



**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)426-8250 Fax: (405) 900-7557**  
**Email: [ConsumerHealth@health.ok.gov](mailto:ConsumerHealth@health.ok.gov)**  
**Website: <https://oklahoma.gov/health/chs>**

**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)