



**Seafood Plan Review Checklist**  
**Alaska Department of Environmental Conservation**  
**Division of Environmental Health**  
**Food Safety and Sanitation Program**



**General Information** (*All applicants complete entire section – please print.*)

Purpose (check one)		New Operator		New Construction**		Remodel of Existing Structure**	
General Information	Facility or Vessel Name					Date	
	Plan Review Contact Name						
	Phone Number			Email			
	Mailing Address						

**Important! Please Read:** *\*\*New construction and remodels may not begin until you have received DEC approval. In order to complete a timely review of your project, all information in the checklist below must be included with your packet. Plans may take up to 60 days to review. Incomplete plans may take longer. We recommend you label supplemental pages with your firm/vessel name and keep a copy of the packet for your records.*

**Document Checklist** (Note: for items with a letter in ( ), be sure to also provide the requested information in Section A below):

<input type="checkbox"/> Completed & signed <i>Seafood Application</i>	<input type="checkbox"/> Finish schedule (i)
<input type="checkbox"/> Fees	<input type="checkbox"/> Complete list of equipment (j)
<input type="checkbox"/> Completed Seafood Plan Review Checklist	<input type="checkbox"/> Manufacturer's specification sheets for each piece of equipment
<input type="checkbox"/> Water supply documentation* (a)	<input type="checkbox"/> List of all products and one printer's proof or sample label for each product
<input type="checkbox"/> Wastewater system documentation* (c)	<input type="checkbox"/> Documentation of HACCP training
<input type="checkbox"/> Site plan (f)	<input type="checkbox"/> Product or process flow (description or map)
<input type="checkbox"/> Floor plan (g)	<input type="checkbox"/> Thermal processing only – <a href="#">FDA forms 2541 and 2541(a)</a> and scheduled process
<input type="checkbox"/> Plumbing schematic (h)	

**Section A – Required Documentation**

a. **Water Supply.** Have you submitted plans to the [Drinking Water Program](#) as required by 18 AAC 80?\*\*\*  
 Yes\*      No      N/A (Municipal Water Supply) *Specify Municipal Supply:* \_\_\_\_\_

b. **Water Sampling\*\*\*.** If you are not on a municipal water supply, **you are required** to submit water samples **before opening** and **every month while processing.** **What lab do you plan on using for water testing?** \_\_\_\_\_

c. **Wastewater Disposal System.** Have you submitted plans to the [Wastewater Program](#) as specified by 18 AAC 72?  
 Yes\*      No      N/A (Municipal System) *Specify Municipal System:* \_\_\_\_\_

d. **Solid Waste Disposal.** Describe how you will handle and dispose of your non-seafood garbage/refuse (i.e. where will it be stored? do you have a designated area for cleaning garbage cans/floor mats? how often is the dumpster or compactor used/picked up?):  
 \_\_\_\_\_

e. **Seafood Waste Disposal.** How will you dispose of your seafood waste?    Land Burial    OR    Water Discharge\*  
 \*\*\*For Water discharges, contact Seafood Wastewater Permitting OR **List your APDES Permit#** \_\_\_\_\_

f. **Site Plan.** Include a detailed drawing of the premises identifying the following items:  
 All processing and storage buildings, docks, other areas that are part of facility location and used to support processing, storage, transportation of seafood products  
 Refuse storage site(s) (i.e. dumpsters)                                     Potable water supply (i.e. well)  
 Oil/fuel tank(s)     Delivery/loading access  
 Sewage disposal system (i.e. septic, Marine SD)                             Roads, streets, alleys, landmarks (include GPS coordinates)

g. **Floor Plan.** Include a detailed drawing of the facility or vessel layout, including the locations listed below (**continues on next page**):

Each room or area (and purpose)

- Storage, processing, holding, cooling, and packaging
- Insecticide, rodenticide, sanitizer, and other pesticide storage
- Employee locker/dressing rooms or personal item storage
- Laundry facilities and clean/dirty storage clothing and linens
- Sleeping or living quarters
- Each toilet room (**clearly identify each toilet, handwash sink, self-closing door(s)**)

Each lighting fixture, glass fixture, and skylight located in these areas: storage, processing, holding, cooling, and packaging

Each piece of fixed equipment (*see j below*)

Mechanical ventilation (i.e. ducts)

Each air curtain, enclosed system, positive air flow system, double doors, etc. if used

h. **Plumbing Schematic.** Include a plumbing schematic showing the following:

- Pipes and piping used to supply potable water and nonpotable water
- Each handwash sink in or immediately adjacent to each processing area
- Wastewater lines, connections (including overhead and backflow prevention)
- Location of floor drains, floor sinks, and other fixtures in the processing area
- Hot water generating equipment with capacity and recovery rate

i. **Finish Schedule.** Describe the surface finish of walls, floors, and ceilings in **each processing, packaging, and storage area.**  
Is this document included in your packet?  Yes

j. **Equipment.** Include a numbered list of each piece of **fixed or stationary** equipment that corresponds with the floor plan and manufacturer's specification sheets. Is this included in your packet?  Yes **No - I do not have any fixed equipment**

**Section B – Additional Information**

a. **Packaging Material Storage.** Describe how your packaging materials will be stored.

b. **Ingredients, Additives, Preservatives and Allergens.** Describe any glazing agents, sulfite, etc. used for seafood processing.

c. **Pest Control (insects, rodents, birds).** Describe how the facility/vessel design helps to control pest activity.(i.e. self-closing doors, #16 mesh screens, sealed conduit chases, air curtains, cover over processing area - vessels only).

d. **Sanitation Standard Operating Procedure.** Have you included a written sanitation plan describing the sanitation procedures to be followed at the facility and a checklist to monitor conditions?  Yes

e. **Hazard Analysis (HA).** Have you included a written hazard analysis of your product or process flow?  Yes

f. **HACCP Plan.** Have you included a HACCP plan that addresses any hazards identified (e.)?  Yes **No hazards ID'd in HA (e.)**

g. **Food service for employees.** Will you be providing food service for your employees?  Yes\*  No  
\*If Yes, please e-mail: [DEC.FSSPermit@alaska.gov](mailto:DEC.FSSPermit@alaska.gov) or call 1-877-233-3663 to see if permitting is required under the 18 AAC 31, Alaska Food Code. An online list of area contacts can be found here: <http://dec.alaska.gov/eh/fss/Food/sanstaff.htm>

**Section C**

***I declare, under penalty of unsworn falsification, that this application (including any accompanying statements) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.  
I agree to pay all fees before operating.***

<b>Applicant's Signature</b>	<b>Date</b>
<b>Applicant's Printed Name</b>	<b>Title</b>