

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



**PLAN REVIEW GUIDELINES
For Manufactured/Wholesale Food Establishments**

This Guide includes an example of a floor plan example, checklists of code requirements for Manufactured/Wholesale Food establishments. Plans are reviewed by appointment or may be mailed. For appointments, call 501-661-2171. For additional information call our Environmental Health Specialists for Manufactured/Wholesale Foods located in Little Rock at the address below.

Copies of the applicable regulations can be obtained by contacting Manufactured/Wholesale Foods or on our website at: <https://www.healthy.arkansas.gov/rules-regs>

Mail plans and required documents to:

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

Attn: Manufactured/Wholesale Foods 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 processing equipment
- Other items, such as finish materials for walls, ceilings and floors, as shown on the checklist
- Proposed Standard Operating Procedures
- Allergen control plan
- Labels for review
- Food Safety Plan
- Recall Procedures
- Proof of verification from Processing Authority if required
- Notarized permission letter from permit holder if required

***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).

A provisional approval letter may be mailed or given to you at the time of the review.

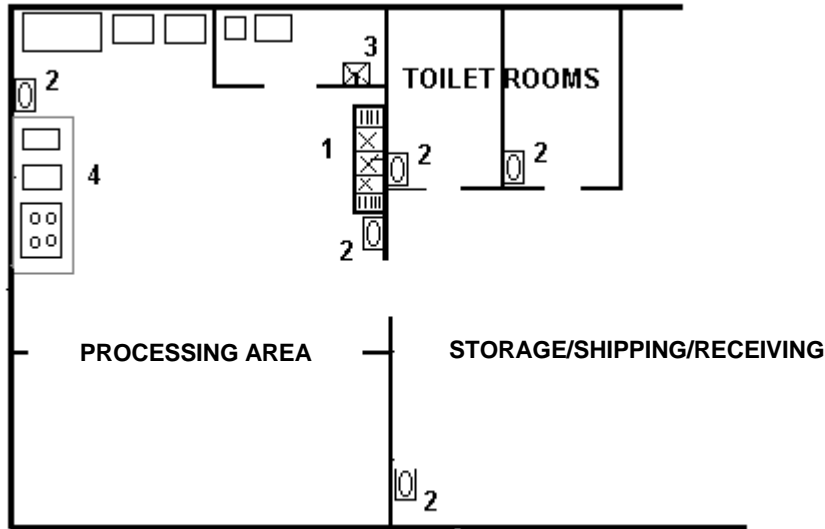
A pre-operational inspection is required.

For additional information call our Environmental Health Specialists for Manufactured/Wholesale Foods

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 Utensil washing sink

2- Hand washing lavatory

3- Service sink

4- Processing equipment

- Mixers
- Ovens
- Dryers
- Labeling/Packaging

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 must have self-closers on doors and ventilation to outside air. Toilet rooms should not open directly into the food processing area.

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

Please include the types of materials used for floors, walls and ceilings. Acceptable finishes for 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 processing area	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

USE ADDITIONAL SHEETS OF PAPER IF NECESSARY

PLANS MUST BE APPROVED BEFORE BEGINNING CONSTRUCTION OR
REMODELING

MANUFACTURED FOOD CHECKLIST	Food Processing	Food Salvage	Water Bottling	Pre Packaged Foods
<i>All indicated items relevant to your business type MUST be indicated on your floor plan submission.</i>				
WATER - APPROVED SOURCE (Indicate source. For example, public water)	X	X	X	X
WASTE WATER DISPOSAL - APPROVED DISPOSAL (Establishments using septic systems must be accompanied by statement from the county Environmental Health Specialist)	X	X	X	X
FINISH MATERIALS - Floors, walls, ceilings - SMOOTH, WASHABLE WHERE REQUIRED	X	X	X	
HAND WASHING FACILITIES - Adequate, conveniently located; signage	X	X	X	X
UTENSIL & EQUIPMENT WASHING EQUIPMENT - for example, 3-compartment sink	X	X		
UTENSIL & EQUIPMENT WASHING EQUIPMENT - 2-compartment sink			X	
LIGHTING - ADEQUATE; SHATTERPROOF	X	X	X	X
VENTILATION - TOILET ROOMS; EXHAUST HOODS (Compliant with HVACR code)	X	X	X	X
TOILET ROOMS - SELF-CLOSING DOORS, VENTILATION. (Rooms should not open directly into the food processing area)	X	X	X	X
SERVICE SINK	X	X	X	X
PROCESSING AND CLEANING SANITATION STANDARD OPERATING PROCEDURES https://www.healthy.arkansas.gov/programs-services/topics/wholesale-mfg-foods	X	X	X	
RECALL PROCEDURES https://www.healthy.arkansas.gov/programs-services/topics/wholesale-mfg-foods	X	X	X	X
ALLERGEN CONTROL https://www.healthy.arkansas.gov/programs-services/topics/wholesale-mfg-foods	X	X		
FOOD SAFETY PLAN https://www.healthy.arkansas.gov/programs-services/topics/wholesale-mfg-foods	X	X	X	
LABELING AND/OR MANUFACTURING CODES	X	X	X	
TRAINING https://www.healthy.arkansas.gov/programs-services/topics/wholesale-mfg-foods	X	X	X	X
PROOF OF VERIFICATION FROM PROCESSING AUTHORITY IF REQUIRED	X	X		
NOTARIZED PERMISSION LETTER FROM PERMIT HOLDER IF REQUIRED	X	X		

PLUMBING PLANS MUST BE APPROVED BY THE HEALTH DEPARTMENT PLUMBING SECTION.
PLEASE CALL 501-661-2650 FOR MORE INFORMATION.

FOR ADDITIONAL INFORMATION CALL OUR ENVIRONMENTAL HEALTH SPECIALIST AT YOUR
LOCAL COUNTY HEALTH UNIT.



ARKANSAS DEPARTMENT OF HEALTH
FOOD PROTECTION SERVICES

MANDATORY LABEL REQUIREMENTS – MANUFACTURED/WHOLESALE FOODS

Act 415 of 1953 (Arkansas Food, Drug & Cosmetic Act)

- A) Principal display panel
 - 1) Common or usual name of the food. Size of type*.
 - 2) Quantity – weight or volume in standard and metric (at bottom of label) Size of type*.
- B) Information panel
 - 3) Ingredients – listed in descending order by weight or volume
 - a. Allergen declaration – in parenthesis after ingredient OR in “Contains:” statement immediately following ingredients
 - b. Peanuts, tree nuts, milk, wheat, soy, eggs, crustaceans, fish
 - 4) Name & place of business of the manufacturer, packer or distributor.
 - 5) Lot (batch) identification

NUTRITION FACTS

For interstate commerce/small business exemption information visit the FDA website at:
www.fda.gov

***Federal labeling requirements are at 21 CFR Part 101 – Food Labeling**

**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 NAME _____

PROJECT ID# (ADH Use Only)

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 _____

EXPLANATION OF PLAN REVIEW FEES

- #1) A.C.A. § 20-7-123 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department. **(Line items # 1,2,3,4,5,6,7 on page 1)** The fee is 1% of the estimated cost of improvements, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.

IF TOTAL ESTIMATED COST IS \$50,000.00 OR MORE, REVIEW FEE IS \$500.00.

IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ _____

- #2) A.C.A. § 14-236-116 to establish a review fee for subdivisions whose lots are < 3 acres which utilize individual sewage disposal systems and for individual sewage disposal system permits.

SUBDIVISIONS on INDIVIDUAL SEWAGE SYSTEMS:

FIRST LOT @ \$100.00 = \$ 100
ADDITIONAL LOTS @ \$25.00/each..... = \$ _____
TOTAL = \$ _____
(MAXIMUM FEE = \$1500.00)

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

1500 SQ.FT. OR LESS = \$30
1501 – 2000 SQ.FT. = \$45
2001 – 3000 SQ.FT. = \$90
3001 - 4000 SQ.FT. = \$120
4001 SQ.FT. & GREATER = \$150
ALTERATION, REPAIR, OR EXTENSION = \$30

SQUARE FOOTAGE DOES NOT INCLUDE GARAGES, CARPORTS, PORCHES OR SIMILAR AREAS

- #3) A.C.A. § 20-27-1201 established a review fee for Mobile Home Parks and Travel Trailer Parks utilizing septic systems for sewage disposal based on the number of spaces:

MOBILE HOME & TRAVEL TRAILER PARKS ON INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

2-25 SPACES..... \$25.00
26-50 SPACES..... \$50.00
51-75 SPACES..... \$75.00
76 OR MORE..... \$100.00

Wholesale/Manufactured Foods 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 Converting Facility to a Food Business
 New Ownership of Existing Facility

Name of Previous Establishment:

Previous Customer Number:

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

Category:

Processor/Manufacturer/Warehouse \$35.00

Total Due: \$



Food Safety Questions:

- 1. Will the facility be serving food to a highly susceptible population? Yes No
(young children, the elderly, or the chronically ill)
- 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

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**

