



CLARK COUNTY
WASHINGTON
PUBLIC HEALTH
ENVIRONMENTAL HEALTH

School Health and Safety SCHOOL FOOD SERVICE APPLICATION

The School Health and Safety Program reviews food handling policy and procedures for new cafeterias, student stores or curriculum-based food services for all K-12 public, private and parochial schools in accordance with WAC 246-366-130 and 246-215. This review is required for food handling that has not been previously reviewed and approved by Clark County Public Health.

SUBMITTAL REQUIREMENTS

Floor plans including:

- One set of floor plans outlining the food prep and food service area including location of sinks, indirect drains, food storage and equipment.

Project and equipment specifications including:

- Equipment specifications for all hot holding, cold holding and cooking equipment.
- A description of all floor, wall, counter and ceiling finishes.

A description of the food preparation plan including:

- An overview of the food operation including if the kitchen will be transporting food or receiving food from another location;
- A menu of the foods that will be served;
- Food preparation procedures for cooking, cooling, hot and cold temperature control, time as a control and other food handling standard operating practices as applicable;
- Employee sanitation practices for proper hand washing, barrier/glove use and illness policy.

SCHOOL LOCATION INFORMATION

SCHOOL NAME: _____ SCHOOL DISTRICT: _____

SCHOOL LOCATION ADDRESS: _____

CITY: _____ STATE: WA ZIP CODE: _____

PARCEL #: _____ PROJECTED ENROLLMENT: _____

UTILITIES

SEWAGE DISPOSAL Public Sewer Existing Septic System Other: _____

POTABLE WATER Public Water On-site well -Date of last sanitary survey: _____

GENERAL CONTACT INFORMATION

BILLING/INVOICE CONTACT INFORMATION:

NAME AND TITLE: _____

ADDRESS: _____

CITY: _____ STATE: WA ZIP CODE: _____

PHONE: _____ EMAIL: _____

SCHOOL PROJECT MANAGER INFORMATION:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

ARCHITECT/ENGINEER INFORMATION:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

PROJECT SUPERINTENDENT INFORMATION:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

COUNTY/CITY PLANNING DEPARTMENT CONTACT:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

COUNTY/CITY APPLICATION NUMBER: _____

SCHOOL NUTRITION SERVICES CONTACT:

NAME AND TITLE: _____

PHONE: _____ EMAIL: _____

PROJECT TYPE

Cafeteria Plan Review, PE Code 7019

Student Store Plan Review, PE Code 7020

Curriculum-Based Food Service Plan Review, PE Code 7021

FOR OFFICIAL USE ONLY

DATE _____	AMOUNT PAID _____	INV _____	APN _____
SR _____	REC'D BY _____	ACT _____	

