

<b>Manufactured Food Establishment Plan Review Application</b>	<b>Division of Regulatory Services</b> 4315 S 2700 W, TSOB South Bldg., Floor 2 Taylorsville, UT 84129-2128 Phone: (801) 982-2252; Fax: (385) 465-6023 <a href="mailto:udaf-planreview@utah.gov">udaf-planreview@utah.gov</a> <a href="https://ag.utah.gov/">https://ag.utah.gov/</a>	<b>Utah Department of Agriculture and Food</b> 
--	--	--

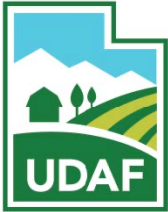
*\*Note: Not all sections of this application will apply to all facilities. If your business or building has already been permitted in the past and you are submitting for changes or expansion, please reach out to your inspector or the plan review specialist to discuss the applicable parts of the Plan Review packet that will need to be submitted. A full Plan Review may not be required. Subsequently, a lack of complete information may delay plan approval and/or the opening of your business.*

<b>Establishment Information</b>			
	<b>Establishment</b> Specific location, mobile unit, etc. where product will be manufactured, sold or distributed (e.g., "Main Street Grill")	<b>Owner</b> Association, corporation, individual, partnership, or other legal entity (e.g., "MSG Partners, LLC")	<b>Applicant</b> Person directly responsible for establishment, or local point of contact (e.g., "Jane Doe – Operations Manager" or "Architecture Firm A")
Name:			
Physical Address:			
Billing Address:			
<b>Phone:</b> <small>Indicate your preferred billing phone</small>	<input type="checkbox"/> Billing Phone	<input type="checkbox"/> Billing Phone	<input type="checkbox"/> Billing Phone
Email:			
Billing Email:			
<b>Owner is:</b> <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
<small>Include a list (names, titles &amp; addresses) of the persons comprising legal ownership including owners &amp; officers; local resident agent if applicable</small>			
_____			
_____			
_____			
<b>Name/title/contact info of Applicant’s immediate supervisor and/or consultant (e.g., regional manager, district manager, etc.) if applicable:</b>			
_____			
_____			
<i>Note: Consultant’s and businesses operating out of a commissary kitchen must complete and submit a Letter of</i>			
<i>Authorization to the Department</i>			

Establishment Type		Application Type		Dates & Times of Operation
<input type="checkbox"/>	<b>Retail Food Establishment</b> Primarily direct to consumer from this location (storefront, special order pick-up)	<input type="checkbox"/>	<b>New Establishment</b>	Mon. – Fri.
<input type="checkbox"/>	<b>Manufactured Food Establishment</b> Primarily wholesale & distribution	<input type="checkbox"/>	<b>Change of Ownership</b>	Sat. – Sun.
<input type="checkbox"/>	<b>Commissary Kitchen (LOA)</b> Must include LOA Authorization Agreement	<input type="checkbox"/>	<b>Change of Location</b>	<input type="checkbox"/> Year Round
<input type="checkbox"/>	<b>Warehouse – Ambient</b>	<input type="checkbox"/>	<b>Remodel/Alteration of Existing Establishment</b>	<input type="checkbox"/> Seasonal Anticipated Dates:
<input type="checkbox"/>	<b>Warehouse – Refrigerated / Frozen</b>			
<input type="checkbox"/>	<b>Pre-packaged Foods Only</b> No open packages and no processing or repackaging occurs			
Additional Information				
Estimated Date Construction Will Begin:			Estimated Opening Date:	
Total square footage: <small>All areas in the facility</small>			Inspectable square footage: <small>Minus office area</small>	
Number of employees at location:			Number of employees in company:	
Number of processing areas:			Number of storage areas:	
Indicate weights & measures services:				
Do you use scanners –      Yes      No				
Do you sell fuel –      Yes      No				
Are you selling by weight or volume (variable packaging) –      Yes      No				
List affiliates and subsidiaries: _____				
Is another business involved in part of your products production (co-packer)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
If yes, then who? _____				
Tell us about your distribution: _____				

*If you need help completing this form, please contact your inspector or the Plan Review Specialist at [jessicas@utah.gov](mailto:jessicas@utah.gov) or (385) 239-8355.*

*\*Note: Prior to commencing food operations, the owner/operator must be approved for a food establishment permit and successfully pass a pre-operational inspection. UDAF requires a minimum of seven (7) calendar days' notice to schedule a pre-operational inspection. Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary.*

<b>Manufactured Food Establishment Risk Assessment Worksheet</b>	<b>Division of Regulatory Services</b> 4315 S 2700 W, TSOB South Bldg., Floor 2 Taylorsville, UT 84129-2128 Phone: (801) 982-2252; Fax: (385) 465-6023 <a href="mailto:udaf-planreview@utah.gov">udaf-planreview@utah.gov</a> <a href="https://ag.utah.gov/">https://ag.utah.gov/</a>	<b>Utah Department of Agriculture and Food</b> 
Establishment Name:		Establishment Address:

**Product Categories/Type of Activity: Please check each applicable category based on the type of operation and food preparation.**

<input type="checkbox"/>	Human Food – 21 CFR 117 *	<input type="checkbox"/>	Low Acid Canned Food – 21 CFR 113 & 108 **
<input type="checkbox"/>	Dietary Supplements – 21 CFR 111	<input type="checkbox"/>	Juice – 21 CFR 120 and/or 102 ***
<input type="checkbox"/>	Infant Formula – 21 CFR 107	<input type="checkbox"/>	Seafood – 21 CFR 123 ***
<input type="checkbox"/>	Acidified Food – 21 CFR 114 & 108 **	<input type="checkbox"/>	Bottled Water – 21 CFR 129 & 165

The owner/operator is responsible for ensuring compliance with all rules, regulations and laws applicable to their operation.

\*Firms also operating under Acidified Foods (21 CFR 108 & 114); Fish and Fishery Products (21 CFR 123); Juice HACCP (21 CFR 120 & 102); Low Acid Canned Foods (21 CFR 108 & 113); or Dietary Supplements (21 CFR 111); may also be subject to parts of 21 CFR 117.

\*\*Acidified Food and Low Acid Canned Food producers must receive approval from UDAF and FDA prior to commencing food operations.

\*\*\*A properly prepared Hazard Analysis Critical Control Point (HACCP) plan must be submitted for validation and approval before engaging in this activity.

**Menu: Please check each category of food that is prepared or used as an ingredient in preparation.**

<input type="checkbox"/>	Processing of meat, poultry, and/or siluriform products (raw or cooked) <small>Some products may also be subject to USDA guidelines and/or the UDAF Meat Inspection program</small>	<input type="checkbox"/>	Dairy (cheese, cream dessert, custard, ice cream) <small>Raw Milk and Grade A Products <u>must</u> go through the dairy program</small>
<input type="checkbox"/>	Processing of egg products <small>Some products may also be subject to USDA guidelines</small>	<input type="checkbox"/>	Seed sprouts or microgreens
<input type="checkbox"/>	Cooked fish or seafood	<input type="checkbox"/>	Shelf-stable canned foods

<input type="checkbox"/>	Raw fish or seafood	<input type="checkbox"/>	Jams and Jellies
<input type="checkbox"/>	Raw, whole, unprocessed produce	<input type="checkbox"/>	Processed Produce (melon, cut tomatoes, fresh salsa, cut leafy greens)
<input type="checkbox"/>	Acidified Foods (Hot sauce, dressings, etc.)	<input type="checkbox"/>	Food colors and/or additives
<input type="checkbox"/>	Low-acid canned foods	<input type="checkbox"/>	Oils or products held in oils

Proposed menu or complete list of food and beverage items to be sold must be attached with the plan review application. Product list should include:

- Product
- Allergens
- Processing methods
- Packaging
- Storage conditions
- Distribution method (company delivery, UPS, customer pickup, etc.)
- Intended customers

Other: \_\_\_\_\_

If your firm intends to prepare/process any meat, poultry and/or siluriform products for wholesale, specify the total percentage of meat, poultry and/or siluriform in each product intended for wholesale:

Raw \_\_\_\_\_ Cooked \_\_\_\_\_

Raw \_\_\_\_\_ Cooked \_\_\_\_\_

Raw \_\_\_\_\_ Cooked \_\_\_\_\_

**Operations: Please check each process or operation that is used for food preparation or storage.**

<input type="checkbox"/>	Cold holding / storage (refrigeration / freezing)	<input type="checkbox"/>	Smoking (as a method of food preservation, not just for flavor) *
<input type="checkbox"/>	Cooking (grill, bake, fry, boil)	<input type="checkbox"/>	Curing Food *
<input type="checkbox"/>	Thawing	<input type="checkbox"/>	Using food or color additives *
<input type="checkbox"/>	Hot holding	<input type="checkbox"/>	Operating a molluscan shellfish life-support system tank *
<input type="checkbox"/>	Reheating (products that were prepared and cooled)	<input type="checkbox"/>	Packaging TCS food using a modified atmosphere packaging method (vacuum sealing) *
<input type="checkbox"/>	Cooling	<input type="checkbox"/>	Sprouting seeds or beans *

<input type="checkbox"/>	Extended shelf life (expiration date of product past 7 days)	<input type="checkbox"/>	Time as a public health control (in lieu of temperature control)
<input type="checkbox"/>	Juice (treated, pasteurized or not treated)	<input type="checkbox"/>	Modifying the food to render shelf stable *
<input type="checkbox"/>	Parasite destruction / record keeping (sushi, sashimi, ceviche)	<input type="checkbox"/>	Fermentation *
<input type="checkbox"/>	Pre-packaged food only (no processing or preparation)	<input type="checkbox"/>	Other:

TCS: Time/Temperature Control for Safety Foods (a product that requires time and/or temperature control to ensure food safety).

\*This is a specialized process and requires approval before engaging in this process.

1. Does your firm manufacture, process, package, hold and/or sell cannabis or cannabis-derived products, including cannabidiol (CBD)?  Yes  No
2. Do you intend for cannabis or cannabis-derived products to enter into interstate commerce (transactions that cross state boundaries)?  Yes  No
3. Does your firm manufacture, process, package, hold, label and/or sell kratom or kratom-derived products (*Mitragyna speciosa*)?  Yes  No
4. Do you intend for kratom or kratom-derived products to enter into interstate commerce (transactions that cross state boundaries)?  Yes  No

*\*Note: The Utah Department of Agriculture and Food incorporates by reference 21 CFR 111, Current Good Manufacturing Practice in Manufacturing, Packaging, Labeling or Holding Operations for Dietary Supplements for a licensee engaged in processing cannabis or cannabis-derived and/or kratom or kratom-derived products. Additional Utah rules apply to these products as well. Please contact UDAF's Cannabis Division at <https://ag.utah.gov/industrialhempprogram/> for information relating to specific cannabis requirements. Additional information on the laws and rules associated with kratom and kratom-derived products, including product registration, can be found at <https://ag.utah.gov/businesses/regulatory-services/kratom/>*

The following section must be completed by firms that manufacture, process, package, and/or hold food as defined in section 201(f) of the Federal Food, Drug, and Cosmetic Act (including raw materials and ingredients).

1. Is your firm registered with the Food and Drug Administration (FDA) in accordance with the 2002 Bioterrorism Act?  Yes  No  N/A

2. Will your facility meet Current Good Manufacturing Practice requirements outlined in the Federal Food, Drug, and Cosmetic Act at the time of the pre-operational inspection?  
 Yes  No

3. Indicate your firm's average annual sales (including subsidiaries and affiliates) and/or anticipated average annual sales of human food:

Greater than \$1,000,000.00 in annual gross sales (adjusted for inflation) averaged over the previous three-year period.

Less than \$1,000,000.00 in annual gross sales (adjusted for inflation) averaged over the previous three-year period.

4. If your firm's average annual sales (including subsidiaries and affiliates) and/or anticipated average annual sales of human food are less than \$1,000,000.00, has your firm filed an attestation with the FDA to become a Qualified Facility?

Yes  No  N/A

a. If your firm is a Qualified Facility and intending to engage in holding / storage of activities of unexposed packaged food (requiring time/temperature control to minimize or prevent growth and/or toxin production of pathogens), have you established and implemented the modified requirements of 21 CFR 117.206?

Yes  No

**For information in regards to the FDA attestation, please see the following link:**

<https://www.fda.gov/food/registration-food-facilities-and-other-submissions/qualified-facility-attestation>

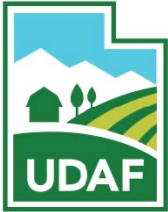
*\*Note: Qualified Facilities may be exempt from some parts of 21 CFR 117, including Subparts C (Hazard Analysis and Risk-Based Preventive Controls) and G (Supply-Chain Program). Qualified facilities may be subject to the modified requirements of 21 CFR 117, Subpart D.*

5. If your firm's average annual sales (including subsidiaries and affiliates) of human food are greater than \$1,000,000.00, have you fully written and implemented a Food Safety Plan as required by the FDA Food Safety Modernization Act (FSMA), Preventive Controls for Human Food (PCHF)?  Yes  No  N/A

a. Indicate which of the following Food Safety Plan requirements you have prepared and implemented: (check all that apply)

- The written hazard analysis as required by 21 CFR 117.130(a)(2)
- The written and implemented preventive controls as required by 21 CFR 117, Subpart C
- The written supply-chain program as required by 21 CFR 117, Subpart G
- Records are maintained and established as required by 21 CFR 117, Subpart F

*\*Note: Firms operating under Acidified Foods (21 CFR 108 & 114); Fish and Fishery Products (21 CFR 123); Juice HACCP (21 CFR 120); Low Acid Canned Foods (21 CFR 108 & 113) in regards to microbiological hazards; Dietary Supplements (21 CFR 111); or Covered Produce Farms (21 CFR 112) may be exempt from parts of 21 CFR 117, including Subparts C (Hazard Analysis and Risk-Based Preventive Controls) and G (Supply-Chain Program).*

<p><b>Manufactured Food Establishment Operational Assessment</b></p>	<p><b>Division of Regulatory Services</b> 4315 S 2700 W, TSOB South Bldg., Floor 2 Taylorsville, UT 84129-2128 Phone: (801) 982-2252; Fax: (385) 465-6023 <a href="mailto:udaf-planreview@utah.gov">udaf-planreview@utah.gov</a> <a href="https://ag.utah.gov/">https://ag.utah.gov/</a></p>	<p><b>Utah Department of Agriculture and Food</b></p> 
<p>Establishment Name:</p>		<p>Establishment Address:</p>

This document is intended to assist the Utah Department of Agriculture and Food authorities responsible for the review of food establishment plans. Food establishment plan review is an important component of a food protection program that:

- Ensures food establishments are built or renovated according to the current rules and regulations;
- Enhances food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation process; and
- Helps prevent code violations by addressing potential layout and design issues prior to construction and operations.

**Please provide all requested information on the following pages. If a particular line item is not applicable to your food establishment, please indicate with “N/A”.**

<b>Food Suppliers / Vendors</b>	
<p>1. Briefly describe your supplier program. Have you developed and implemented a program to qualify suppliers? How do you source your ingredients and/or products?</p> <p>_____</p>	<p>2. Are all products sourced from commercial suppliers / vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Food Supplies &amp; Cold Storage</b>	
<p>1. List the locations where your ingredients and finished products are stored:</p> <p>_____</p>	
<p>2. Indicate the amount of space (in square feet) allocated for storage areas, if not indicated in plans or drawings:</p> <p>Dry Storage – _____</p> <p>Refrigerated Storage – _____</p>	



Frozen Storage – \_\_\_\_\_

3. Is adequate freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) or below?  Yes  No

4. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked / ready-to-eat foods?  Yes  No  
If yes, briefly describe how cross contamination be prevented?  
\_\_\_\_\_

5. Does each refrigerator / freezer have a thermometer located in the warmest area of the unit (e.g., near the door)?  Yes  No  
Describe your methods and frequency of temperature monitoring?  
\_\_\_\_\_

6. Is there a bulk ice machine available?  Yes  No  
If yes, describe the method and frequency that this machine will be cleaned and sanitized?  
\_\_\_\_\_

7. Briefly describe how dry goods will be stored:  
\_\_\_\_\_

### **Food Labeling & Packaging**

*\*Shelf life of products past 7 days may require scientific validation, testing and/or process authority approval*

1. For firms that are processing, packaging, and/or repackaging foods, please briefly describe your product packaging and methods and include a representative sample of your labels:  
\_\_\_\_\_

2. If your products have extended shelf-life (beyond 7 days), please indicate the shelf-life of your products and submit the information used to support the safety of these products during the extended shelf-life:  
\_\_\_\_\_

3. If pH, Aw, or other methods are used as safety measures, please briefly describe your monitoring, documentation, and calibration methods and frequency:  
\_\_\_\_\_

### **Facility Practices**

1. Briefly describe how your food employees be trained in good food sanitation practices (policies and/or methods, and frequency):  
\_\_\_\_\_

2. Does your firm handle or produce ready-to-eat foods that are exposed to the environment prior packaging?  Yes  No  
 Briefly describe your environmental monitoring program:  
 \_\_\_\_\_

3. Briefly describe how equipment, utensils, and other food contact surfaces will be sanitized, including methods: \_\_\_\_\_  
 Frequency: \_\_\_\_\_  
 Chemical type: \_\_\_\_\_ Concentration: \_\_\_\_\_  
 Available test kit:  Yes  No

4. Briefly describe your employee health policy to restrict food workers who are sick or who have infected cuts or lesions:  
 \_\_\_\_\_

5. Briefly describe your allergen control plan (when allergens are present in the facility and vary among products):  
 \_\_\_\_\_

6. Briefly describe your recall plan including documentation and how it meets the requirements of 21 CFR 117.139:  
 \_\_\_\_\_

7. Do you conduct lot coding?  Yes  No  
 Briefly describe your lot coding:  
 \_\_\_\_\_

8. Indicate the anticipated daily volume of food prepared, processed and/or stored on site (e.g., number of commodities or packages, product weight, pallets, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Briefly describe storage facilities for employee's personal belongings (e.g., purse, boots, hat, etc.):  
 \_\_\_\_\_

10. Briefly describe how linens will be laundered and stored:  
 \_\_\_\_\_

**Thawing, Cooking & Reheating**

*\*If these processes do not occur at your facility, indicate N/A and move on to the next section*  N/A

1. Briefly describe your thawing methods (including placement and duration) (i.e., chicken is thawed in the walk-in cooler on the bottom shelf for 2 days before preparation):

Under refrigeration: \_\_\_\_\_

Other: \_\_\_\_\_

Length of time for thawing: \_\_\_\_\_

2. Briefly describe your cooking and cooling procedures (if applicable):

\_\_\_\_\_

3. Describe the methods and equipment used to verify final cooking or reheating temperatures:

\_\_\_\_\_

With what type of temperature measuring device? \_\_\_\_\_

How are temperature measuring devices calibrated and at what frequency? \_\_\_\_\_

**Equipment List**  
*Specification sheets may be required (Do not include standard kitchen equipment manufactured in the U.S.)*

Major Equipment	Model Numbers

**Interior Finish Schedule**

**Floors**  
*All floor/wall junctures in food production areas, food storage areas, warewashing areas and toilet rooms must be sealed*

Food Production Area(s)	
Toilet Room(s)	
Food Storage Area(s)	
Ware Washing Area(s)	

**Walls**  
*Walls must be smooth, easily cleanable, durable and non-absorbent*

Food Production Area(s)	
Toilet Room(s)	

Food Storage Area(s)	
Ware Washing Area(s)	

**Ceilings**

*Ceilings must be smooth, easily cleanable, durable and non-porous*

Food Production Area(s)	
Toilet Room(s)	
Food Storage Area(s)	
Ware Washing Area(s)	

**Water & Waste Disposal**

	<b>Water</b>	<b>Waste (Sewer / Septic)</b>
Public (Name)	I.e. - SLC municipal water	
Private (Type)	I.e. - private well	
Trash Disposal Number, size & frequency of pick-up		
Grease Storage (if applicable) Location & size		

1. Is there a water treatment device?  Yes  No

If yes, briefly describe the treatment and how the device will be inspected & serviced:

\_\_\_\_\_

2. Describe method and frequency of grease traps inspected & serviced, if applicable:

\_\_\_\_\_

**Backflow Prevention**

	<b>Air Gap</b>	<b>Air Break</b>	<b>Vacuum Breaker</b>	<b>Other</b>
Dishwasher(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mop Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Three Compartment Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigeration Condensate Drain Line(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical Dispenser(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vending Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Briefly describe method and frequency of how backflow prevention devices are inspected & serviced: _____				
<b>Pest Control</b>				
1. Briefly describe your pest control program: _____				
2. Briefly describe how you will maintain the area around the building: _____				

The owner/operator is responsible for submitting all Hazard Analysis and Critical Control Points (HACCP) plans, variance requests, and written standard operating procedures before engaging in a specialized processing method.

**This form and the provisions therein must be submitted to the Support Services Staff at [udaf-planreview@utah.gov](mailto:udaf-planreview@utah.gov). Submitting this food establishment plan review application does not constitute an authorization from the Utah Department of Agriculture and Food to operate a food establishment. Plans will not be reviewed until payment is received.**

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Utah Department of Agriculture and Food may delay final approval.

Printed Name: \_\_\_\_\_  
Legal Agent and/or Owner

Signature: \_\_\_\_\_  
Legal Agent and/or Owner

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_