



**Protective
Health Services**
**Oklahoma State
Department of Health**

Submit form with \$425.00 nonrefundable fee to:
Attn: Consumer Health / OK State Dept of Health
PO Box 268815 / OKC OK 73126-8815
Office: (405) 271-5243 | Fax: (405) 271-5286
Email: ConsumerHealth@health.ok.gov
Website: <http://chs.health.ok.gov>

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: _____

HEALTH DEPARTMENT USE ONLY
 Date Copy of Rules Received: _____
 OAC 310:225 _____ Owner
 OAC 310:240 _____
 OAC 310:257 _____ Manager
 OAC 310:260 _____
 OAC 310:285 _____
 OSDH License #: _____
 OSDH Receipt # / Date: _____

All facilities must be inspected and licensed prior to operation.
**SUBMITTING THIS FORM DOES NOT GIVE
 PERMISSIONS TO OPEN AN ESTABLISHMENT.**

 Applicant's Title

 Applicant's Signature / Date of Signature

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 (labelled 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://chs.health.ok.gov> 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)

FOOD MANUFACTURING/PROCESSING PLAN REVIEW

310:260-11-4, Plan review. *This paragraph in Oklahoma Chapter 260, Good Manufacturing Practice Regulations Requires that properly prepared plans be submitted and approved before a person constructs a food processing establishment, remodels or alters a food processing establishment, or converts or remodels an existing building for use as a food processing establishment.*

Before submitting plans always check with the municipality in which the facility will be located. There may be local requirements that are unknown to our Division. Additionally, there may be zoning issues you must deal with!

MATERIALS NEEDED FOR PLAN REVIEW

The following information is required initially. Additional information may be required based on future findings. Submit information to the : Oklahoma State Department of Health, Consumer Health Division, P.O. Box 268815, Oklahoma City, Oklahoma 73152

One set of plans (architectural, plumbing, mechanical, electrical) to include a site plan finish schedule, scaled and labeled fixture layout:

- a) List of products to be processed or stored at the facility
- b) Standard operating procedures personal hygiene; vehicle sanitation; pest control
- c) All Food Processors must comply with Oklahoma Chapter 260, Good Manufacturing Practice Regulations
- d) Attach any equipment specifications for specialized processing equipment

THE FOLLOWING HIGHLIGHT SOME ROUTINE ITEMS FOR REVIEW FOR PROCESSING PLANTS:

The grounds about a food processing plant under the control of the operator shall be kept in a condition that will protect against the contamination of food. The methods for adequate maintenance of grounds include, but are not limited to:

- (1) Properly storing equipment, removing litter and waste, and cutting weeds or grass within the immediate vicinity.
- (2) Maintaining roads, yards, and parking lots, including dust and flying debris, so that they do not constitute a source of contamination.
- (3) Adequately draining areas that may contribute contamination to food by seepage, food-borne filth, or providing a breeding place for pests.

Warehouse buildings and structures shall be suitable in size, construction and design to facilitate maintenance and sanitary operations for food warehousing purposes.

The food processors shall:

- 1. Have a potable water supply. If on an approved water district, the latest bill should be presented to the licensing sanitarian during license application issuance; or, if on a well, the last water test from an approved laboratory should be provided. Even if on municipal water you may be requested to test the water for potability.

2. Have an approved sewage disposal system. (DEQ approved or municipal)
3. Have an adequate means of disposing of rubbish.
4. The floors, walls, and ceiling in cold storage rooms shall be smooth, washable, easily cleanable, and impervious to water.
5. Floor drains, when provided for cleaning, shall be sloped according to code and allow for proper drainage of liquids during processing.
6. It is recommended that floor-wall junctures are coved and impervious to water in areas where water is used for cleaning floors.
7. Hand sinks shall be provided in or near each restroom.
8. The potable water supply is protected against backflow. Any hose connected to the spigot should have a vacuum breaker between the hose and the spigot.
9. Lighting must be adequate in all food storage areas and restrooms.
10. Ventilation hoods shall be provided where necessary to prevent the accumulation of excessive grease vapors, steam, condensation, heat, and odors.
11. Toilet rooms must exhaust air to the outside; have adequate light and a self-closing door.
12. The facility must be protected against the entrance and harborage of vermin and insects, e.g. exterior doors and docks doors installed with weather stripping, brushes, door sweeps, and self-closing devices.
13. Refrigerators or a refrigerated room must be provided with an accurate indicating thermometer or other approved temperature indicating device. Temperature indicating devices must be accurate to plus or minus 3 degrees Fahrenheit. Freezers or a frozen storage area must be provided with a thermometer. A thermometer may be required in a refrigerated processing room.
14. Shelving intended for food storage shall be elevated at least 6 inches off the floor and located away from walls. Fall through wire shelving is highly recommended.
15. Have on hand or submit labels for each product with the following information: common or usual name of the food, statements of ingredients, name and address of the manufacturer or distributor, and weight in English and metric units.
16. Lockers or similar storage facilities shall be provided for employee personal items. Lockers shall be located in an area that is not used for food or food utensils.
17. Vehicles used to transport foods shall be maintained sanitary and refrigerated vehicles will be equipped with adequate refrigeration to maintain product temperature.
18. **(Pecan Processors/Crackers)** Have an approved method to sanitize pecans prior to packaging. Method that will be used should be included in the plan for Departmental review.

The aforementioned requirements can be found throughout Oklahoma Chapter 260, Good Manufacturing Practice Regulations. This list is not all exclusive and you should obtain and review Chapter 260. You may go on-line to obtain the regulation or contact the Oklahoma State Department of Health, Consumer Protection Division at 405-271-5243.



Oklahoma State
Department of Health
Creating a State of Health

**AFFIDAVIT OF LAWFUL PRESENCE BY PERSON
MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check which of the following statements apply.)

I am a United States citizen.

OR

I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States. **I understand that this approval may or may not include approval for employment. The issuance of a license, permit, or certificate issued by the Oklahoma State Department of Health is not authorization for employment in the United States.**

Write the identification number and the name of the authorizing document below.

ATTACH A COPY OF THE AUTHORIZING DOCUMENT

Admission/Registration #: _____

Authorizing Document: _____

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date _____

Signature _____

City & State _____

Print Name _____

If applying to renew a license, permit, or certificate, please write the number: _____
Current license, permit, or certificate #

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY
PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE**

The person signing this form must read these instructions carefully.

1. If the person signing this form is receiving services and not making an application for a license, permit or certificate, this form should *not* be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person signing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person signing this form is not a citizen of the United States but is an approved alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am an approved alien under the federal Immigration and Nationality Act and am approved to be present in the United States.*"
3. Write the identification number in the space provided after "*Admission/Registration #*" and write the name of the authorizing document in the space provided after *Authorizing Document*. For example, INS Form I-551 or INS Form I-94.
4. The person signing this form should write today's date in the space provided; write the city and state where they are located when they sign this form; sign their name in the space provided for signature; and print their name in the space provided. If applying for a renewal, write the license, permit, or certificate number in the space provided.
5. Within this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.