



GREENBRIER COUNTY HEALTH DEPARTMENT

9109 SENECA TRAIL SOUTH
RONCEVERTE, WV 24970
ENVIRONMENTAL HEALTH
304-645-1539

IMPORTANT PLEASE READ!

Food Establishment Permit Checklist:

* Fire Marshal Approval – Do you have a current fire marshal inspection? In most circumstances, a new restaurant must have an occupancy inspection completed by the fire marshal prior to opening. You must contact the fire marshal's office to schedule this inspection. **In most situations, the health department cannot issue a permit without a valid fire marshal inspection.**

* Building Inspector Approval – Depending on the location of the new restaurant, please contact the municipal or county building inspector's office to obtain a building permit and schedule a building inspection. **The health department cannot issue a permit until a building inspection has been completed or we are provided documentation showing a building inspection is not required.**

* If water for the establishment will be provided by a private well, the health department cannot issue a permit until the water system has been permitted for use by the State of WV. You must contact the West Virginia Department of Environmental Engineering to obtain this permit. If the Department of Environmental Engineering determines you do not require a water system permit, please notify the health department in a timely manner.

* Plan Review + Application – **The health department cannot issue a permit until a plan review document and application have been completed and sent to the health department with all relevant documentation.** Partially completed documents cannot be reviewed and will be sent back for completion. Building blueprints and equipment spec sheets must be included with your plan review.

* Permit fee + plan review fee payment – **The health department cannot issue a permit until the full permit fee & plan review fee has been paid.**

* Preopening Inspection – **Once the above steps have been completed, please contact the health department to schedule an opening inspection. Please note that the restaurant shall be ready for customers to enter the building. We cannot issue an opening permit to a partially completed restaurant.** If you would like a walkthrough with the health department prior to completing the building, do not hesitate to contact us and we will schedule one in a timely manner.

*Please note the health department will assist you as much as possible in completing this checklist. It is in your interest to contact the health department well in advance of your planned opening date and we would be happy to schedule a preliminary walkthrough or answer any questions.

CONTACTS

West Virginia Fire Marshall

www.firemarshal.wv.gov

(304) 558-2191

West Virginia Division of Environmental Engineering

<http://www.wvdhhr.org/oehs/eed/beckleystaff.asp>

(304) 256-6666

Greenbrier County Building Inspector's Office

<https://greenbriercounty.net/departments/planning-permit/>

(304) 647-6689



APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: Name _____ Phone _____ Fax _____

Mailing Address _____

Location _____ Hours of Operation _____

Applicant: Name _____ Age ≥ 18? ☐ Yes ☐ No Phone _____ Fax _____

Mailing Address _____ Email _____

Permit Holder: Permit to be issued to: ☐ Applicant ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____

Ownership: ☐ Individual ☐ Association ☐ Corporation ☐ Partnership ☐ Other Legal Entity _____

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

Person Directly Responsible for Establishment (Manager, Person-In-Charge):

Name _____ Title _____ Phone _____

Mailing Address _____

Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name _____ Title _____ Phone _____

Mailing Address _____

Type Establishment: ☐ Mobile or ☐ Stationary ☐ Permanent or ☐ Temporary (≤ 14 days)

☐ **Restaurant** - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.

☐ **Retail Food Store** - grocery store, convenience store, meat market, etc.

Indicate Number of Checkout Stations: _____

☐ **Retail Food Store Specialty Department** - deli, bakery, seafood, etc.

☐ **Institution** - child care center, hospital, jail, nursing home, personal care home, school, etc.

☐ **Bar or Tavern** ☐ **Vending Machine(s)** ☐ **Food Bank / Food Pantry**

Meals Provided: ☐ Breakfast ☐ Lunch ☐ Dinner Services Provided: ☐ Sit Down ☐ Take Out ☐ Delivery ☐ Mail Order

Seating Capacity: _____ Average number of meals served per day: _____

☐ Yes ☐ No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

☐ **No PHF** Prepackaged non-PHF only or limited preparation of non-PHF

☐ **Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.

Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, Excluding specialty departments within retail food stores.

☐ **Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.

Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date _____

Signature of Applicant _____

For Health Department Use Only

Date Received _____ Reviewed By _____ Permit Fee _____

Permit ☐ Issued ☐ Denied Date _____ Permit No. _____ Comments _____



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
Public Health Sanitation Division**

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION TO BE COMPLETED BY
THE OPERATOR AND SUBMITTED TO THE REGULATORY AUTHORITY**

Regulatory Authority _____

Contact Name and Phone _____ Date Received _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION FOR:

____NEW ____REMODEL ____CONVERSION

Name of Establishment: _____

Category: Restaurant____, Institution____, Daycare____, Retail Market____, Other_____

Physical and Mailing Address: _____

Phone if available: _____

Name of Owner: _____

Telephone: _____ email: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ email: _____

**1 set of plans is required to be submitted to the local health dept. 45 days prior to
construction or operation**

**Note: Not all sections may be applicable to every establishment. Contact above Reg.
Agency if you have questions.**

I have submitted plans/applications to the following authorities (if applicable) on the following dates:

_____Governing Board of Council	_____Plumbing
_____Zoning	_____Electric
_____Planning	_____Police
_____Building	_____Fire
_____Conservation	_____Other ()

Hours of Operation: Sun _____ Thurs _____
 Mon _____ Fri _____
 Tues _____ Sat _____
 Wed _____

Number of Indoor Dining Seats: _____

Number of Outdoor Dining Seats: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Number of Floors on which
operations are conducted _____

Maximum Meals to be Served:	Breakfast _____
(approximate number)	Lunch _____
	Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service:	Sit Down Meals _____
(check all that apply)	Take Out _____
	Caterer _____
	Mobile Vendor _____
	Other _____

Please enclose the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)

_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Food equipment schedule, which includes the make and model numbers and listing of equipment, must be submitted. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Label and locate warewashing sinks and/or dishwashers.
7. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
8. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
9. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
10. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;

c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;

d. Lighting schedule with protectors;

e. A color coded flow chart demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- food and dishes (portioning, transport, service);
- dishes (clean, soiled, cleaning, storage);
- utensil (storage, use, cleaning);
- trash and garbage (service area, holding, storage);

f. Ventilation schedule for each room;

g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

h. Garbage can washing area/facility;

i. Cabinets for storing toxic chemicals;

j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;

k. Completed Food Est. Plan Review Application (SF-35)

l. Site plan (plot plan)

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from approved sources? YES / NO

2. What are the projected frequencies of deliveries for Frozen foods _____,
Refrigerated foods _____, and Dry goods _____.

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____,
Refrigerated Storage _____, and
Frozen storage _____.

4. Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.).

FOOD PREPARATION PROCEDURES:

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc. When (time of day and frequency/day) food will be handled/prepared

READY-TO-EAT FOOD (salads, cold sandwiches, raw shellfish)

PRODUCE

POULTRY

MEAT

SEAFOOD

2. Are screen doors provided on all entrances left open to the outside? () () ()
3. Do all window openings have a minimum #16 mesh screening? () () ()
4. Is the placement of electrocution devices identified on the plan? () () ()
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? () () ()
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? () () ()
7. Will air curtains be used? If yes, where? _____ () () ()

C. GARBAGE AND REFUSE

1. Will refuse be stored inside? Do all containers have lids? () () ()
 2. Is there an area designated for garbage can or floor mat cleaning () () ()
- If so, where? _____

3. Will a dumpster or compactor be used? () () ()

Number _____ Size _____

Frequency of pickup _____

Contractor _____

11. Will garbage cans be stored outside? () () ()
12. Describe surface and location where dumpster/compactor/garbage cans are to be stored

13. Describe location of grease storage receptacle

14. Is there an area to store recycled containers? () () ()

Indicate what materials are required to be recycled;

() Glass

- () Metal
- () Paper
- () Cardboard
- () Plastic

15. Is there any area to store returnable damaged goods?

() () ()

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	**P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Garbage Grinder						
Ice machines						
Ice storage bin						
Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
Steam tables						

Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A 'P' trap is a fixture trap that provides a liquid seal in the shape of the letter 'P.' Full 'S' traps are prohibited.

1. Are floor drains provided & easily cleanable, if so, indicate location:

E. WATER SUPPLY

1. Is water supply public () or non-public/private ()?

2. If private, has source been approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

3. Is ice made on premises () or purchased commercially ()?

If made on premise, are specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation _____

4. What is the capacity of and location of the hot water generator?

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 under Section III in this manual)

6. Is there a water treatment device? YES () NO ()

If yes, how will the device be inspected & serviced?

7. How are backflow prevention devices inspected & serviced?

F. SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES () NO ()

2. If no, is private disposal system approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES () NO () If so, where? _____

4. Size of trap? _____ Approval letter from Sanitary Bd. Provided? () Yes () No

Provide schedule for cleaning & maintenance _____

G. DRESSING ROOMS

1. Are dressing rooms provided? YES () NO ()

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

H. GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES () NO ()

Indicate location: _____

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES () NO ()

3. Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES () NO ()

4. Will linens be laundered on site? YES () NO ()

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

5. Is a laundry dryer available? YES () NO ()

6. Location of clean linen storage: _____

7. Location of dirty linen storage: _____

8. Are containers constructed of safe materials to store bulk food products? YES () NO ()

9. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: YES / NO

10. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 41°F?

11. Will all produce be washed on-site prior to use? YES / NO

12. Is there a planned location used for washing produce? YES / NO

If yes, describe the location.

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

13. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

14. Will the facility be serving food to a highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

15. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

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16. How is each listed ventilation hood system cleaned?

I. SINKS

1. Is a mop sink present? YES () NO ()

If no, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation sink present? YES () NO ()

J. DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for warewashing?

Dishwasher ()

Two compartment sink ()

Three compartment sink ()

2. Dishwasher—type of sanitization used?

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided? YES () NO ()

3. Do all dish machines have templates with operating instructions? YES () NO ()

4. Do all dish machines have temperature/pressure gauges as required that are accurately working?
YES () NO ()

5. Does the largest pot and pan fit into each compartment of the pot sink? YES () NO ()

If no, what is the procedure for manual cleaning and sanitizing?

6. Are there drain boards on both ends of the pot sink?

YES () NO ()

7. What type of sanitizer is used?

Chlorine

Quaternary ammonium

Hot Water

Other

8. Are test papers and/or kits available for checking sanitizer concentration? YES () NO ()

K. HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area? YES () NO ()

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()

4. Is hand cleanser available at all handwashing sinks? YES () NO ()

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?

YES () NO ()

6. Are covered waste receptacles available in each restroom? YES () NO ()

7. Is hot and cold running water under pressure available at each handwashing sink? YES () NO ()

8. Are all toilet room doors self-closing? YES () NO ()

9. Are all toilet rooms equipped with adequate ventilation? YES () NO ()

10. Is a handwashing sign posted in each employee restroom? YES () NO ()

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____
Owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by this 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 preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Applicants that do not agree with the decision of the reviewer are entitled to appeal by submitting a request for reconsideration in writing to the Health Officer at the local health department within 30 days of receipt of the notification of decision. 64CSR1

This document has been adapted from the FDA 2008 Plan Review Guide in cooperation with the WV Food Safety and Defense Task Force

Food Est. Guide for Design, Installation, and Construction Recommendations

<http://www.wvdhhr.org/phs/>