



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8428 ♦ Fax (360) 397-8084

FOOD ESTABLISHMENT PACKET

Before opening a new food establishment, purchase/change of ownership, or reopen a closed food establishment, provide the following information to Clark County Public Health – Environmental Public Health, at least 30 days prior to the opening.

1. **PLAN REVIEW APPLICATION FORM.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION FORM.** Complete the green Permit Application form.
3. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
4. **MENU.** Provide a menu or a list of the foods to be served.
5. **METHOD OF FOOD PREPARATION** Provide information on food preparation, cooking temperatures and cooling:
 - Food preparation procedures that indicate the final internal cooking temperature of all meat and poultry products, hot holding temperatures.
 - List of all foods that are cooked and then cooled on site. Indicate the cooling method used and the quantities of those foods cooled on site.
 - Food storage procedures for raw meat and eggs and measures used to prevent cross contamination.
 - Employee sanitation practices including proper hand washing, barrier/glove use and illness policy.
6. **FLOOR PLAN.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed facility with the following:
 - Hand wash sink(s), food preparation sink(s) and mop sink
 - Three-compartment sink with drain boards and any associated mechanical ware washing equipment
 - Type/model of commercial refrigeration and freezer equipment
 - Size and shelving design of walk-in units
 - Ice machine and floor drain
 - Cooking, reheating, and hot-holding equipment
 - Indirect drains
 - Employees' lockers or area of shelves for personal item storage
 - Garbage storage facilities and leachate drain location (if necessary)
 - Toilet(s) and number of fixtures
 - Dry food storage area and shelves
 - Description of finishes used on floors, walls, counter tops and ceilings

ALL OF THE ABOVE ITEMS MUST BE SUBMITTED FOR THE PLAN REVIEW.

If any of these items are omitted, the plan review cannot be accepted.

PLEASE ALLOW AT LEAST 10 WORKING DAYS FOR REVIEW OF THE PLAN.

Following plan approval:

- ✓ **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** A pre-opening inspection of the food establishment must be conducted. Call (360) 397-8428 at least one week in advance to schedule this on-site inspection.
- ✓ **PAY FOR PERMIT.** Before opening, the food service permit must be paid.

COMPLIANCE WITH CHAPTER 246-215 WAC IS REQUIRED

1. **WATER SUPPLY.** For private well water use, apply for a Small Public Water Supply. Call (360) 397-8428 and ask to speak to an Environmental Health Specialist in the Water Program.
2. **SEWER OR SEPTIC SYSTEM.** Provide proof of a sewer connection or an approved on-site sewage system.
3. **HAND WASH SINK.** Provide hand wash sink(s) that is/are accessible, convenient to food preparation, food service and utensil washing areas and **used exclusively for hand washing.** Every hand wash sink shall have minimum hot water temperature of 100° F and cold water provided through a mixing faucet. Provide hand soap and single use towels at the sink. Automatic faucets must have a minimum cycle of 15 seconds.
4. **FOOD PREPARATION SINK.** An indirectly drained food preparation sink is required if any products (fruits, vegetables or meats) are washed, defrosted or cooled. At a minimum, a one-compartment food preparation sink with an attached drain board is required. If more than one type of product is processed, multiple sink compartments will be required. **A food preparation sink may not be used for hand washing or utensil washing.**
5. **WARE WASHING FACILITIES.** Provide a three-compartment sink with a drain board. If a mechanical dishwasher is used, a three-compartment sink is still required. All utensils/pots and pans must be able to be fully submerged in each compartment of the utensil-washing sink.
6. **SPLASH GUARDS.** If splash or contamination could occur, 12" splash guards will be required to prevent contamination for any hand sink, dipper well, food prep sink, clean dish drain/drying area, etc. from any source of contamination such as a mop sink or dish wash sprayer.
7. **MOP SINK.** A mop/utility sink is required and must be located so food and equipment are not contaminated. A laundry tub or mop bucket **CANNOT** substitute for a mop sink.
8. **PLUMBING.** Provide plumbing sized, installed and maintained in accordance with applicable state and local plumbing codes. Provide indirect drains from the ice machine, food preparation sinks, beverage ice sinks, salad bars, dipper wells and mechanical dishwashers into a floor sink or similar device. Provide a properly vented dual check valve device or an approved reduced pressure back flow assembly between copper pipe or tubing and carbonated beverage dispensing machines.
9. **GREASE TRAPS.**

Vancouver Sewer District. The Vancouver Municipal Code (VMC 14.10) requires all food service establishments to have equipment that prevents food grease from entering the sewer system. The Oil & Grease Management Program (OGM) must review and approve the grease interceptor plans prior to installation. New grease interceptors or traps must be sized according to the Uniform Plumbing Code. A copy of the sizing requirements can be obtained from the OGM Program. They can be contacted at (360) 696-8177.

Hazel Dell Sewer District. Hazel Dell Resolution 1031 requires all food servers to have grease control. The Unified Plumbing Code must be followed in cases where the User does not have a Type I Hood. If the User has a Type I hood they are required to have, at a minimum, a 1000-gallon interceptor outside the building. For further information call the Pretreatment Coordinator at Hazel Dell Sewer District (360) 750-5876.
10. **FLOORS, WALLS, CEILING.** The floors, walls, and ceilings in all food preparation and storage areas, walk-ins and toilets shall be easily cleanable, water impervious, grease resistant, and durable. Ceiling studs, joists and rafters **shall not be exposed** in food preparation areas, equipment washing and utensil washing areas, toilet rooms, walk-in refrigeration units, and vestibules.
11. **REFRIGERATION.** Provide commercial refrigeration units and shelving design in walk-in units sufficient for all necessary foods. No home-style equipment or refrigeration units are allowed.

12. **EQUIPMENT AND UTENSILS.** Equipment and utensils must be cleanable, durable, in good repair and in conformance with the current standards.
13. **TOILETS.** All toilet rooms must have automatic door closing devices, mechanical ventilation, and hand washing sink with single service soap and towel dispensers. There must be toilet facilities for patrons when there is on-premise consumption of food. Toilets must be accessible during all hours of operation and within at least 200 feet of food service establishment.
14. **LIGHTING.** All light fixtures must have light covers, sleeves and end caps or have shatterproof light bulbs.
15. **LOCKERS.** Provide lockers or shelves for employees to store clothing and personal belongings.
16. **GARBAGE STORAGE.** Garbage containers must be watertight, vermin proof, covered containers and appropriate frequency of garbage pickup to prevent overflows and nuisances. Provide sewer disposal for any leachate. Provide garbage storage on a concrete or asphalt pad.
17. **BAR AND TAVERNS.** Bar and taverns are required to have a sink compartment for disposing of liquid drink wastes in addition to the sinks necessary for hand washing and utensil cleaning and sanitizing.
18. **BULK FOOD DISPENSING.** Bulk food must be separated by partitions, different aisles or by horizontal separation from chemicals and/or pet food. For horizontal separation, chemical or pet foods must be below bulk foods. Bulk food containers must be gravity dispensing units or display units with covers. Dispensing utensils must be present for each unit with a holder so handle of scoop or tongs is held out of food. The lowest access point of bulk food containers of ready-to-eat foods must be **at least 30 inches** above the floor.
19. **SMOKING SIGNS.** Signs prohibiting smoking must be posted conspicuously at each entrance and in prominent locations throughout the establishment. RCW 70.160.050

For further information, please call Clark County Public Health at (360) 397-8428 and press option 0 to speak to the program assistant.



CLARK COUNTY PUBLIC HEALTH

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PLAN REVIEW APPLICATION FORM

RESTAURANT NAME OR NAME OF ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE NUMBER _____ ESTIMATED OPENING DATE _____

BUSINESS NAME OF OWNER or CORPORATION NAME _____

BUSINESS OWNERSHIP STATUS: Sole Proprietor Partnership Corporation LLC

LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.

OWNER NAME _____ OWNER NAME _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ BUSINESS FAX _____

IS THIS A CHANGE OF OWNERSHIP? NO YES **IF Yes, date of change:** _____

If Yes, previous name of the restaurant? _____

IS THIS: New construction or conversion of an existing building to a restaurant

An existing restaurant/kitchen remodel

Construction company contact person _____ PHONE _____

BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

WATER: Amboy (CPU) Battle Ground CPU Camas Vancouver Washougal Yacolt (CPU) Other _____
 Small Public Water Supply Name _____ ID# _____

SEWAGE: Public sewer On-site septic system. **Date of last septic system inspection or pumping:** _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment planned.

- | | | | | |
|-------------------------------------|---|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Annual Itinerant/Farmer's Market | <input type="checkbox"/> Bakery (only) | <input type="checkbox"/> Grocery/Convenience Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Meat/Fish Market (only) | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Espresso Cart/Stand | <input type="checkbox"/> Caterer | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

COMMISSARY LOCATION (For Annual Itinerant, Mobile Unit or Caterer) _____ ID # _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____



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FOOD SERVICE PERMIT APPLICATION FORM

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT

NAME OF FOOD ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE _____ FAX NUMBER _____

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS: YES NO

IF NO, LOCAL MAILING ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE E-MAIL ADDRESS _____

OWNER INFORMATION:

BUSINESS NAME or CORPORATION NAME _____

OWNERSHIP STATUS OF ABOVE: Sole Proprietor Partnership Corporation LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME _____ OWNER NAME _____

OWNER HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS: YES NO

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS _____

BILLING INFORMATION:

NAME _____ CARE OF _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE (For restaurants and taverns only)
Check one: A. 0- \$250,000 B. \$250,000 - \$500,000 C. \$500,000 - \$750,000 D. \$750,000 - \$1,000,000 E. \$1,000,000 and over

WASHINGTON STATE TAX ID # _____

IS THIS A CHANGE IN OWNERSHIP? NO YES
If YES, date of change: _____ Previous establishment's name: _____

WATER: Amboy (CPU) Battle Ground CPU Camas Vancouver Washougal Yacolt (CPU) Other _____
 Small Public Water Supply Name _____ and ID # _____

SEWAGE: Public Sewer On-site septic system. Last inspection date: _____ ***ATTACH COPY OF THIS INSPECTION**
(SEE www.onlinerme.com)

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:

<input type="checkbox"/> Restaurant	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Public Kitchen	<input type="checkbox"/> Bakery	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Head Start	<input type="checkbox"/> Annual Itinerant/Farmer's Market **	<input type="checkbox"/> Meat/Fish Market	<input type="checkbox"/> with Deli
<input type="checkbox"/> Seasonal**	<input type="checkbox"/> Mobile Unit**	<input type="checkbox"/> Espresso Cart/Stand**	<input type="checkbox"/> Caterer**	<input type="checkbox"/> with Bakery
				<input type="checkbox"/> with Meat Market

****CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE MAY BE REQUIRED FOR PERMIT**

APPLICANT'S SIGNATURE _____ **DATE** _____

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.

FOR OFFICIAL USE ONLY

DATE PAID: _____ INV _____ OW _____ EHA: _____

AMT RCVD: \$ _____ AR _____ FA _____ SR _____ PR _____



CLARK COUNTY PUBLIC HEALTH FOOD SAFETY PROGRAM 2011/2012 FEE SCHEDULE

The definitions and fees listed below are for general informational purposes only.
Please consult Clark County Public Health (CCPH) with the specifics of your operation.

FOOD PLAN REVIEW	
<p>1-time only fee paid before opening a food establishment. The Food Plan Review fee varies, depending on the type of food establishment.</p> <p>In addition to a Food Plan Review fee, an Annual Permit Fee is required</p>	
NEW CONSTRUCTION	\$633
Establishment not previously preparing and/or selling food.	
REMODEL/OPERATING MODIFICATIONS	\$399
Existing and currently operating food establishment to undergo structural or equipment change; previously operating food establishment that is reopening; or ownership change that results in changes to the previously approved menu, food preparation steps, or complexity level.	
ESPRESSO/BEVERAGE, MOBILE UNITS, FARMER'S MARKET, MULTIPLE EVENT VENDORS	\$399
New food service that occurs only in conjunction with scheduled events such as farmers markets or community festivals; or espresso or other beverage establishments.	
CHANGE OF OWNERSHIP	\$150
Ownership change of an existing, operating food establishment that results in only minimal changes to menu; and when notification is provided to Clark County Public Health 30 days or more prior to opening.	
When notification is <u>not</u> provided 30 days or more prior to opening.	\$250
ADDITIONAL REVIEWS	\$94/hr
Fee assessed for limited venue or when plan review and pre-opening inspection time exceeds 2 hours.	

COMPLEXITY LEVEL
<p>Depending on the complexity of the menu, different food establishments have varying Annual Permit Fees.</p>
<p>EXEMPT FROM PERMIT Pre-packaged non-potentially hazardous foods.</p> <p><i>Examples:</i> Candy bars, packaged nuts, soda, gum; and foods, such as cotton candy, popcorn, and candy apples may be prepared and sold without a permit. Complete list available upon request.</p>
<p>LEVEL 1 Pre-packaged foods; limited preparation required; heating and hot holding limited to 2 potentially hazardous foods. Most baked goods.</p> <p><i>Examples:</i> Grocery carrying pre-packaged products such as dairy, eggs, blended drinks, pre-packaged sandwiches made in an approved facility; espresso stand serving pre-packaged items made in an approved facility; ice cream/yogurt shop.</p>
<p>LEVEL 2 Proteins must be purchased pre-cooked; cooling not permitted; hot held leftovers must be discarded daily.</p> <p><i>Examples:</i> Pre-cooked hamburgers and proteins; sandwiches; soups, and pizza.</p>
<p>LEVEL 3 Handling of raw proteins; preparation steps may include cooking, cooling, and/or reheating; baked goods containing custard.</p> <p><i>Examples:</i> Full service bars, grills, and restaurants; lasagna, sauce, refried beans, soup, fried rice, roast; meat loaf, tamales, and fried protein.</p>

ESTABLISHMENT TYPES & DESCRIPTIONS	
<p>Food establishments may have varying permit levels depending on type and complexity. Annual Fee amounts are listed.</p>	
<p>MULTIPLE EVENT (ITINERANT) Food service occurs only in conjunction with scheduled events (farmer's market, community festivals, etc.).</p> <p>Preparation of menu items must be done only in a CCPH permitted kitchen or on-site. The permitted kitchen must be used for all food and equipment storage, ware washing, and water supply. An Annual Commissary Agreement is required with a permitted kitchen.</p> <p>Limited menu. Foods must be prepared for immediate service or hot holding only. Cooling not allowed. Leftovers must be discarded daily.</p> <p>May cater events only with menu items that are reviewed and approved by CCPH.</p>	
Level 1	\$235
Level 2	\$516
Level 3	\$845
BAKERY	\$258
Establishment retailing baked goods such as cakes, donuts, and breads.	
Higher complexity items (i.e. custard, quiche, pumpkin pies) are discouraged but considered on a case by case basis. Detailed description of preparation and cooling procedures are required for approved items with increased complexity.	
BED & BREAKFAST	\$282
Private home or inn offering 8 or less lodging units on a temporary basis to travelers. Offers only breakfast. Foods must be prepared for immediate service or hot holding only. No cooling. Leftovers must be discarded daily.	

(Continued on back)

ESTABLISHMENT TYPES & DESCRIPTIONS (Continued)

<p>CATERER \$563</p> <p>A person contracted to prepare food in an approved food establishment for final cooking or service at another location.</p> <p>Permitted kitchen must be used for all food, equipment storage, ware washing, and water supply. <u>An Annual Commissary Agreement is required to use a separate business as a base of operation.</u></p>								
<p>ESPRESSO/OTHER BEVERAGE \$235</p> <p>Kiosk, tasting rooms, or other structure serving only beverages and pre-packaged foods. Annual Commissary Agreement may be required. Permitted kitchen must be used for all food, equipment storage, ware washing, and water supply. Permanent seating not provided.</p> <p>Approval of expanded menus are based upon provided facility infrastructure and evaluated on a case by case basis.</p>								
<p>GROCERY</p> <p>Establishment offering range of groceries including produce, dairy, and/or other packaged foods with cold holding requirements.</p> <table style="width:100%"> <tr> <td>Grocery Permit</td> <td align="right">\$235</td> </tr> <tr> <td>w/Meat Market</td> <td align="right">add \$235</td> </tr> <tr> <td>w/Bakery</td> <td align="right">add \$235</td> </tr> <tr> <td>w/Deli</td> <td align="right">add \$516</td> </tr> </table>	Grocery Permit	\$235	w/Meat Market	add \$235	w/Bakery	add \$235	w/Deli	add \$516
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<p>MEAT MARKET \$258</p> <p>Retailing fresh, frozen, or cured proteins, poultry and fish. May be establishment in and of itself, or located within a grocery.</p>								
<p>MOBILE UNIT</p> <p>Readily movable, self-contained food establishment. Adequate hot & cold holding equipment, permanent hand washing stations, potable water, and waste water storage required.</p> <p>Food storage, food preparation, equipment storage and ware washing needs will be evaluated on a case by case basis.</p> <p>An Annual Commissary Agreement with a permitted kitchen is required for some or all of these activities.</p> <table style="width:100%"> <tr> <td>Level 1</td> <td align="right">\$258</td> </tr> <tr> <td>Level 2</td> <td align="right">\$563</td> </tr> <tr> <td>Level 3</td> <td align="right">\$985</td> </tr> </table>	Level 1	\$258	Level 2	\$563	Level 3	\$985		
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Level 2	\$563							
Level 3	\$985							

<p>PUBLIC KITCHEN \$258</p> <p>A permitted kitchen where food is stored, prepared, portioned, or packaged for service to the public. May be rented to other groups to prepare food. Outside groups or businesses using a permitted public kitchen to prepare foods for service to the public must obtain their own annual or temporary permit.</p> <p><u>Examples:</u> Church kitchens, kitchen designed for cooking classes or for rental purposes.</p>																										
<p>RESTAURANT</p> <p>Food establishment within a permanent structure with all code identified facility requirements. Permitted restaurants may cater private events within approved complexity level. Fees based on complexity and annual gross revenue.</p> <table style="width:100%"> <tr> <td>Level 1</td> <td></td> </tr> <tr> <td> \$0-\$500K</td> <td align="right">\$261</td> </tr> <tr> <td> \$501K - \$1M</td> <td align="right">\$313</td> </tr> <tr> <td> \$1M+</td> <td align="right">\$342</td> </tr> <tr> <td>Level 2</td> <td></td> </tr> <tr> <td> \$0-\$500K</td> <td align="right">\$519</td> </tr> <tr> <td> \$501K - \$1M</td> <td align="right">\$618</td> </tr> <tr> <td> \$1M+</td> <td align="right">\$670</td> </tr> <tr> <td>Level 3</td> <td></td> </tr> <tr> <td> \$0-\$500K</td> <td align="right">\$824</td> </tr> <tr> <td> \$501K - \$1M</td> <td align="right">\$970</td> </tr> <tr> <td> \$1M+</td> <td align="right">\$1,045</td> </tr> <tr> <td>Manager Inspection Program</td> <td align="right">\$340</td> </tr> </table>	Level 1		\$0-\$500K	\$261	\$501K - \$1M	\$313	\$1M+	\$342	Level 2		\$0-\$500K	\$519	\$501K - \$1M	\$618	\$1M+	\$670	Level 3		\$0-\$500K	\$824	\$501K - \$1M	\$970	\$1M+	\$1,045	Manager Inspection Program	\$340
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<p>SEASONAL \$258</p> <p>Establishment operating only on a seasonal basis (6 or fewer consecutive months a year) in a fixed location.</p> <p><u>Examples:</u> concession stands, farmer's market, chef demo booths, holiday mall vendors.</p>																										
<p>TEMPORARY EVENT</p> <p>Food service occurs only in conjunction with a scheduled event (fairs, community festivals, etc.) with limited menu. Preparation of menu items must be done only in an approved kitchen or on-site. The approved kitchen must be used for all food and equipment storage, ware washing, and water supply. Foods must be prepared for immediate service or hot holding only. Cooling not allowed. Leftovers must be discarded daily.</p> <table style="width:100%"> <tr> <td>1-3 Consecutive Days</td> <td align="right">\$143</td> </tr> <tr> <td>4-21 Consecutive Days</td> <td align="right">\$286</td> </tr> <tr> <td>Late fee</td> <td align="right">\$47</td> </tr> <tr> <td colspan="2">(if not permitted within 14 days of event)</td> </tr> </table>	1-3 Consecutive Days	\$143	4-21 Consecutive Days	\$286	Late fee	\$47	(if not permitted within 14 days of event)																			
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FOOD FOLLOW UP INSPECTION	
Mandatory Follow-up inspection	\$375
Required if a routine inspection results in 20 or more red critical points.	
Food Probation Inspection	\$1,126
Repeat critical violation(s) observed during the mandatory follow-up inspection results in Food Probation Inspections	
SCHOOLS	
New Construction	\$587
Remodel	\$453
Portable Addition	\$251
Cafeteria Public/Private	\$563
Permit Student Store	\$235
Summer School	\$258
Head Start	\$282
School Safety Inspection	\$399
OTHER FEES	
Add'l Services Food Program	\$116
Food Handler Card	\$10



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FOOD WORKER TESTING INFORMATION

TESTING IS AVAILABLE ON-LINE AT www.foodworkercard.wa.gov

OR AT THE CLARK COUNTY PUBLIC HEALTH (CCPH) OFFICE

All food workers must have a Washington State food worker card before starting work.

CCPH TESTING DAYS & TIMES

WHEN: Monday, Tuesday, Thursday & Friday:
8:00 AM to 3:00 PM
Wednesday — Special Needs - by
appointment only

WHERE: Clark County Public Health
1601 E. Fourth Plain Blvd. Third Floor
For information call 397-8435.

REGISTRATION: Registration closes at 3:00 PM and test must be complete before 4:15 PM.

Children are not allowed in the testing room and should not be left unattended in the waiting area.

FOR FIRST CARD : Test can be taken on-line at www.foodworkercard.wa.gov or at the CCPH office. The test on-line is the same test available at the CCPH office.

Taken at the CCPH office:

- Bring picture identification.
- Register at the kiosk
- Watch video

- Take test
- Pay \$10.00 fee
- Card issued

Test taken on-line:

- www.foodworkercard.wa.gov
- Register
- Watch Video
- Take test
- Make payment: The cost of the class is \$10 and can be paid with VISA, MasterCard and debit cards with the VISA or MasterCard logo. Payment will be required after you have passed the test.
- Make sure you are connected to working printer for you will be printing your own card.
- Print card

On-line Information:

- Be advised when your debit or credit billing statement arrives, charges for you food worker card will be listed under **“Tacoma-Pierce County Health Department.”**
- Turn off your pop-up blocker. The pop-up blocker can usually be found under Tools on your browser menu bar.
- Make sure you have the latest version of Adobe Flash on your computer. You can download Adobe Flash for free at <https://get.adobe.com/flashplayer>

TO RENEW CARD: If card is renewed *before* the expiration date on the card, a 3 year card can be issued at CCPH office only. The renewal period is **60 DAYS BEFORE** the card expires. Testing requirements are the same as if you were taking the test for the first time. Video must be reviewed and test taken everytime you renew your food worker card.

RENEWING CARD FOR 5 YEARS: Follow the procedure to renew a card. Bring proof an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

REPLACEMENT CARDS: Food Worker Card can only be replaced if the card was issued after May 2011. Bring picture identification and a \$10.00 replacement fee will apply.

SPECIAL NEEDS TESTING: Call 397-8428, Ext. 7249 for information and scheduling.

MANUAL AND TEST OFFERED IN ENGLISH, CAMBODIAN, CANTONESE, KOREAN, MANDARIN, RUSSIAN, SPANISH, VIETNAMESE and CLOSED CAPTION.

Testing Information 01202012.doc



For other formats, contact the Clark County ADA Office: **Voice** (360) 397-2000;
Relay 711 or (800) 833-6388; **Fax** (360) 397-6165; **E-mail** ADA@clark.wa.gov.