ARKANSAS DEPARTMENT OF HEALTH
Environmental Health Protection-Food Service Section
501-661-2171

PLAN REVIEW GUIDELINES
For Food Establishments

This Guide includes an example of a floor plan example, checklists of code requirements for different types of establishment. Plans are reviewed by appointment or may be mailed. For appointments, call 501-661-2171. For additional information call our Environmental Health Specialists located in your county health unit. Copies of the applicable regulations can be obtained at your local county health unit or on our website at: http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1

Mail plans and required documents to:

Environmental Health Protection
Arkansas Department of Health
4815 West Markham, Slot 46
Little Rock AR 72205

Attn: Plan Review

Food Service Section does not review PLUMBING PLANS. If you have plumbing plans that need approval, plans must be submitted to Protective Health Codes. Contact a plumbing inspector if you have questions about plumbing approval. The plumbing plan review office can be reached at 501-661-2642**.**

To expedite review time, include the Plan Review Application forms listed below:

Project Cost Estimate Worksheet and fee
Establishment name and street address
Source of water (Please include the name of municipal water source)
Wastewater disposal (Please include the name of the municipal waste water)
Floor plan showing location of all kitchen equipment
Menu
Proposed Standard Operating Procedures
Other items shown on the checklist/plan review application

****FAILURE TO SUBMIT THE REQUESTED INFORMATION MAY DELAY THE PLAN APPROVAL PROCESS***

NOTE: Wells used for food establishments must comply with applicable regulations. Contact the Engineering Section of the Department of Health at 501-661-2623 for further information.

Written approval from the county Environmental Health Specialist must be provided for wastewater disposal other than public utilities (for example, septic systems).

The approval letter will be mailed or given to you at the time of the review. The original plans and a copy of the letter will be sent to the county Environmental Health Specialist at your county health department.

A pre-operational inspection is required.

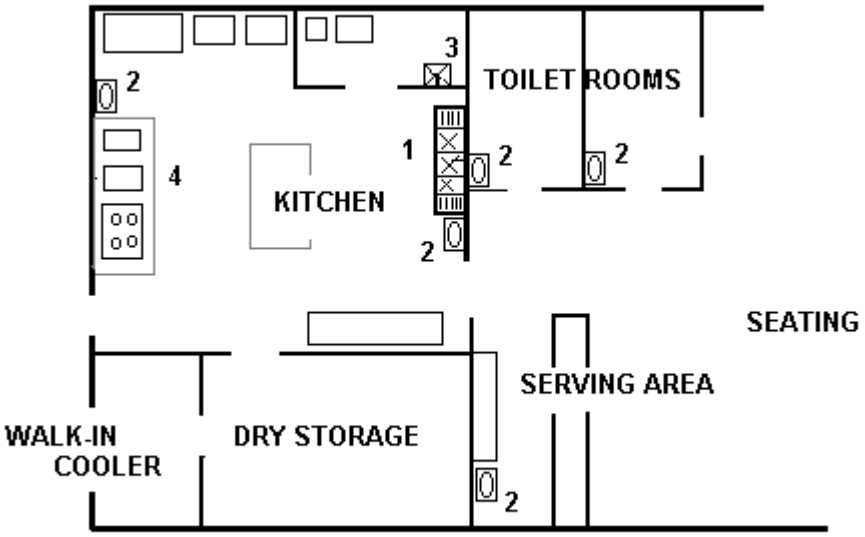
For additional information call
our Environmental Health Specialists located in your local county health unit.

Copies of the applicable regulations can be obtained at your local county health unit or on our website at:
http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1

Example

Each page of hand drawn plans submitted needs to have:

Name of Establishment
Physical address
Name of owner
Mailing address
Telephone number



Legend

1- 3-compartment sink with 2 drain boards

2- Hand washing lavatory

3- Service sink

4 - List of all equipment
- Stove
- Fryer
- Grill
- Cooler
- Freezer
- Prep Tables

Source of water: City water (***Please include the name of the municipal water supply***)

Sewage disposal: City sewer (***Please include the name of the municipal waste water***)

Toilet Rooms have closers on doors and ventilation to outside air.

Lights in all food preparation and utensil washing areas are shielded.

Please include the types of materials used for floors, walls and ceilings. Acceptable finishes would include: sealed concrete or tile for flooring; quarry tile, fiberglass reinforced plastic (frp) or stainless steel for walls that will be exposed to extreme heat and wet conditions; painted gyp board is acceptable for dry storage areas and wall areas not exposed to moisture; vinyl coated tile or other smooth ceiling materials.

FINISH SCHEDULE EXAMPLE

Room	Floor	Walls	Ceilings
Food prep	Sealed smooth concrete	FRP, Stainless Steel	Vinyl-faced gyp board
Toilet rooms	Vinyl tile	Quarry Tile	Painted gyp board
Dry storage	Sealed smooth concrete	Painted gyp board	Painted gyp board

RETAIL CHECKLIST
REFER TO APPROPRIATE REGULATION

PLANS MUST BE APPROVED BEFORE BEGINNING CONSTRUCTION OR REMODELING All indicated items relevant to your business type MUST be indicated on your floor plan submission. For additional information call our Environmental Health Specialists at your local county health unit.	Food Service	Prepackaged	Mobile, Seasonal	Salvage
WATER - APPROVED SOURCE (Indicate source, e.g., Public water)	X	X	X	X
WASTE WATER DISPOSAL (Wastewater Letter from Local Health Department required when municipal wastewater is not available)	X	X	X	X
INTENDED MENU (VARIANCE APPROVAL/HACCP PLAN IF NEEDED)	X	X	X	X
PROPOSED STANDARD OPERATING PROCEDURES EQUIPMENT SPECIFICATIONS	X	X	X	X
FINISH MATERIALS - Floors, Walls, Ceilings - SMOOTH, WASHABLE WHERE REQUIRED	X	X	X	X
HAND WASHING FACILITIES - Location as specified in 5-204.11	X		X	X
WARE WASHING EQUIPMENT - 3-COMPARTMENT SINK WITH 2 DRAINBOARDS	X		X	X
MECHANICAL WARE WASHING EQUIPMENT MUST COMPLY WITH CHAPTER 4	X			
LIGHTING - ADEQUATE; SHATTERPROOF	X		X	X
VENTILATION - TOILET ROOMS; EXHAUST HOODS (Compliant with HVACR code)	X	X	X	X
TOILET ROOMS - SELF-CLOSING DOORS	X	X	X	X
LIST OF EQUIPMENT INVOLVED IN THE PREPARATION AND STORAGE OF FOOD	X	X	X	X
MOP SINK	X	X		X
SOLID WASTE STORAGE - FOOD CODE SECTION 5-501.11	X	X		
SERVICE WINDOWS AND OUTER OPENINGS - FOOD CODE SECTION 6-202.15	X	X	X	X
FOOD GUARDS - Food on display, e.g., salad bars - Food Code Section 3-306.11	X	X	X	
MOBILE - PUSHCART - SEASONAL - COFFEE KIOSK				
PERMANENTLY MOUNTED WATER AND WASTEWATER TANKS--sizes must be shown			X	
WRITTEN AGREEMENT WITH WASTE WATER DISPOSAL SITE			X	
SERVICE AREA LETTER			X	

For additional information call our Environmental Health Specialists located in your county health unit.

For County Health Unit contact information visit our website at:
http://www.healthy.arkansas.gov/programsServices/localPublicHealthOffices/Pages/default.aspx

ARKANSAS DEPARTMENT OF HEALTH
PROJECT COST ESTIMATE WORKSHEET

As required by A.C.A. § 20-7-123, this worksheet must be completed and submitted with the estimated fee or $500 paid

PROJECT ID# (ADH Use Only)

PROJECT NAME_____

COUNTY_____

PROJECT LOCATION (911 if available)_____

CITY, STATE, ZIP_____

OWNER/SUBMITTER NAME_____TELEPHONE_____

MAILING ADDRESS_____

CITY, STATE, ZIP CODE_____

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE A DEPARTMENT OF HEALTH REVIEW.

1. WATER SYSTEM IMPROVEMENTS..... $_____
   For questions regarding water system improvements ENG (501) 661-2623
2. SEWER SYSTEM IMPROVEMENTS……..... $ _____
   For questions regarding sewer system improvements ENG (501) 661-2623
3. PLUMBING……..... $ _____
   For questions regarding plumbing plans (501) 661-2642
4. SWIMMING POOL……..... $ _____
   For questions regarding swimming pool plans (501) 661-2171
5. FOOD ESTABLISHMENT IMPROVEMENTS…..……..... $ _____
   For questions regarding food establishment plans (501) 661-2171
6. HEALTH FACILITY IMPROVEMENTS ……..... $ _____
   For questions regarding health facility improvements (501) 661-2201
7. OTHER..... $ _____

TOTAL ESTIMATED COST……..... $ _____

A. PLAN REVIEW FEE:..... $ _____
1% of total est. cost, not less than $50.00 and not to exceed $500.00. (see #1 on reverse side)

B. PLAN REVIEW FEE for INDIVIDUAL ONSITE WASTEWATER SYSTEMS..... $ _____
For individual sewage disposal system permits; and for subdivisions whose lots are < 3 acres, and mobile home & RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)

TOTAL FEES SUBMITTED …… $ _____
(Add A & B)

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY:_____DATE_____

EHP-17 (R11 /13)

HOW TO DRAW A FLOOR PLAN

The completed drawing should be a good representation of exactly how your vehicle looks in real life or how you intend it to look when completed. By following these simple instructions, you will be able to draw an accurate, scaled floor plan yourself.

A floor plan is a measured drawing that is an exact miniature representation of your unit as seen from an overhead view and/or side view. The plan must be drawn "to scale", which means that everything must be in the correct proportions. For example, if the unit is 20 feet long and 10 feet wide, then the length would be drawn twice as long as the width on your paper. The same is true for all of the equipment and sinks.

Begin by measuring the length and width of your unit with a tape measure as well as the lengths and widths of all equipment, etc. Note: Write down all the measurements taken on a piece of paper for future reference. If your unit does not yet exist, or you have not yet decided upon the exact equipment, your measurements will be estimates.

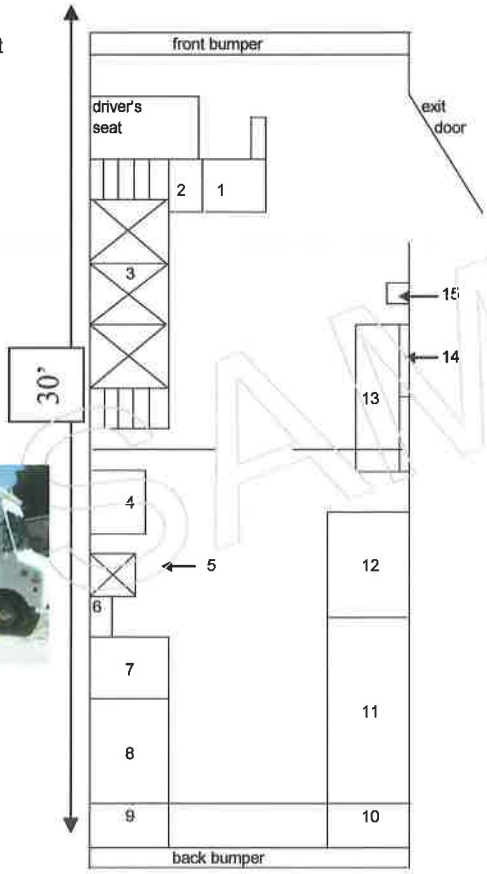
You may use any size graph paper, but the most common (and simple) graph paper is labeled as ¼ inch grid. Each small square is ¼ inch long. You can find this type of graph paper in office supply stores. To draw your plan "to scale", make each ¼ inch square equal to a real life distance. For example, if you decide that 1 foot is equal to a ¼ inch square, then a grill 2-feet long and 1-foot wide is drawn to cover 2 squares across and 1 square deep. Remember to show all doors and windows.

Identify all pieces of equipment with a number and create a list identifying to what each number refers. As an alternative, you may label each item like in the sample to the right. Provide two (2) copies of the floor plans to include the location of all sinks, potable and wastewater tanks, food storage areas, refrigerators, cooking equipment, work surfaces, propane tanks (if applicable), doors, windows and any other equipment present. Wastewater holding tanks must be 15% larger than the potable water holding tank (indicate size in gallons).

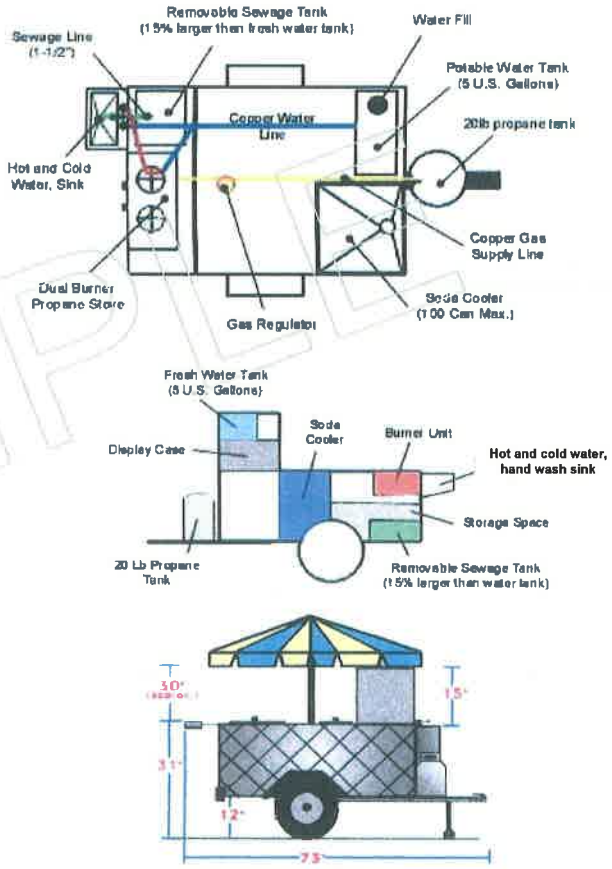
MOBILE FOOD DISPENSING VEHICLE

1. Potable water tank – 20 gallons
2. Water heater
3. Three-compartment sink w/drainboards
4. Wastewater tank – 25 gallons
5. Handwash sink
6. Waste receptacle
7. Flat top griddle
8. Stove
9. Propane tank
10. Generator
11. Work table
12. Refrigerator
13. Service counter
14. Service window
15. Fire extinguisher

SIDE VIEW



HOT DOG CART



SAMPLE

Arkansas Department of Health

4815 West Markham Street, Slot 46 ● Little Rock, Arkansas 72205-3867 ● Telephone (501) 661-2171

SERVICE AREA APPROVAL

(*PLEASE PRINT*)

SERVICE AREA NAME_____ **DATE** _____

ADDRESS _____

STREET *CITY* *STATE* *ZIP*

THE ESTABLISHMENT LISTED BELOW HAS PERMISSION TO USE MY FACILITIES:

ESTABLISHMENT NAME **OWNER NAME**

_____ _____

ADDRESS _____ **PHONE** _____

The following services may be performed at my service area by the above units:

___Have access to facility at all times
___Have limited access to facility. If yes, access hours are:
___Have access to inside preparation facilities
___Store unit
___Wash out unit
___Wash, rinse, sanitize all food contact surfaces
___Fill with fresh water
___Dispose of waste water
___Store excess product
___Store product requiring refrigeration

SERVICE AREA OWNER'S SIGNATURE

_____ _____

(Must be notarized) *(Owner's Printed Name)*

STATE OF ARKANSAS
COUNTY OF

Subscribed to before me this day of 20 .

_____

Notary Public

ARKANSAS DEPARTMENT OF HEALTH

4815 W. Markham St., Slot 46
Little Rock, AR 72205

Retail Food Establishment Permit Application

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING
(Please Print Clearly or Type to ensure no delays in processing)

Date: _____

Name of Establishment: _____

Check One: ☐ New ☐ Remodel ☐ Mobile Unit / Push Cart
☐ New Ownership of Existing Facility ☐ Incubator / Contract Operator of Existing Facility

If your business is a retail food facility/operation please answer the following questions

Have you been through Retail Food Plan Review? **Yes or No** _____ ***Date?*** _____

Have you contacted the Local County Health Department? : _____

Establishment Information:

911/ PhysicalAddress: _____

City: _____ State: _____ Zipcode: _____

County: _____ Telephone: _____

Name of Owner(s)/Corporation: _____

Contact Person: _____

Drivers License # or Gov. ID # _____

Telephone # : _____ Email: _____

(Please provide the following billing address ONLY if it is different than 911/physical address)

Mailing/Billing Address: _____

City: _____ State: _____ Zip Code: _____

Establishment's Water Source: ☐ Municipal Water ☐ Well ☐ Other *(please list type)* _____

Establishment's Sewage Disposal: ☐ Municipal Sewage ☐ Septic System

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Category: Check All That Apply:

☐ Restaurant $35.00
☐ Food Store $35.00
☐ Kiosk $35.00
☐ Private School $35.00
☐ Public School or Charter School $0
☐ Private Contractor *(Schools)* $35.00
☐ Daycare $35.00
☐ Retail Deli/Bakery $35.00
☐ Food Mobile $35.00 Food
☐ Salvage Permit $35.00
☐ Summer Feeding / Afterschool $35.00

Total Due: $ _____

EHP-99 (R7/18)

Food Safety Questions:

1. Will the facility be serving food to a highly susceptible population? (young children, the elderly, or the chronically ill) ___Yes ___No
2. Will you be using specialized processing methods methods to preserve, extend shelf life, or render food so that it no longer requires temperature control for safety such as vacuum packaging, curing, canning, or pickling? Or sprouting seeds or beans? ___Yes___No
   a. If yes, do you have a HACCP plan? ___Yes___No
3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? ___Yes___No
4. Are your managers/workers required to complete food safety training? ___Yes___No

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DISCLAIMER: **A person may not operate a Food Establishment without a valid Permit issued by the Arkansas Department of Health (ADH). I understand that I must contact the appropriate ADH representative to schedule a pre-opening inspection. Once the pre-opening inspection is conducted, and the inspection is satisfactory, a permit will be issued. The permit must be displayed at the food establishment in a location that is conspicuous to consumers. This permit shall remain valid until expired, suspended, cancelled, revoked, or unpaid. An annual fee will be billed and due upon receipt. Permits are not transferable to new owners or new locations. ALL FEES ARE NON-REFUNDABLE.**

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***

THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING

Submit to:
Arkansas Department of Health
Food Protection Services
4815 W. Markham St., Slot 46
Little Rock, AR 72205