



Food & Beverage Service Establishment Application

Pacific County Department of Community Development

Internet Address: www.co.pacific.wa.us/dcd

Dear Establishment Owner/Operator,

The attached pages are the Pacific County Food and Beverage Service application. To apply for a Food & Beverage Service License, a change of ownership, a remodel, a menu alteration, or level increase please complete and submit this application with corresponding fees to Pacific County DCD. Your application and fee can be mailed or dropped off at either DCD office.

LONG BEACH OFFICE

7013 Sandridge Road
Long Beach, WA 98631

SOUTH BEND OFFICE

1216 W Robert Bush Drive
PO Box 68
South Bend, WA 98586

On page 6 of this packet, each section is designated A thru H. When completing this page, indicate what type of application you intend to submit by checking all that applies under Type Of Application. Complete all required sections, including any additional sections associated with your type of application(s).

Once the application is submitted, it will be reviewed by an environmental health specialist. Allow two weeks for the review process. Written notification will be sent informing you of any questions or issues that will need to be resolved. You will also be informed that you will need to contact the inspector to schedule the inspection. Incorrect information supplied on the application can result in additional fees and/or a delay in processing.

A preliminary inspection is required for both new establishments and changes of ownership. For new establishments, this inspection must occur before the establishment opens for business. We recommend scheduling the inspection at least 4 days prior to the projected opening date, in the event that corrections need to be made. During the inspection, all equipment must be functioning and the facility functional, although food doesn't need to be present.

If you have any questions regarding this process, please contact our office at 360.642.9382 or 360.875.9356.

SUMMARY OF REQUIREMENTS

The above chart was designed for a general overview of the requirements and basic types of food preparation allowed in each level. This chart is not all inclusive and the final determination of the level of the establishment and required equipment will be made by Pacific County.

For the complete regulations, please see Chapter 246-215 WAC. A copy can be found at the Washington State Department of Health website at www.doh.wa.gov. Pacific County Ordinances and Resolutions can be found at www.co.pacific.wa.us.

<div>Facility Type</div> <div>Requirements</div>	<div>Level 1</div> <div>Allowed Activities: Cold Holding Espresso Stands</div> <div>No food preparation</div>	<div>Level 2</div> <div>Allowed Activities: Cold Holding Hot Holding</div> <div>No cooling</div>	<div>Level 3</div> <div>Allowed Activities: Cold/Hot Holding Cooling/Reheating</div> <div>No limitations*</div>
Food Establishment License	REQUIRED		
Food Worker Cards	Required**	Required for all employees (including permit holder/owner)	
Handwashing Sink(s)	REQUIRED		
Food Preparation Sink	Not Required	Dependent on type of food prep	Required
Dishwashing facilities	3 compartment sink required (even with dishwasher)		
Mop Sink	REQUIRED		
Refrigeration	Must hold foods at 41°F or below <u>Level 3</u> : Glass door/sliding door refrigeration units not permitted for cooling of foods		
Cooking Equipment	Espresso machines only	Must be NSF or equivalent commercial grade	
Hot Holding Equipment	NOT ALLOWED	Must hold foods at 135°F or above	
Structural/Surfaces	<u>All Surfaces</u> : smooth, non-absorbent, easy to clean, non-toxic <u>Food Contact Surfaces</u> : Stainless steel, hard plastic, plastic laminates, hard wood <u>Structural</u> : No gaps, openings, holes to allow pest entry; Screens installed at windows and doors		
Restroom Facilities	<u>Employee Facilities</u> : Required within 500 feet and conveniently located <u>Customer Facilities</u> : Required if seating is available/offered		
Sewer/Septic	Must be connected to public sewer or on-site septic system (OSS) <u>Operational Permits</u> : required for all establishments served by an OSS; Operation and Maintenance (O&M) inspection required at least every three years or as determined by system type/status		
Water Source	Must be connected to a public water system or registered private well		
Garbage Service	Proof of garbage service may include monthly submittal of dump slips if not on a regular schedule		

*written approval for some processes may be required prior starting food service.

**Not required for establishments that only have prepackaged, cold held foods, i.e. milk.

Food & Beverage Service Establishment Application Checklist

The following must be completed/submitted with the application packet. Failure to complete the listed items may result in delays in processing and review of the application and/or the application being returned until the items have been completed. Additional items and information may be required upon review.

If you are applying due to a change of ownership, a menu alteration*, and/or a remodel, please submit:

- ☐ Food and Beverage Service Application Packet
- ☐ Fees – plan review/application fee
- ☐ Menu
- ☐ Establishment Layout (kitchen, food storage areas, restrooms, etc.) with equipment labeled
- ☐ Equipment list
- ☐ Current Washington State Food Handler cards, as required for employees and owner(s)
- ☐ Approval from the County or City Building Department** Initials: _____ Date: _____
- ☐ Approval from County or City Planning Department Initials: _____ Date: _____
- ☐ Approval from County or City Fire Marshal** Initials: _____ Date: _____
- ☐ State Business License UBI# _____
- ☐ City Business License (if applicable)

If you are applying to open a new establishment, you must also submit (in addition to the items listed above):

- ☐ Fees – Annual license fee
- ☐ Site plan showing parking, property lines and dimensions, and any existing or proposed signage

Applicant Signature

Date

* Additional license fees may apply depending on specific menu alteration.

** If applying as a mobile unit food establishment, Building Department and Fire Marshal approval is not required. Instead, the mobile unit must be approved by L&I.

FEES

Fees are based on the type of establishment, number of seats, and food processes performed at the facility. The following is a guide to assist you in calculating the fees—if you have questions, please call our office.

If your facility has different departments, complete the following chart with consideration to the entire facility. The base fees are calculated using the most complex department. Add \$80 for each additional department to the highest level fee.

- **Example:** A facility with three departments (grocery, deli w/ 14 seats, and meat market) would pay a Level 3 plus a flat rate of \$80.00 for each additional department.
 $\$320 \text{ (deli-level 3)} + \$80 \text{ (additional level: meat market-level 2)} + \$80 \text{ (additional level: grocery-level 1)}$
 $= \$480 \text{ Annual License Fee}$

Each application is required to pay the plan review/application fee of \$255.00

TYPE OF FOOD ESTABLISHMENT	FOOD HANDLING PROCESS(ES)	ANNUAL FEE
Check all that apply: <input type="checkbox"/> Grocery <input type="checkbox"/> Deli <input type="checkbox"/> Bakery <input type="checkbox"/> Meat/Seafood Market <input type="checkbox"/> Espresso with no food preparation <input type="checkbox"/> Espresso with food preparation <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> School <input type="checkbox"/> Catering only <input type="checkbox"/> Commissary kitchen only <input type="checkbox"/> Tavern <input type="checkbox"/> Mobile Trailer <input type="checkbox"/> Restaurant <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cold Holding pre-packaged foods <input type="checkbox"/> Espresso drinks	LEVEL 1—\$120
	Any of the items listed above plus: <input type="checkbox"/> Preparation of raw meats <input type="checkbox"/> Hot holding foods <input type="checkbox"/> Cooking/preparing foods	LEVEL 2—\$220
	Any of the items listed above plus: <input type="checkbox"/> Cooling prepared foods <input type="checkbox"/> Reheating foods <input type="checkbox"/> Variance	LEVEL 3 0-25 seats: \$320 26-50: \$360 51-75: \$400 76-100: \$440 101+: \$480
	<input type="checkbox"/> Bed and Breakfast	\$220
	<input type="checkbox"/> School/Cafeteria	\$320
	<input type="checkbox"/> Commissary kitchen only	\$220
	<input type="checkbox"/> Catering only	\$220



Food and Beverage Establishment Application

Pacific County Department of Community Development

Internet Address: www.co.pacific.wa.us/dcd

ESTABLISHMENT INFORMATION

Required **A**

Establishment Name:

Mailing Address:

City/State/Zip:

Phone: Email:

ESTABLISHMENT OWNER INFORMATION

Required **B**

Owner Name:

Mailing Address:

City/State/Zip:

Phone: Email:

PROPERTY INFORMATION

Required **C**

Property Owner:

Site Address:

City:

Parcel Number:

Property Zoning Designation:

Number of Off-Street Parking Sites:

GARBAGE DISPOSAL

D

☐ Self-Haul

☐ Service Provider:

SEWAGE DISPOSAL

Required **E**

☐ On-Site Septic System

☐ Public Sewer:

WATER SOURCE

F

☐ System Name or Well ID#:

☐ Municipality/Water District Name:

FOR OFFICE USE ONLY

License No.:

TYPE OF APPLICATION (check all that applies)

☐ Change of Ownership **All sections**

☐ Menu Alteration **Required sections only**

☐ Remodel or Level Increase **Required sections & Section G**

☐ New Establishment (closed 12+ months) **All sections**

☐ New Establishment (closed less than 12 months) **All sections**

OPERATION HOURS & SEATING

G

Seating Capacity:

Summer Hours:

Winter Hours:

OPERATIONAL PERMIT

Required **H**

☐ Food Est. - Every 3 years

☐ Table IV Repair/Waiver - Annually

☐ Holding Tank

☐ Not Applicable (Public Sewer)

In accordance with the Pacific County Board of Health Ordinance 3E, the on-site septic system serving this commercial facility is required to have an Operation and Maintenance (O&M) inspection performed regularly. This inspection, performed by a third party inspector licensed by Pacific County, is done to ensure the system is functioning properly and is not a public health hazard. This O&M inspection must be submitted and reviewed by Pacific County prior to licensing.

By signing this application, as owner, or the authorized agent(s) of the owner(s) of the above listed property, I acknowledge that I will be required to submit an O&M inspection of the on-site septic system(s) as performed by a licensed Operation & Maintenance Specialist. The next year the O&M Inspection report needs to be submitted will be reflected on your license.

Printed Name:

Authorized Signature:

Date:

SOUTH BEND OFFICE P.O. Box 68, South Bend, WA 98586 (360) 875-9356 FAX (360) 875-9304
LONG BEACH OFFICE 7013 Sandridge Rd., Long Beach, WA 98631 (360) 642-9382 FAX (360) 642-9387

All documents and information submitted in conjunction with this application is subject to Public Disclosure in accordance with RCW 42.56

METHOD OF FOOD PREPARATION

List all food items that will be cooked and/or cooled or hot held and any menu items that contain potentially hazardous foods. List similar items together (cold sandwiches, burgers, soups with the same preparation methods, etc). Initial any additional pages.

A complete menu should be included with the application.

1. MENU ITEM: _____

☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

2. MENU ITEM: _____

☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

3. MENU ITEM: _____

☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

4. MENU ITEM: _____

☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

5. MENU ITEM: _____

☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

6. MENU ITEM: _____

☐ Contains raw or undercooked ingredients

List how food will be cooled, the raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

Applicant Signature _____ Date _____

METHOD OF FOOD PREPARATION con't.

7. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

8. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

9. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

10. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

11. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

12. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

13. MENU ITEM: _____

List how food will be cooled, the raw or undercooked ingredients

☐ Contains raw or undercooked ingredients

☐ Cold Held

☐ Hot Held

☐ Cooled

Initials _____

FOOD ESTABLISHMENT SITE PLAN

Scale 1/4" = _____ Signature: _____ Date: _____

Must show the following : sinks, coolers, freezers, dry storage area(s), handwashing sink(s), prep sink(s), dishwashing sinks/dishwasher, ice machine(s), ovens, grill, stove, and any other equipment used for food storage or preparation.



Active Managerial Control & Certified Manager

The person in charge (PIC) of a food establishment must demonstrate Active Managerial Control (AMC) and ensure all food workers routinely follow safe food handling practices to reduce the risk of foodborne illness. A PIC with AMC ensures food employees are trained to safely complete their task, verifies procedures are properly completed, identifies and corrects food safety risks, and properly prepares for and responds to emergencies. **Review your inspection reports, third-party audits, internal observations, and this document to help determine your level of Active Managerial Control.**

While every PIC must maintain AMC, most establishments are also required to have at least one employee with a Certified Food Protection Manager (CFPM) certificate (WAC 246-215-02107). **The CFPM does not need to be on premises but is expected to have a key role in ensuring food safety.** The CFPM must make sure persons in charge are properly trained, procedures are developed, and food safety requirements are understood and followed. If able to ensure requirements are met, a person may be the CFPM for multiple establishments, such as at a restaurant or store with several locations.

Note: Use this document to help your establishment maintain AMC. Be sure to work with your [local health jurisdiction](http://www.doh.wa.gov/localhealth) (www.doh.wa.gov/localhealth) for any additional information or approvals as needed.

Section 1: Food Establishment Information

Establishment Name	Phone
Contact Name	Title / Position

Section 2: Common Procedures that Apply to Food Establishments

<input checked="" type="checkbox"/>	Are you confident your staff complete these processes following proper food safety procedures? If not, it's time to determine your policy, develop a procedure, and train or retrain staff.
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Health & Hygiene	Temperature Control	Contamination Prevention
<input type="checkbox"/> Handwashing	<input type="checkbox"/> Using a Thermometer	<input type="checkbox"/> Produce Washing
<input type="checkbox"/> Utensil Use	<input type="checkbox"/> Cooking	<input type="checkbox"/> Raw Meat Separation
<input type="checkbox"/> Illness Symptoms	<input type="checkbox"/> Hot Holding	<input type="checkbox"/> Cleaning & Sanitizing
<input type="checkbox"/> Illness Reporting	<input type="checkbox"/> Cooling	<input type="checkbox"/> Allergen Awareness
<input type="checkbox"/> Cold Holding	<input type="checkbox"/> Thawing	
	<input type="checkbox"/> Receiving Food	
	<input type="checkbox"/> Date Marking	

Section 3: Required Written Procedures

While most policies and procedures may be verbal, the following procedures must be written and approved if conducted by the establishment. *Note: All food establishments must have a written vomit and diarrhea clean-up plan.*

Processes Requiring Written Procedures

- Vomit and diarrhea clean-up plan
- Refilling reusable containers
- Allowing pet dogs in outdoor areas
- Noncontinuous or unattended cooking
- Bare Hand Contact – Alternate procedure with written ill employee policy
- Time as a Public Health Control

Complex Processes Requiring Variance or HACCP Plan

- Packaging juice
- Food preservation (such as curing, smoking, or acidifying)
- Reduced oxygen/vacuum packaging
- Molluscan shellfish life support tank
- Custom processing of animals
- Sprouting seeds or beans
- Unique food handling, such as fermentation

Section 4: Establishments Exempt from Certified Food Protection Manager Requirement

Food establishments with a low risk of foodborne illness due to limited food handling, low volume of food handled, and population served are encouraged, but not required, to have a Certified Food Protection Manager.

Establishments considered low risk and exempt from the CFPM requirement include the following operations:

- **Serve or sell only pre-packaged foods**, including cold holding TCS foods such as gallons of milk
- **Prepare non-TCS foods**, such as making cinnamon rolls, candy, doughnuts, pretzels, or blended syrup drinks
- **Heat only commercially-processed, ready-to-eat foods**, including lattes and hot holding TCS foods such as hot dogs
- **Serve food on an infrequent, temporary basis at short-term events**, such as fairs and festivals

These establishments traditionally include convenience stores, movie theaters, hot dog carts, coffee kiosks, cinnamon roll and pretzel stands, ice cream shops, and temporary food booths.

All other establishments must have at least one employee with a valid, nationally accredited CFPM certificate. These establishments prepare raw animal products, wash raw produce, cool time/temperature control for safety (TCS) foods, use specialized processes, operate a facility that serves a highly susceptible population, or have other increased potential risk of foodborne illness.



Active Managerial Control & Certified Manager

Section 5: Duties of the Certified Food Protection Manager

<input type="checkbox"/>	Have a valid certificate from an accredited program (see below). CFPM certificates are valid for 5 years. The CFPM certificate is different than the Washington State Food Worker Card which is required for all food workers.
<input type="checkbox"/>	Ensure required procedures and plans (such as for vomit and diarrhea clean-up) are current and implemented.
<input type="checkbox"/>	Ensure each person in charge is trained and has the knowledge required in WAC 246-215-02105, such as: <ul style="list-style-type: none">• Understand the causes and prevention of foodborne illness• Understand cross contamination prevention, proper sanitation, and control of food allergens• Know required food safety temperatures for receiving, storage, cooking, and cooling• Know how to respond to emergencies, imminent health hazards, or reports of foodborne illness
<input type="checkbox"/>	Ensure each person in charge can maintain Active Managerial Control required in WAC 246-215-02115, such as: <ul style="list-style-type: none">• Food workers are properly trained and following food safety requirements for their tasks• Food workers only work when healthy, properly wash hands, and prevent bare hand contact with food• Food workers monitor food temperatures and ensure foods are cooked and cooled correctly• Food is from approved sources and stored correctly to prevent contamination

Section 6: Accredited Food Protection Manager Certification Providers

Learn more and view the most current list of CFPM providers at anabpd.ansi.org. (Search for "ANSI Food Protection Manager")

Company Name	Training Available	Additional Testing Languages	Testing Options
1 AAA Food Handler	<input checked="" type="checkbox"/> Online (self-paced) <i>English, Spanish</i>	<input checked="" type="checkbox"/> Spanish	<input checked="" type="checkbox"/> Online proctor
Learn2Serve 360training.com	<input checked="" type="checkbox"/> Online (self-paced)	n/a	<input checked="" type="checkbox"/> Online proctor
AboveTraining/StateFood Safety.com	<input checked="" type="checkbox"/> Online (self-paced) <i>English, Spanish, Chinese, Vietnamese</i>	<input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Chinese	<input checked="" type="checkbox"/> Local testing center <input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor
National Registry of Food Safety Professionals	<input checked="" type="checkbox"/> Self-study manual <i>English, Spanish</i> <input checked="" type="checkbox"/> In-person trainer	<input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Chinese <input checked="" type="checkbox"/> Korean	<input checked="" type="checkbox"/> Local testing center <input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor
National Restaurant Association, ServSafe	<input checked="" type="checkbox"/> Online(self-paced) <i>English, Spanish</i> <input checked="" type="checkbox"/> Self-study manual <i>English, Spanish, Chinese, Korean</i> <input checked="" type="checkbox"/> In-person trainer	<input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Chinese <i>In-person also available in:</i> <input checked="" type="checkbox"/> Korean <input checked="" type="checkbox"/> French Canadian <input checked="" type="checkbox"/> Japanese	<input checked="" type="checkbox"/> Local testing center <input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor <input checked="" type="checkbox"/> Accommodation available for additional languages
Responsible Training / Safeway Certifications, LLC	<input checked="" type="checkbox"/> Online <i>English</i>	n/a	<input checked="" type="checkbox"/> Online proctor
The Always Food Safe Company, LLC	<input checked="" type="checkbox"/> Online (self-paced) <i>English</i>	<input checked="" type="checkbox"/> Spanish	<input checked="" type="checkbox"/> Online proctor <input checked="" type="checkbox"/> In-person proctor

Section 7: Certified Food Protection Manager Maintenance

<input type="checkbox"/>	Ensure at least one employee has a current CFPM certificate. Renew certificate every five years.
<input type="checkbox"/>	Make sure CFPM monitors procedures and staff training to maintain food safety requirements.
<input type="checkbox"/>	Have copy of CFPM certificate available. Replace CFPM within 60 days if certified employee leaves employment.

Section 8: Signature

Signature	Date	Printed Name	Phone
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To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Toolkit: Vomit and Diarrhea Clean-up Plan

The following procedures address how employees must minimize the spread of contamination when cleaning up vomit and diarrhea. These procedures will limit the risk to employees, consumers, food, and surfaces in the food establishment. Staff must be trained on your clean-up plan and your plan must also be available for review by your regulatory authority (WAC 246-215-02500). Ensure all supplies are available to properly implement the procedure. **Adjust this document to fit your establishment.**

Section 1: Food Establishment Information

Establishment Name		Phone (xxx) xxx-xxxx	
Street (Physical Address)	City	ZIP	Email
Contact Name		Title / Position	

Section 2: Clean-Up Plan Checklist

<input checked="" type="checkbox"/>	Every food establishment must have a written clean-up plan that protects consumers, food, employees, and surfaces. Include the following items in your clean-up plan (modify as needed to fit your business):
<input type="checkbox"/>	Protect Consumers <ul style="list-style-type: none">• Move guests from the contaminated area.• Block off areas within 25 feet of the contaminated area until the area is properly cleaned and disinfected.• Do not reseal guests within 25 feet of the contaminated area until the area is properly cleaned and disinfected.• Other:
<input type="checkbox"/>	Protect Food <ul style="list-style-type: none">• Discard uncovered food or single-service items in the contaminated area• Wash all utensils and equipment within a 25-foot radius of the vomit or diarrheal event• Discontinue food service within a 25-foot radius of the contaminated area until all utensils, equipment, and surfaces have been cleaned and disinfected.• Other:
<input type="checkbox"/>	Protect Employees <ul style="list-style-type: none">• Any ill food workers/employees must be sent home immediately. Food workers may not return to work until their symptoms have resolved for at least 24 hours.• Only trained staff should be assigned clean-up and disinfection tasks.• Wear protective equipment such as gloves, apron, and goggles when responding to vomit or diarrhea incidents.• Workers must wash hands after clean-up is completed.• Staff involved with clean-up should not return to food handling until able to shower and change clothes.• Remind employees to report symptoms or diagnosed illnesses to the Person in Charge. Symptoms include vomiting, diarrhea, sore throat with fever, jaundice (yellowing), and infected cuts on the hands. Reportable illnesses include <i>E. coli</i>, <i>Salmonella</i>, hepatitis A, <i>Shigella</i>, and norovirus.• Other:
<input type="checkbox"/>	Protect Surfaces <ul style="list-style-type: none">• Use disposable absorbent material like baking soda or kitty litter to soak up visible vomit or diarrhea. Scrape material into trash bag.• Clean and disinfect surfaces such as tabletops, doorknobs, and chairs within a 25-foot radius around the contaminated area.• Bag, seal, and discard all disposable cleaning equipment (scoops, mop heads, gloves, towels) before leaving the contaminated area.• Block off and schedule steam cleaning for contaminated fabric surfaces that cannot adequately be disinfected.• Clean and disinfect reusable clean-up equipment in an area not used for food preparation.• Other:



Toolkit: Vomit and Diarrhea Clean-up Plan

Section 3: Identify Surfaces & Assemble A Clean-Up Kit

Surfaces: Identify surfaces in the food establishment that will need disinfection to ensure staff are trained and the planned disinfectant is labeled for the surface (check all surfaces in the establishment):

- ☐ **Hard, non-porous** (tile, vinyl, sealed concrete, stainless steel): Follow 'non-porous' directions on disinfectant label.
- ☐ **Porous** (unsealed concrete, wood): Follow 'porous' disinfection directions on label.
- ☐ **Carpet and upholstery:** Close area and steam clean if unable to use disinfectant.
- ☐ **Linens and clothing:** Machine wash and dry hot; use chlorine bleach if possible.
- ☐ **Grass and outdoor concrete:** Block access; use absorbent material on spill; scrape into bag; rinse area with water.
- ☐ Other: _____

Clean-Up Kit: Identify items available for clean-up in the food establishment (check all that apply):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Disposable masks | <input type="checkbox"/> Absorbent material
(baking soda, kitty litter) | <input type="checkbox"/> Disposable mop head
(no vacuum) | Other tools:
<input type="checkbox"/> |
| <input type="checkbox"/> Disposable gloves | <input type="checkbox"/> Disposable scoop/paper plates | <input type="checkbox"/> Mop bucket/hot water | <input type="checkbox"/> |
| <input type="checkbox"/> Disposable aprons | <input type="checkbox"/> Garbage bags | <input type="checkbox"/> Caution tape or signs | <input type="checkbox"/> |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Disposable paper towels/cloths | <input type="checkbox"/> Soap | |

Disinfectant: Detail how to make and use the disinfectant (reference product label):

EPA-Registered Disinfectant Name: ☐ Bleach or ☐ Other:

Amount of disinfectant: _____ Amount of water: _____ Contact time: _____

Instructions: _____

Location of the kit: _____ Location of the utility sink to clean reusable tools: _____

Note: Tools used to clean up vomit and diarrhea should not be stored or cleaned in the kitchen if possible.

Section 4: Employee Training

Employee Training: Employees must be properly trained in advance. Select all that apply.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | How are employees trained?
<input type="checkbox"/> Read and sign the plan <input type="checkbox"/> Kit demonstration <input type="checkbox"/> Other: |
| <input type="checkbox"/> | How often are employees trained?
<input type="checkbox"/> Once <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: |

Worker Assignments: Assign non-food workers clean-up duties when possible. Select all that apply.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Who should be notified if a vomit or diarrhea event occurs?
<input type="checkbox"/> Manager <input type="checkbox"/> Janitor <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | Who is responsible for cleaning vomit and diarrhea events?
<input type="checkbox"/> Manager <input type="checkbox"/> Janitor <input type="checkbox"/> Server <input type="checkbox"/> Cook <input type="checkbox"/> Other: _____ |

Section 5: Additional Facility-Specific Information

Section 6: Plan Maintenance

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Where is the clean-up plan kept in the food establishment? _____ |
| <input type="checkbox"/> | How often is the plan reviewed and updated? <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____ |

Section 7: Signature

Plan prepared by: _____

Signature	Date	Printed Name	(xxx) xxx-xxxx Phone
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To request this document in another format, call 1-800-515-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Operational Permit Application

Pacific County Department of Community Development

Internet Address: www.co.pacific.wa.us

OFFICE USE ONLY
Issued Date: _____
Issued By: _____

PROPERTY OWNER INFORMATION	
Name: _____	
Address: _____	
City/State/Zip: _____	
Phone: _____	Phone: _____
Email: _____	

BUSINESS INFORMATION	
Business Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone: _____	Phone: _____
Email: _____	

BUSINESS OWNER INFORMATION (If on leased Land)	
Business Owner Name: _____	
Mailing Address: _____	
City/State/Zip: _____	
Phone: _____	Phone: _____
Email: _____	

TYPE OF PROJECT / O&M SCHEDULE	
Food Establishment - Every 3 years	<input type="checkbox"/>
Short Term Vacation Rental - Every 3 years	<input type="checkbox"/>
Table VI /Waiver - Annually or as determined by waiver	<input type="checkbox"/>
School - Every 3 years	<input type="checkbox"/>
RV Park/Campground - Every 3 years	<input type="checkbox"/>
Food Est w/ a Table VI Repair - Annually	<input type="checkbox"/>

JOB SITE INFORMATION AND LOCATION
Tax Parcel ID No.: _____
Job Site Address: _____
Type/Name of Water: _____

The Tax Parcel ID Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

In accordance with the Pacific County Board of Health Ordinance 3E, as the owner of the on-site septic system which is the subject of this application, you are required to obtain an Operational Permit from Pacific County. This permit requires an Operation and Maintenance (O&M) inspection by a third party inspector licensed by Pacific County and is done to ensure your system is functioning properly and is not a public health hazard. In order to meet the minimum Operational Permit requirements please provide the following:

- Current Operation & Maintenance Inspection (O&M)
- This application with signature below

Note: This O&M inspection must be submitted and reviewed by Pacific County prior to permitting/licensing the proposed project.

By signing this application, as owner, or the authorized agent(s) of the owner(s) of the property which is the subject of this application, I acknowledge that I will be required to submit an **O&M inspection** of the on-site septic system as performed by a licensed Operation & Maintenance Specialist determined by the type of project listed above. The next year the O&M Inspection needs to be submitted will be reflected on your license/permit.

Authorized Signature: _____

Print Name: _____	Date: _____
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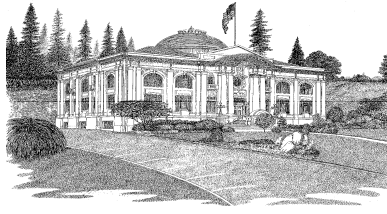
SOUTH BEND OFFICE
P.O. Box 68
South Bend, WA 98586
(360) 875-9356 FAX (360) 875-9304

LONG BEACH OFFICE
7013 Sandridge Road
Long Beach, WA 98631
(360) 642-9382 FAX (360) 642-9387

Revised 09/12/2011

Pacific County Department of Community Development

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WATER AVAILABILITY NOTIFICATION

Name: _____

Parcel #: _____

Please complete Part A, B, or C

Part A

Use of water for this building is authorized by valid Water Right Permit or Certificate # _____, which has not been canceled or relinquished. **A copy of the above document is attached.**

Signature _____

Address _____

Date _____

Part B - To be completed by a desired water purveyor

The Public Water System _____ State I.D. # _____, Water Right Permit or Certificate # _____, is capable of and will supply water to the project/short plat _____ for _____ connection(s) located at _____.

The above Public Water System is approved for _____ service connection(s) and currently serves _____ connections.

☐

This is a new connection to serve this site.

☐

This is an existing approved connection serving this site.

The water system facilities are adequate to provide service to this site and have been designed, approved, and installed per WAC 248-54. Connection to the system must be completed within one year or this Water Availability Notification is void.

Purveyor _____

Title _____

Address _____

Signature _____

Date _____

Part C - Please check one of the following:

The water supply for this building will be obtained from a source which does not require a water right permit.

The water in each of the following three categories shall be tested for total coliforms and a copy of the report shall be attached to this document.

☐

The above well is newly constructed. It was drilled by _____, a licensed well driller. Less than 5,000 gallons per day of water will be used from the well and less than ½ (one-half) acre will be irrigated.

☐

The above well has been in existence and use since _____. Less than 5,000 gallons per day of water will be used from the well and less than ½ (one-half) acre will be irrigated.

☐

The source of water is a _____, which does not require a water right permit.

Signature _____

Address _____

Date _____

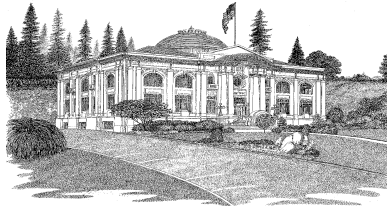
The above water system has met the requirements necessary for domestic use in accordance with RCW 19.27.097.

Environmental Health Specialist

Date

Pacific County Department of Community Development

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CERTIFICATE OF SEWER AVAILABILITY

This certificate provides the Pacific County Department of Community Development information necessary to evaluate the proposed development.

To be completed by owner/applicant/contractor:

Parcel Number: _____ Project Address: _____

Property Owner: _____

Mailing Address _____ City _____ State _____ Zip _____

Phone # (____) _____ Phone # (____) _____ Email _____

Proposed use: _____

General Project Description: ☐ Building permit ☐ Short Subdivision ☐ Preliminary Plat
☐ Other: _____

Public Sewer Utility: ☐ Long Beach ☐ Seaview ☐ Ilwaco ☐ Surfview
☐ Raymond ☐ South Bend

To be completed by sewer purveyor:

The above named Public Sewer Utility is capable of and will supply sewer service to the referenced project or subdivision:

1. Is said sewer currently available, with service connection provided as required, to serve the proposed development? ☐ Yes ☐ No
2. Will the developer design, fund, construct and provide financial surety for the necessary systems to extend sewer service to the site and provide service connections as required? ☐ Yes ☐ No
3. Service is subject to the following: _____

This Certificate of Sewer Availability is non-transferable to other projects and shall be valid as long as the referenced project remains active and is not modified.

Certified by: _____
Print Name Title

Signature Date