



**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\*\*

Facility or Vessel Name	Date
-------------------------	------

Plan Review Contact Name

Phone Number	Email
--------------	-------

**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 for your records.**

**Section A – Required Information**

a. **Water Supply.** All water supplied to the facility or vessel must comply with the requirements in 18 AAC 80 – Drinking Water. Contact the DEC Drinking Water Program to ensure the water supply you will be using meets these requirements: <https://dec.alaska.gov/eh/dw>

**Water Source (check one):**

- Public or Municipal Source, provide source name or PWSID#: \_\_\_\_\_  
 PWSID# Lookup: [https://iaspub.epa.gov/enviro/sdw\\_form\\_v3.create\\_page?state\\_abbr=AK](https://iaspub.epa.gov/enviro/sdw_form_v3.create_page?state_abbr=AK)
- Private Well – groundwater
- Private Well – groundwater under the influence of surface water
- Surface Water (lake, stream, river)
- Collected rainwater
- Other \_\_\_\_\_

b. **Water Sampling.** If you are **not** on a Public or Municipal water supply, you must submit water samples for Coliform testing **before opening** and **every 30 days** while processing.

What lab do you plan on using for water testing? \_\_\_\_\_

Certified Lab List for Water Testing: <https://dec.alaska.gov/eh/lab/micro-lab-cert-status.aspx>

- Include a map and photo showing the location where water sampling will occur. Note: the location should be after treated and processing water areas and preferably on the end of the water line.
  - Coliform Sample Instructions: <http://dec.alaska.gov/eh/dw/publication/sample>

c. **Wastewater Disposal System.** All domestic and seafood wastewater disposal must comply with the requirements of the Wastewater Program as specified in 18 AAC 72. Contact the DEC Water Program to ensure your methods of disposal meet these requirements: <https://dec.alaska.gov/water/wastewater>

**How will you dispose of your domestic wastewater? (check one):**

- Municipal System, Specify Municipal System: \_\_\_\_\_
- Septic System with Leach Field
- Holding Tank
- At Sea (more than 3 nautical miles offshore)
- Other \_\_\_\_\_

d. **Solid Waste Disposal.** Describe how you will handle and dispose of your non-seafood garbage/refuse:

- Solid waste storage location?
- Do you have a designated area for cleaning garbage cans/floor mats?
- How often is the dumpster or compacter used and picked up?

---

e. **Seafood Waste Disposal.** How will you dispose of your seafood waste (check one)?

Land Burial, specify landfill: \_\_\_\_\_

Water Discharge – contact DEC Seafood Wastewater Permitting: <https://dec.alaska.gov/water/wastewater/seafood>

OR

List your APDES Permit# \_\_\_\_\_

---

f. **Site Plan (applies to both vessels and land based facilities).** Include a detailed drawing of the premises around the vessel (at dock) or land based facility that identifies the following items:

- Processing buildings
- Storage buildings
- Docks
- Other on site areas that are used to support processing, storage, and transportation of seafood products
- Refuse storage (i.e. dumpsters)
- Potable water supply (i.e. well)
- Oil/fuel tank(s)
- Delivery/loading access
- Sewage disposal system (i.e. septic system or Marine Sanitation Device)
- Roads, streets, alleys, landmarks (include GPS coordinates)

---

g. **Floor Plan (applies to both vessels and land based facilities).** Include a detailed drawing of the facility or vessel layout, including 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

<p>h. <b>Plumbing Schematic (applies to both vessels and land based facilities).</b> Include a plumbing schematic showing the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pipes and piping used to supply potable water and non-potable water</li> <li><input type="checkbox"/> Each hand wash sink in or immediately adjacent to each processing area</li> <li><input type="checkbox"/> Wastewater lines, connections (including overhead and backflow prevention)</li> <li><input type="checkbox"/> Location of floor drains, floor sinks, and other fixtures in the processing area</li> <li><input type="checkbox"/> Hot water generating equipment with capacity and recovery rate</li> </ul>
<p>i. <b>Finish Schedule.</b> Describe the surface finish of walls, floors, and ceilings in each of the following areas:</p> <ul style="list-style-type: none"> <li>• Processing:</li> <li>• Packaging:</li> <li>• Storage:</li> </ul>
<p>j. <b>Equipment.</b> Do you have any <i>fixed or stationary</i> equipment such as refrigerators, freezers, smokers, retorts, machinery for heading, gutting, filleting, or vacuum packagers?      <input type="checkbox"/> <b>Yes*</b>      <input type="checkbox"/> <b>No</b></p> <p>*If you checked yes:</p> <ul style="list-style-type: none"> <li>• Include a numbered list of each piece of the equipment and indicate the locations on your floor plan AND</li> <li>• Submit a scan copy of the manufacturers specification sheets</li> </ul>
<p>k. <b>Packaging Material Storage.</b> How will you store your packaging materials to protect them from birds and pests?</p>
<p>l. <b>Ingredients, Additives, Preservatives and Allergens.</b> Describe any additional items that go into and/or onto your product during processing, such as glazing agents, sulfites, herbs, and spices. If using a product, include a copy of the label that lists the product ingredients (ex. Frodex).</p> <ul style="list-style-type: none"> <li>• Ingredients:</li> <li>• Additives:</li> <li>• Preservatives:</li> <li>• Allergens:</li> </ul>
<p>m <b>Pest Control (such as insects, rodents, birds).</b> Describe how the facility/vessel design helps to control pest activity (for example: self-closing doors, #16 mesh screens, air curtains or covering over processing area - vessels only).</p>
<p>n. <b>Food service for employees.</b> Will you be providing food service for your employees?      <b>Yes*</b>      <b>No</b></p> <p>*If Yes, please e-mail: <a href="mailto:DEC.FSSPermit@alaska.gov">DEC.FSSPermit@alaska.gov</a> or call 1-877-233-3663 to see if permitting is required under the Alaska Food Code (18 AAC 31).</p>

## Section B – Required Documentation

- Review the following checklist to ensure you have enclosed all of the required documents for your operation.
- For items with a letter in parenthesis (), be sure each figure includes all of the listed items for that letter (found in section A). Indicate “n/a” next to the listed item if your operation does not have the item.
- Site Plan, Floor Plan, and Plumbing Schematic figures may be hand drawn.
- Acceptable formats for documents and photos: PDF, Word, or .jpg. Sorry, we cannot accept .pages documents.

**Note: we cannot start the plan review until all required documents are received and permit fees paid.**

### All applicants must submit the following:

- Completed & signed Seafood Application
- Fees
- Completed Seafood Plan Review Checklist
- Site plan (f)
- Floor plan (g)
- Plumbing schematic (h)
- Complete list of fixed or stationary equipment (j)
- Manufacturer’s specification sheets for each piece of equipment identified in (j)
- List of all products and one printer’s proof or sample label for **each** product
- Documentation of HACCP training
- Product or process flow (description or map)
- Sanitation Standard Operating Procedures (SSOP): - that describes the sanitation procedures followed at the facility. All SSOP’s must address the 8 key points of sanitation listed in 21 CFR 123.11 and include monitoring frequencies and corrective actions that are specific to each key point.

**HACCP Documentation** - Must be created using the current FDA Fish and Fisheries Products Hazards and Controls Guidance:

<https://www.fda.gov/food/seafood-guidance-documents-regulatory-information/fish-and-fishery-products-hazards-and-controls-guidance>

- Hazard Analysis (HA)- that assesses each processing step for process related hazards
- HACCP Plan – that addresses any hazards identified in the Hazard Analysis

### The following additional documents are required if they apply to your operation:

- For Smoker Operations** - Heat distribution study for smoker(s)
- For Cooking Operations** - Cook study
- For Ready-to-Eat (not shelf stable) Products (ex. smoked salmon and crab)** – Product test results as per 18 AAC 34.125
- For Thermal Retort or Canning Operations:**
  - [FDA forms 2541 and 2541\(d\)](#)
  - Process authority letters or schedule for all retort or canning processes
- For operations not on a Public or Municipal Water Source** - Map and photo showing the location where water sampling for Coliforms will be performed (b)

## Section C – Signature Required

*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

Applicant’s Printed Name

Title