



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	Firm/Vessel Name:	Date
	Plan Review Contact Name	
	Phone Number	Email
	Address	

***Important:** You may not begin construction until you have received DEC approval. In order to complete a timely review of your project, all information listed 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.

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| <input type="checkbox"/> Complete, signed <i>Seafood Processor Application</i>
<input type="checkbox"/> Completed <i>Seafood Plan Review Checklist</i>
<input type="checkbox"/> Fees
<input type="checkbox"/> Water supply approval documentation (a)
<input type="checkbox"/> Wastewater system documentation (c)
<input type="checkbox"/> Site plan (f)
<input type="checkbox"/> Floor plan (g)
<input type="checkbox"/> Plumbing schematic (h) | <input type="checkbox"/> Finish schedule (i)
<input type="checkbox"/> Complete list of equipment (j)
<input type="checkbox"/> Manufacturer’s specification sheets for each piece of equipment
<input type="checkbox"/> List of all products and one printer’s proof or sample label for each product
<input type="checkbox"/> Documentation of HACCP training
<input type="checkbox"/> Product flow (description or map)
<input type="checkbox"/> Thermal processing only – FDA forms 2541 and 2541(a) and scheduled process |
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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:* _____
- b. **Water Sampling.** If you are not on a municipal water supply, you will be required to submit water samples before opening and every month while processing. To which [lab](#) will you submit these water samples? _____
- 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:* _____
- d. **Solid Waste Disposal.** Please describe how you plan to dispose of your garbage/refuse, excluding seafood waste (i.e. will refuse be stored inside? Is there an area designated for garbage can or floor mat cleaning? How often is dumpster or compacter used/picked up?): _____
- e. **Seafood Waste Disposal.** How do you plan to dispose of your seafood waste?
 Land Burial Water Discharge (Specify: lat/long _____, or APDES Permit# _____)
- f. **Site Plan.** Have you included a detailed, to scale drawing of the premises, including locations of: Yes No
 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, MSD) Roads, streets, alleys, landmarks (include GPS coordinates)
- g. **Floor Plan.** Have you included a to scale drawing of the facility layout, including the locations of the following: Yes No

Firm/Vessel Name(s) _____

<input type="checkbox"/> Each room or area (including each room/area purpose) <ul style="list-style-type: none"> <input type="checkbox"/> Storage, processing, holding, cooling, and packaging <input type="checkbox"/> Insecticide, rodenticide, sanitizer, and other pesticide storage <input type="checkbox"/> Employee locker/dressing rooms, personal item storage <input type="checkbox"/> Laundry facilities and clean and dirty clothing/linen storage <input type="checkbox"/> Sleeping or living quarters <input type="checkbox"/> Each toilet room (clearly identify each toilet, handwash sink, self-closing door(s)) <input type="checkbox"/> Each lighting fixture, glass fixture, skylight in each storage, processing, holding, cooling, and packaging area <input type="checkbox"/> Each piece of fixed equipment (<i>see h below</i>) <input type="checkbox"/> Mechanical ventilation (i.e. ducts) <input type="checkbox"/> Each air curtain, enclosed system, positive air flow system, double doors, etc. if used

h. Plumbing Schematic. Have you included a plumbing schematic showing the following: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> The piping used to supply potable water and nonpotable water <input type="checkbox"/> Each handwash sink in or immediately adjacent to each processing area <input type="checkbox"/> Wastewater lines, connections (including overhead and backflow prevention) <input type="checkbox"/> Location of floor drains, floor sinks, and other fixtures in the processing area <input type="checkbox"/> Hot water generating equipment with capacity and recovery rate

i. Finish Schedule. Have you included a list describing the surface finish of walls, floors, and ceilings in each processing, packaging, and storage area? <input type="checkbox"/> Yes <input type="checkbox"/> No
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j. Equipment. Have you included a numbered list of each piece of equipment that corresponds with the floor plan (<i>see e above</i>) and manufacturer's specification sheets: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section B – Additional Information

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

b. Ingredients, Additives, Preservatives and Allergens. Describe any additives such as glazing agents, sulfites, etc. used for seafood processing.

c. Insect/Rodent Control. Describe how you the facility design helps to control insect and rodent activity (i.e. self-closing doors, #16 mesh screens, sealed conduit chases, air curtains).

d. Sanitation Standard Operating Procedure. Have you developed a written sanitation plan describing the sanitation procedures to be followed at the facility and a checklist to monitor conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No

e. Hazard Analysis. Have you conducted a written hazard analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No

f. HACCP Plan. Have you developed a HACCP plan to address hazards reasonably likely to occur? <input type="checkbox"/> Yes <input type="checkbox"/> No

g. Sanitation Monitor Training. Does the person who is/will be responsible for identifying sanitation problems and potential food contamination have education and experience necessary for the production of unadulterated seafood products? <input type="checkbox"/> Yes <input type="checkbox"/> No – anticipated complete by _____
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h. Food Handler/Supervisor Training. Have/will all food handlers and supervisors received training in proper food receiving, handling, preparation, and processing to be aware of and follow personal hygiene and sanitary practices? <input type="checkbox"/> Yes <input type="checkbox"/> No – anticipated complete by _____
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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.

Applicant's Signature	Date
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Applicant's Printed Name	Title
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