per hour (GPH).

Specification Sheet and Plan ID # for Equipment	Length (inches) of Soiled Drainboard	Length (inches) of Clean Drainboard	Dimensions (inches) of Utensil Soak Sink **(L x W x D)**	Pre-rinse Sprayer Yes/No	Gallons per Hour (GPH)

**** Chemical dish machine must have an audio or visual alarm for low sanitizer****

For heat sanitizing on a dish machine, is a separate booster heater provided? ☐ Yes ☐ No

If yes, complete table below:

Boost Heater Information: Dish Machine			
Make	Model #	kW/BTU Rating	Distance from Machine (feet)

Water Heater Information

Please provide water heater information is the tables below.

Please attach Specification Sheets at end of form

Do you have more than one water heater? ☐ Yes ☐ No

If so, please indicate which plumbing fixtures each system will service.

Standard Tank Type Heater			
Make	Model #	kW/BTU Rating	Thermal Efficiency %

Instantaneous/Tankless Systems (Gallons Per Minute, GPM, indicate which required degree rise will be used in the flow rate column)				
Make	Model #	kW/BTU Rating	Flow Rate (GPM) at 80°F or 100°F	Storage Tank Capacity (gal), if applicable

Note: Additional information may be needed. For instantaneous/tankless systems, approval of system may require further review.

Ventilation Information					
Specification Sheet and Plan ID # for Equipment	Hood Type	Dimensions (inches) of Hood **(L x W)**	Exhaust CFMs	Total supply Air CFMs	*Outside Air CFMs

**Note: Volume of make-up air supplied into building must be greater than or equal to exhaust from building.*

Water Supply and Sewage Disposal

Select the type of water supply system and sewage disposal system that services the establishment.

A. Water Supply, Sewage Disposal

Water supply (Choose one):

☐ Public–Name: _____

☐ Private Well
Bacteriological Sample Date (required every 6 months): _____

Sewage Disposal (Choose one):

☐ Public–Name: _____

☐ Onsite Wastewater Treatment System (Septic system)— Attach location on site map at end of form. The system must be evaluated by an engineer to determine if additional capacity is necessary. A letter from an engineer must be attached. If additional capacity is required, a small wastewater permit is required.

Variance and/or HACCP Requirement

If your operation includes any of the following specialized processing methods, you may need to obtain a variance from the Wyoming Department of Agriculture.

(Check all boxes that apply to your operation)

☐ Smoking food as a method of preservation rather than as a method of flavor enhancement

☐ Curing Food

☐ Using food additives or adding components such as vinegar:

a. As a method of food preservation rather than as a method of flavor enhancement

OR

b. To render the food so that it is not time/temperature control of safety food

☐ Packaging of time/temperature controlled for safety food using a reduced oxygen environment

☐ Operating a molluscan shellfish life support system display tank

☐ Custom processing of animals that are for personal use as food

☐ Sprouting seeds or beans

☐ Vacuum packaging

☐ Sous vide

☐ Packaging raw sushi and placing in a grab-and-go cooler for customers

☐ Freeze Drying

Attach (list of required documents):

1. Written operation plan
2. Menu
3. Plans: location, floor and plumbing
4. All equipment specification sheets
5. Food Protection Manager Certification
6. Vomiting and Diarrheal Event Clean-up Procedure
7. Employee Illness Policy
8. SOP for cooling
9. SOP for reheating