



Panhandle Health District

Healthy People in Healthy Communities

Public Health
Prevent. Promote. Protect.

Panhandle Health District



To: Prospective Food Processor/Wholesaler

RE: Requirements for Licensing

You have indicated an interest in starting a food manufacturing/processing business. The attached information can guide you through the process of obtaining the required permits.

You must submit your facility plans and a completed Idaho State Food Permit application to the Health District. This information is sent to the Food and Drug Administration (FDA) for review. The FDA will determine if their agency will regulate your business based on the projected volume of sales and/or if you will be selling your product(s) across state lines.

The Health District will license and inspect your facility at least for the first year that you are in operation. If the FDA answers that they will NOT assume jurisdiction for your food business, then the Health District will continue to license and inspect your facility.

INFORMATION FOR FOOD PROCESSORS/MANUFACTURERS

When is a Food Processing License required?

Is your final product a Time and Temperature Controlled for Safety (TCS) Food? If yes, then you meet the definition of a food processor, regardless of how you plan to distribute your product.

Is the final product distributed through other food establishments (wholesale)? If yes, then you meet the definition of a food processor, regardless of the type of food (TCS vs. non-TCS).

Under the Idaho Food Code, you must submit a written application for a food establishment license on the application provided. An Environmental Health Specialist must review and approve your processing facility plans prior to remodel and/or construction. A pre operational inspection will be made prior to licensing. Some areas that will be covered in this plan review and on-site inspection include the following:

- Site plan, floor plan and mechanical plan.
- Construction materials for floors, walls, and ceiling.
- Plumbing: separate hand wash sink for employees.
- Processing equipment and food safety and sanitation training.
- Quality control checks.
- Packaging and labeling.
- 3-compartment sink for equipment clean-up.
- Source and storage of ingredients including processing steps.
- Verification of Certified Food Protection Manager.

Quality Control Assurance Program Requirements

The license holder or his/her designated person must develop and submit, to the regulatory authority for review and approval, a quality assurance program or HACCP plan that covers the food processing operation. The program must include the following:

- An organizational chart that identifies persons responsible for quality control operations.
- A process flow diagram outlining the processing steps from the receipt of the raw materials to the production and packaging of finished product(s) or group of related products.
- A list of specific points in the process which are critical control points that must have scheduled monitoring.
- Product codes that establish and identify the production date and batch.
- A manual covering sanitary maintenance of facility and hygienic practices to be followed by employees.
- A records system allowing for review and evaluation of all operations including the quality assurance program results. These records must be kept for a period of time that exceeds the shelf life of the product by six (6) months or for two (2) years, whichever is less.

PRODUCT EVALUATION FOR PROCESSORS/MANUFACTURERES

The term process applies to the combining, packaging, and manufacturing, labeling, and storing food for human consumption. To ensure recipes are safe, a product evaluation is completed by a Process Review Authority to determine the potential risks. The product evaluation assesses the risk associated with the food product and may be followed by a process determination further evaluating the method employed.

Washington State University's, Department of Food Science and Human Nutrition is equipped with the laboratory facilities and the personnel with the technical expertise to assess product and processes to ensure the final product is safe for human consumption.

Contact Information:

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Extension Food Processing Specialist
Washington State University
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Pullman, WA 99164-6376
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FAX: 509-335-4815
e-mail: girish.ganjyal@wsu.edu

Website: <http://foodprocessing.wsu.edu/extension/product-eval/>

Food and Drug Administration (FDA) Resources

REGISTERING your facility with the FDA:

Website: www.fda.gov
Click on [Facility Registration](#)

Who must register with FDA?

Owners, operators, or agents in charge of domestic or foreign facilities that manufacture/process, pack, or hold foods for human or animal consumption in the United States are required to register the facility with the FDA.

Domestic facilities are required to register whether or not food from the facility enters interstate commerce.

Foreign facilities that manufacture/process, pack, or hold food also are required to register unless food from that facility undergoes further processing (including packaging) by another foreign facility before the food is exported to the United States. However, if the subsequent foreign facility performs only a minimal activity, such as putting on a label, both facilities are required to register.

FDA Labeling guidance:

<http://www.cfsan.fda.gov/guidance.html>

You may obtain "A Comprehensive Guide for Idaho Specialty Food Processors" by contacting:

Idaho Department of Agriculture
Internet Site <https://www.idaho.gov/agencies/agriculture-department-of/>
PO Box 790
Boise, ID 83701-0790.
Phone: (208) 332-8530 or (800) 377-3529

The specialty food book can be located on the Internet site:

<http://www.agri.idaho.gov/AGRI/Categories/Marketing/Documents/StartSpecialtyFoods.pdf>

TO: Food Service License Applicant

FROM: Panhandle Health District I Environmental Section

SUBJECT: Annual Food Service License Fee and Application

A new establishment, or establishments remodeling, will be required to submit an application with floor plans, equipment list, floor/wall/ceiling finish schedule, and pay a \$100.00 plan review fee. Once the review is completed and approved, the \$200.00 food license fee can be accepted for the year the establishment plans to open.

A \$200.00 annual food license fee is required for all establishments handling potentially hazardous foods. Applications without the license fee cannot be processed. Idaho Code §39-1604 states, “No person, firm or corporation shall operate a food establishment for which no other state or federal food safety inspection or license is required, without a license approved by the director of the department of health and welfare or his designee.”

New establishments, relocations, remodels, and/or reopening are required to submit a new Food License Application and undergo a Food Establishment Plan Review. Applications must include the menu, floor plans, equipment list, and floor/wall/ceiling finish schedule.

Change of Name or Ownership: The Food Service License is nontransferable. If there is a change in ownership, the new owner must apply for a new license, complete the application in full, and pay the \$200.00 fee. A plan review fee **may** be required based on changes to the establishment.

After review of your application and plans (if applicable), you will be notified in writing of any items that need to be addressed prior to the preoperational inspection, and final approval for licensing.

If you have any questions, please feel free to contact Panhandle Health District.

BENEWAH COUNTY 137 N. Eighth Street St. Maries, ID 83861 (208) 245-4556	BONNER COUNTY 2101 W. Pine St. Sandpoint, ID 83864 (208) 265-6384	BOUNDARY COUNTY 7402 Caribou Street Bonners Ferry, ID 83805 (208) 267-5558	KOOTENAI COUNTY 8500 N. Atlas Road Hayden, ID 83835 (208) 415-5220	SHOSHONE COUNTY 35 Wildcat Way, Suite A Kellogg, ID 83837 (208) 783-0707
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Procedure Checklist for Opening a Food Service Establishment

	Establishment Name:	Owner Use	PHD1 Use
1	Submit a food service establishment license application form, \$100.00 plan review fee and a complete menu.		
2	Submit the following plans and specifications.		
3	A scaled floorplan including kitchen and equipment layout. (Elevations encouraged for new establishments).		
4	A plumbing plan.		
5	A floor, wall, and ceiling finish schedule.		
6	An equipment schedule or catalog cut sheet. (Write plan equipment numbers on cut sheets).		
7	Submit verification of Certified Food Protection Manger (current certificate/card)		
8	Contact the local building, fire, plumbing and electrical department for their requirements and approval.		
9	Please allow 15 working days for the plan review. When it is complete, we will respond in writing. DO NOT PURCHASE EQUIPMENT OR BEGIN CONSTRUCTION UNTIL YOUR PLANS ARE APPROVED!		
10	When construction is complete, please submit your Food License fee, and contact us for a pre-operational inspection. If approved, your establishment will then be issued a Food Service License.		

It is important that the Health District receives accurate and detailed plans and specifications for your establishment. This is a checklist designed to ensure that we have received all required criteria and you have submitted information on your plans. Please take your time and fill out the following pages with detail and accuracy. Read carefully and answer all questions completely to insure timely processing of your application.

PANHANDLE HEALTH DISTRICT

Healthy People in Healthy Communities

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

Office Use Only
File # _____ EHS _____ Clerical _____
Fee \$ _____ Receipt # _____ Date _____

NEW____ REMODEL____ CONVERSION____ NEW OWNER____

Name of Establishment:

Type of Food Operation: Restaurant____ Institution____ Food Processor____ Retail Food Store____ Mobile____ Other____

Establishment Address:

Phone:

Business Mailing Address:

Name of Owner:

Owner's Mailing Address:

Owner's Telephone:

Owner's Email Address:

Applicant's Name and Title, if different:

Applicant's Telephone and Email Address:

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

Number of Indoor Dining Seats: _____,

Number of Outdoor Dining Seats: _____

Number of Staff (maximum per shift): _____

Total Square Feet of Facility: _____

Maximum Meals to be Served: Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Project: _____ Projected Date for Completion of Project _____

Type of Service (check all that apply):

Sit Down Meals _____

Take Out _____

Single Use Utensils _____

Catering _____

Multi-Use Utensils _____

Food Processing _____

Mobile Food Establishment _____

ENCLOSE THE FOLLOWING DOCUMENTS:

____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site, and banquet menus).

____ Complete list of food sources.

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

____ Equipment schedule including location, plumbing, drain, and electrical connections

____ Manufacturer specification sheets for each piece of equipment to be used in the establishment.

____ Site plan showing location of food establishment location of building on site including alleys, street, and location of any outside equipment of facilities (dumpsters, well, septic systems – if applicable).

____ Verification of Certified Food Protection Manager (current certificate/card).

____ Completed food service license application.

____ \$100.00 plan review fee.

____ \$Annual food license fee.

____ For food processors - a copy of completed Quality Assurance/HACCP plan.

FOOD SUPPLY

Where will you be purchasing your food?

How often will refrigerated foods be delivered?

How often will dry goods be delivered?

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

Dry Storage _____

Refrigerated Storage _____

Frozen Storage _____

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 (preparation 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 (e.g., salads, cold sandwiches, raw molluscan shellfish):

PRODUCE

POULTRY

MEAT

SEAFOOD

THAWING FROZEN POTENTIALLY HAZARDOUS FOODS

Thawing Method(s) Check all that apply and indicate where thawing will take place:

____ Under Refrigeration:

____ In a food preparation sink under cold running water (less than 70°F/21°C):

____ Microwave (as part of cooking process):

____ Cooked from frozen state:

____ Other (describe):

List all foods that will be cooked and served:

List all foods that will be hot held prior to service:

List all foods that will be cooked and cooled:

List all foods that will be cooked, cooled, and reheated for hot holding prior to service:

HOT/COLD HOLDING

How will hot PHF food be maintained at 135°F (57°C) or above during holding for service?
Indicate type, numbers, and location of hot holding units.

How will cold PHF food be maintained at 41°F (5°) or below during holding for service? Indicate type, number, and location of cold holding units.

COOLING

Indicate by checking the appropriate boxes how PHF food will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours).

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in Refrigerator						
Ice Baths						
Reduce volume or Size and place in refrigerator						
Mechanical rapid chill unit						
Stirring with frozen stir sticks						
Other (describe)						

*Thick meats = greater than one inch; Thin meats = one inch or less.

REHEATING

How and where will PHF foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforce Panels (FRP) ceramic tile, 4" plastic covered molding, etc.) will be used in the following areas:

AREA	FLOOR	FLOOR/WALL JUCTURE	WALLS	CEILING
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
DRESSING ROOMS				
GARBAGE & REFUSE STORAGE				
MOP SERVICE SINK				
WAREWASHING AREA				
WALK-IN REFRIGERATORS AND FREEZERS				
OTHER				
OTHER				

Identify the finishes of cabinets, countertops, and shelving:

PEST CONTROL

	YES,	NO	N/A
Will all outside doors be self-closing and rodent proof?	_____	_____	_____
Will screens be provided on all entrances left? Open to the outside?	_____	_____	_____
Will all operable windows have a minimum #16 Mesh screening?	_____	_____	_____?
Will air curtains be used? If yes, where? _____			

How will the area around the building be kept clear of unnecessary brush, litter, boxes, and other harborage?

REFUSE, RECYCLABLES, AND RETURNABLES

Indicate the location(s) of indoor refuse containers:

Identify how and where garbage cans and floor mats will be cleaned:

Will a dumpster or a compactor be used?

Number _____ Size _____ Frequency of pick-up _____

Will garbage cans be stored outside? _____

Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment: _____

Identify location of grease storage containers:

Will there be an area to store recyclables? _____ if yes, describe:

Identify the area to store returnable damaged goods:

WATER SUPPLY

Name of water supply:

Is the water supply public? _____ or non-public/private? _____

If private, has the source been approved? _____

Attach copy of written approval and/or permit.

Is ice machine on premises? _____ or purchased commercially? _____

What is the capacity and location of the water heater?

Provide specifications for the water heater:

SEWAGE DISPOSAL

Name of sewer system:

Is the sewage disposal system public? _____ or private? _____

If private, has the sewage system been approved? _____

Attach copy of written approval and permit.

Will grease traps/interceptors be provided? _____ If so, where?

BACKFLOW PREVENTION

	<u>AIR GAP</u>	<u>AIR BREAK</u>	<u>VACUUM BREAKER</u>	<u>OTHER</u>
Dishwasher				
Garbage disposal				
Ice machines				
Ice storage bin				
Sinks: Mop 3 compartment 2 Compartment 1 compartment				
Steam tables				
Dipper wells				
Refrigeration Condensate/drain lines				
Hose bib connection				
Potato peeler				
Beverage dispenser w/carbonator				
Other				
Other				

Identify the location(s) of all floor drains, if provided:

DISHWASHING FACILITIES

Manual Dishwashing:

Identify the length, width, and depth of the compartments of the 3-compartment sink:

Will the largest pot and pan fit into each compartment of the 3-compartment sink? YES _____
NO _____

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

Describe size, location, and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____

Square feet of air-drying space: _____ square feet.

What type of sanitizer will be used? Chemical _____ Hot Water _____

Mechanical Dishwashing:

Identify the make and model of the mechanical dishwasher:

What type of sanitizer will be used? Chemical _____ Hot Water _____

Will ventilation be provided? YES _____ NO _____

HANDWASHING/TOILET FACILITIES

Identify the locations of the handwashing sinks and toilet facilities:

DRESSING ROOMS

Will dressing rooms be provided? YES _____ NO _____

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

OTHER

Identify the location for the storage of poisonous or toxic materials:

Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

Will linens be laundered on site? YES _____ NO _____
If yes, what will be laundered and where?

If no, how and where will linens be cleaned?

Identify location of clean and dirty linen storage:

How often will linens be delivered and picked up?

Indicated all areas where exhaust hoods will be installed:

Identify location of the facilities for cleaning mops and other equipment:

APPROVAL of the plans and specifications does not constitute endorsement or acceptance of the completed establishment, structure, or equipment installation. Any changes or deviations from these approved plans must be submitted in writing and approved by the department.

IF NOT OTHERWISE MENTIONED, THE RULES IN IDAPA 16.02.19 “FOOD SAFETY AND SANITATION STANDARDS FOR FOOD ESTABLISHMENTS (IDAHO FOOD CODE) SHALL APPLY.

I have read and understand and agree to comply with the above listed requirements and accept responsibility for any changes needed when not in compliance.

Signed: _____

Firm/Company: _____

Date: _____