

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

**PLAN REVIEW GUIDELINES**  
**For Food Establishments**

This Guide includes an example of a floor plan example, checklists of code requirements for different types of establishment. Plans are reviewed by appointment or may be mailed. For appointments, call 501-661-2171. For additional information call our Environmental Health Specialists located in your county health unit. Copies of the applicable regulations can be obtained at your local county health unit or on our website at: <http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1>

Mail plans and required documents to:

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

Attn: 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 kitchen equipment  
Menu  
Proposed Standard Operating Procedures  
Other items shown on the checklist/plan review application

**\*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).

The approval letter will be mailed or given to you at the time of the review. The original plans and a copy of the letter will be sent to the county Environmental Health Specialist at your county health department.

**A pre-operational inspection is required.**

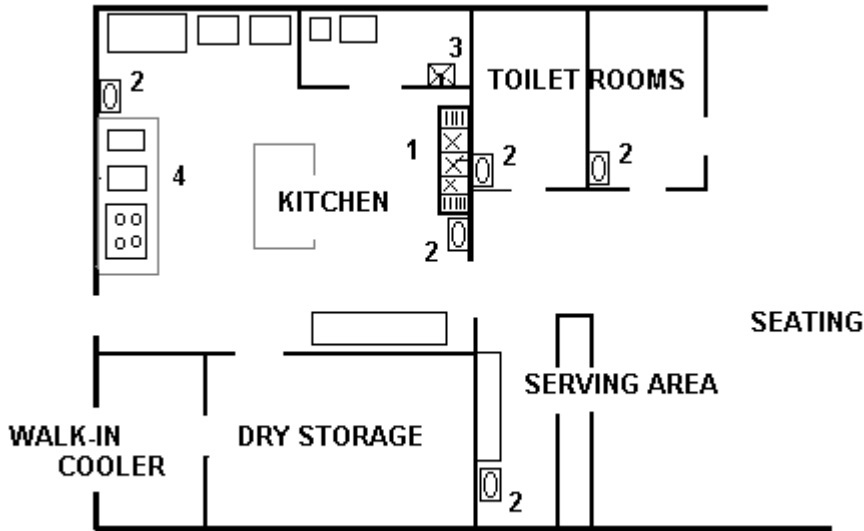
**For additional information call**  
**our Environmental Health Specialists located in your local county health unit.**

Copies of the applicable regulations can be obtained at your local county health unit or on our website at:  
<http://www.healthy.arkansas.gov/programsServices/environmentalHealth/foodProtection/Pages/RulesandRegulations.aspx#1>

# 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 sink with 2 drain boards

2- Hand washing lavatory

3- Service sink

4 - List of all equipment

- Stove
- Fryer
- Grill
- Cooler
- Freezer
- Prep Tables

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 have closers on doors and ventilation to outside air.

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

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

**RETAIL CHECKLIST**  
**REFER TO APPROPRIATE REGULATION**

<b>PLANS MUST BE APPROVED BEFORE BEGINNING CONSTRUCTION OR REMODELING</b>	Food Service	Prepackaged	Mobile, Seasonal	Salvage
<p>All indicated items relevant to your business type <b>MUST</b> be indicated on your floor plan submission.</p> <p>For additional information call our Environmental Health Specialists at your local county health unit.</p>				
WATER - APPROVED SOURCE (Indicate source, e.g., Public water)	X	X	X	X
WASTE WATER DISPOSAL (Wastewater Letter from Local Health Department required when municipal wastewater is not available)	X	X	X	X
INTENDED MENU (VARIANCE APPROVAL/HACCP PLAN IF NEEDED)	X	X	X	X
PROPOSED STANDARD OPERATING PROCEDURES EQUIPMENT SPECIFICATIONS	X	X	X	X
FINISH MATERIALS - Floors, Walls, Ceilings - SMOOTH, WASHABLE WHERE REQUIRED	X	X	X	X
HAND WASHING FACILITIES - Location as specified in 5-204.11	X		X	X
WARE WASHING EQUIPMENT - 3-COMPARTMENT SINK WITH 2 DRAINBOARDS	X		X	X
MECHANICAL WARE WASHING EQUIPMENT MUST COMPLY WITH CHAPTER 4	X			
LIGHTING - ADEQUATE; SHATTERPROOF	X		X	X
VENTILATION - TOILET ROOMS; EXHAUST HOODS (Compliant with HVACR code)	X	X	X	X
TOILET ROOMS - SELF-CLOSING DOORS	X	X	X	X
LIST OF EQUIPMENT INVOLVED IN THE PREPARATION AND STORAGE OF FOOD	X	X	X	X
MOP SINK	X	X		X
SOLID WASTE STORAGE - FOOD CODE SECTION 5-501.11	X	X		
SERVICE WINDOWS AND OUTER OPENINGS - FOOD CODE SECTION 6-202.15	X	X	X	X
FOOD GUARDS - Food on display, e.g., salad bars - Food Code Section 3-306.11	X	X	X	
MOBILE - PUSH CART - SEASONAL - COFFEE KIOSK				
PERMANENTLY MOUNTED WATER AND WASTEWATER TANKS--sizes must be shown			X	
WRITTEN AGREEMENT WITH WASTE WATER DISPOSAL SITE			X	
SERVICE AREA LETTER			X	

**For additional information call our Environmental Health Specialists located in your county health unit.**

For County Health Unit contact information visit our website at:

<http://www.healthy.arkansas.gov/programsServices/localPublicHealthOffices/Pages/default.aspx>

# 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.....   | \$        | _____        |
| <i>For questions regarding water system improvements ENG (501) 661-2623</i> |           |              |
| 2. SEWER SYSTEM IMPROVEMENTS.....   | \$        | _____        |
| <i>For questions regarding sewer system improvements ENG (501) 661-2623</i> |           |              |
| 3. PLUMBING.....  | \$        | _____        |
| <i>For questions regarding plumbing plans (501) 661-2642</i>                |           |              |
| 4. SWIMMING POOL.....   | \$        | _____        |
| <i>For questions regarding swimming pool plans (501) 661-2171</i>           |           |              |
| 5. FOOD ESTABLISHMENT IMPROVEMENTS.....                                     | \$        | _____        |
| <i>For questions regarding food establishment plans (501) 661-2171</i>      |           |              |
| 6. HEALTH FACILITY IMPROVEMENTS .....                                       | \$        | _____        |
| <i>For questions regarding health facility improvements (501) 661-2201</i>  |           |              |
| 7. OTHER.....   | \$        | _____        |
| <b>TOTAL ESTIMATED COST.....</b>  | <b>\$</b> | <b>_____</b> |

- |  |           |              |
|--|-----------|--------------|
| A. PLAN REVIEW FEE:.....   | \$        | _____        |
| <i>1% of total est. cost, not less than \$50.00 and not to exceed \$500.00. (see #1 on reverse side)</i>   |           |              |
| B. PLAN REVIEW FEE for INDIVIDUAL ONSITE WASTEWATER SYSTEMS.....   | \$        | _____        |
| <i>For individual sewage disposal system permits; and for subdivisions whose lots are &lt; 3 acres, and mobile home &amp; RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)</i> |           |              |
| <b>TOTAL FEES SUBMITTED .....</b>  | <b>\$</b> | <b>_____</b> |
| <i>(Add A &amp; B)</i>   |           |              |

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_



# Arkansas Department of Health

4815 West Markham Street, Slot 46 • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

## SERVICE AREA APPROVAL

(PLEASE PRINT)

**SERVICE AREA NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

*STREET*

*CITY*

*ZIP*

**THE ESTABLISHMENT LISTED BELOW HAS PERMISSION TO USE MY FACILITIES:**

**ESTABLISHMENT NAME**

**OWNER NAME**

\_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** ( ) \_\_\_\_\_ - \_\_\_\_\_

The following services may be performed at my service area by the above units:

- Have access to facility at all times
- Have limited access to facility. If yes, access hours are:
- Have access to inside preparation facilities
- Store unit
- Wash out unit
- Wash, rinse, sanitize all food contact surfaces
- Fill with fresh water
- Dispose of waste water
- Store excess product
- Store product requiring refrigeration

**SERVICE AREA OWNER'S SIGNATURE**

*(Must be notarized)*

\_\_\_\_\_

STATE OF ARKANSAS

COUNTY OF



Subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .

\_\_\_\_\_

*Notary Public*

## HOW TO DRAW A FLOOR PLAN

The completed drawing should be a good representation of exactly how your vehicle looks in real life or how you intend it to look when completed. By following these simple instructions, you will be able to draw an accurate, scaled floor plan yourself.

A floor plan is a measured drawing that is an exact miniature representation of your unit as seen from an overhead view and/or side view. The plan must be drawn "to scale", which means that everything must be in the correct proportions. For example, if the unit is 20 feet long and 10 feet wide, then the length would be drawn twice as long as the width on your paper. The same is true for all of the equipment and sinks.

Begin by measuring the length and width of your unit with a tape measure as well as the lengths and widths of all equipment, etc. Note: Write down all the measurements taken on a piece of paper for future reference. If your unit does not yet exist, or you have not yet decided upon the exact equipment, your measurements will be estimates.

You may use any size graph paper, but the most common (and simple) graph paper is labeled as ¼ inch grid. Each small square is ¼ inch long. You can find this type of graph paper in office supply stores. To draw your plan "to scale", make each ¼ inch square equal to a real life distance. For example, if you decide that 1 foot is equal to a ¼ inch square, then a grill 2-feet long and 1-foot wide is drawn to cover 2 squares across and 1 square deep. Remember to show all doors and windows.

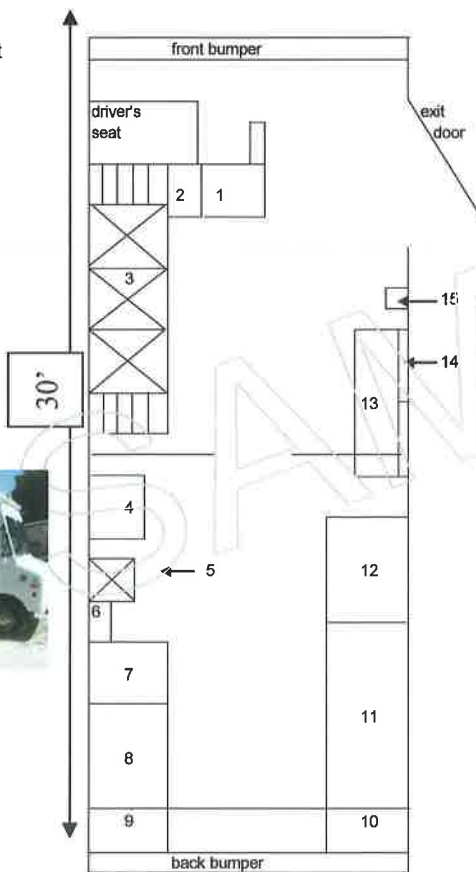
Identify all pieces of equipment with a number and create a list identifying to what each number refers. As an alternative, you may label each item like in the sample to the right. Provide two (2) copies of the floor plans to include the location of all sinks, potable and wastewater tanks, food storage areas, refrigerators, cooking equipment, work surfaces, propane tanks (if applicable), doors, windows and any other equipment present. Wastewater holding tanks must be 15% larger than the potable water holding tank (indicate size in gallons).

### MOBILE FOOD DISPENSING VEHICLE

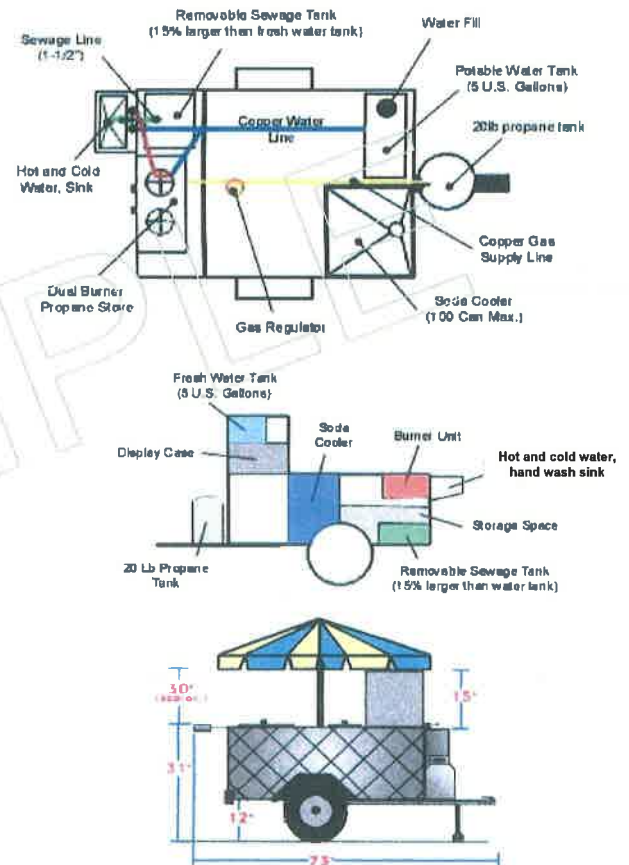
1. Potable water tank – 20 gallons
2. Water heater
3. Three-compartment sink w/drainboards
4. Wastewater tank – 25 gallons
5. Handwash sink
6. Waste receptacle
7. Flat top griddle
8. Stove
9. Propane tank
10. Generator
11. Work table
12. Refrigerator
13. Service counter
14. Service window
15. Fire extinguisher



SIDE VIEW



### HOT DOG CART



**ARKANSAS DEPARTMENT OF HEALTH**

4815 W. Markham St., Slot 46

Little Rock, AR 72205

**Food 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  Incubator / Contract Operator of Existing Facility

Check Appropriate Block(s):  Mobile food Service  Food Service Establishment  Manufacture/Wholesale  
 Plans Attached  Equipment List Attached  Menu Attached  Standard Operating Procedures Attached

**Establishment Information:**

911/ PhysicalAddress:

City: State: Zipcode:

County: Telephone:

Name of Owner(s)/Corporation:

Contact Person:

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: Check All That Apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Restaurant \$35.00                   | <input type="checkbox"/> Daycare \$35.00               |
| <input type="checkbox"/> Food Store \$35.00                   | <input type="checkbox"/> Deli/Bakery \$35.00           |
| <input type="checkbox"/> Kiosk \$35.00                        | <input type="checkbox"/> Food Mobile \$35.00           |
| <input type="checkbox"/> Private School \$35.00               | <input type="checkbox"/> Manufacture/Warehouse \$35.00 |
| <input type="checkbox"/> Public School                        | <input type="checkbox"/> Food Salvage Permit \$150.00  |
| <input type="checkbox"/> Summer Feeding / Afterschool \$35.00 | <input type="checkbox"/> Other _____                   |

Total Due: \$



# PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS

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**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 information and approved food service plans and specifications without prior permission from the Arkansas Department of Health authority may nullify this approval.

Approval of these plans and specifications by the Arkansas Department of Health authority **DOES NOT** indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It **DOES NOT** constitute endorsement or acceptance of the completed establishment (structure or equipment).

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
*owner(s) or responsible representative(s)*

**THIS APPLICATION TO BE COMPLETED BY THE OPERATOR AND SUBMITTED, WITH APPROPRIATE FEES, TO THE REGULATORY AUTHORITY 30 DAYS PRIOR TO OPENING**

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Submit to:  
Arkansas Department of Health  
Food Protection Services  
4815 W. Markham St., Slot 46  
Little Rock, AR 72205

