



**SNOHOMISH  
COUNTY**  
HEALTH DEPARTMENT

**SCHOOL PLAN REVIEW APPLICATION**

**NAME AND ADDRESS OF SCHOOL:**

(check all that apply)

- New Construction
- New Portable (moving existing portable does not need review)
- Remodel
- Moving to existing building

Property Tax Account Number

Name

Street Address

City

Zip Code

**SCHOOL DISTRICT AND ADDRESS:**

Name

Street Address

City

Zip Code

**CONTACT PERSON AND ADDRESS:**

(for plan review purposes)

Name (PLEASE PRINT)

Mailing Address

PROJECT START DATE

City

Zip Code

COMPLETION/OPENING DATE

Phone Number

Email

**LOCAL BUILDING INSPECTION AGENCY:** \_\_\_\_\_

**WATER SUPPLY**

- Public: \_\_\_\_\_  
name of system
- Private Well

**SEWAGE DISPOSAL**

- Sewer
- Onsite Sewage Disposal

Review of these plans is based upon the rules and regulations of the State Board of Health for Environmental Sanitation Primary and Secondary Schools, WAC 246-366. Other agency approvals requisite to your actual construction may include County or City Planning, Building, Plumbing and Fire Departments, Water and Sewer Utilities.

**If the amount of time for plan review exceeds two weeks, you will be notified.**

**INVOICE WILL BE SENT TO CONTACT PERSON. SEE CURRENT FEE SCHEDULE.**

**Purchase Orders are NOT accepted.**

**NOTE: Please provide Supplemental Information (architectural drawings) & pages 1-7 attached to this Application.**

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# SCHOOL PLAN REVIEW CHECKLIST

Please indicate which components are applicable for this project.

NAME AND ADDRESS OF SCHOOL: \_\_\_\_\_

PROJECT LOGISTICS: \_\_\_\_\_

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1. Will students be displaced during the construction period?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. If yes, where will displaced students be schooled?  |                          |                          |                          |
| _____  |                          |                          |                          |
| B. If students are to be schooled at another campus during construction, please provide school name and address. |                          |                          |                          |
| _____  |                          |                          |                          |
| 2. Will construction take place while students are on campus?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Will a gate encompass the construction zone and prohibit student access?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Will construction noise be limited during school hours?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will food service be provided at this school?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will foodservice (main school kitchen) be impacted by the project?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please describe alternative means of foodservice to be provided:   |                          |                          |                          |

Note: The following items **cannot** be interrupted during hours of meal preparation and service:

- 1) Potable water service, and
- 2) Electricity.

## PORTABLE CLASSROOMS

- Proposed Portable Classrooms. Manufacturer Name/Model #:

\_\_\_\_\_

## BUILDINGS: WAC 246-366-050

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Ceiling Height - at least 8 feet?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Projections (light fixtures, beams, etc.) at least 7 feet from floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stairways have handrails?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Steps have non-slip treads?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Floors have easily cleanable surfaces?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Environmental Health Division

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5254 ■ tel: 425.339.5250

**School Plan Review Checklist**  
Supplemental Information Requested

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 6. Windows provided in every classroom, excluding special purpose instruction areas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Exterior sun control excludes direct sunlight from classrooms during at least 80% of normal school hours or school air conditioned? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PLUMBING, WATER SUPPLY, FIXTURES: WAC 246-366-060**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. School served by an approved public water supply?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adequate, conveniently located toilet and handwashing facilities provided for students and employees?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Single-service towels or warm air dryers provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Temperature controls provided for handwash (100-120° F)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Showers with hot water provided for physical education classes grade 9 and above?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Shower and drying areas have impervious, non-skid floors?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Walls in shower areas are impervious to water up to shower head height?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Locker and dressing room floors water impervious?<br><input type="checkbox"/> Washable walls?<br><input type="checkbox"/> Floor drains provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SEWAGE DISPOSAL: WAC 246-366-070**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Sewage and waste water drained to an approved sewage disposal system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have engineered plans for on-site disposal been approved?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**VENTILATION: WAC 246-366-080**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are student and staff areas vented to keep them free of odor, excessive heat, and condensation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are sources producing air contaminants of public health significance locally vented?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**HEATING (Temperature Control): WAC 246-366-090**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Are heating, ventilation and air conditioning systems equipped with automatic room temperature controls? Student and staff areas can be heated to a minimum of 65°F, except for the gym which may be 60°F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SOUND CONTROL: WAC 246-366-110**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is background noise from HVAC system limited? (Designed to limit ambient noise levels to values published by ASHRA.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will maximum ambient noise level in vocational areas when all exhaust systems are operating not exceed 65 dBA?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**LIGHTING: WAC 246-366-120**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is lighting designed to provide a maintained light intensity when measured 30 inches above the floor or on work surfaces, as follows: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

<u>Area</u>	<u>Foot-Candles</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General instruction areas	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special areas (sewing, labs, chemical storage)	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-instructional areas	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |                                    |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 2. Does lighting minimize shadows? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|------------------------------------|--------------------------|--------------------------|--------------------------|

**SCIENCE AREA:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Handwash sink(s) provided with soap and paper towel dispensers?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Emergency eyewash provided?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Hands-free?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Flow rate of at least 0.4 gpm for at least 15 minutes             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Tepid water?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Floor drain provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Within 50 feet or 10 seconds from all science lab stations?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Emergency safety shower with floor drain provided?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Chemical storage area provided?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Mechanically vented, not recirculated       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lockable                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> One hour fire rating for walls and doors    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Self-closing door(s)                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Large enough to properly separate chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## School Plan Review Checklist

Supplemental Information Requested

Page 4

	Yes	No	N/A
<input type="checkbox"/> Adequate lighting (50 f.c.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shelf stoppers (lips) on storage shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storage shelving secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Two exits (recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Natural gas provided to workstations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Master gas shut-off easily accessible and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fume hood if needed; 100 linear feet per minute (lfm) face velocity, have make-up air source; in a place not subject to drafts or excess traffic, vented to outside(1/3 building height or reduced outlet for increased exhaust velocity) so not near air intakes; unrestricted vent; stainless steel ducts recommended; joints welded; exterior electrical, gas and water controls; motor distal to hood; safety glass in sash; spark proof motor; vapor proof lights, constructed of non-flammable material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Storage facilities for flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire cabinets meet fire code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Refrigerators (chemical storage) nonspark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sinks with hot and cold water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Acid resistant plumbing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Exterior gas control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are two widely marked exits available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Electrical outlets in wet areas have ground fault interrupters (GFI's)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Table tops made of noncombustible materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ART ROOM:

1. Handwash sink(s) provided equipped with soap and paper towel dispensers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemical storage provided? <i>Note:</i> if more than 10 gallons of flammables are stored, a flammable cabinet is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Will a kiln be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dedicated mechanical exhaust system vented to outside?			
<input type="checkbox"/> Kiln located outside in fenced area?			

**School Plan Review Checklist**  
Supplemental Information Requested

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 4. Will 3D printers be used? If yes, a dedicated mechanical exhaust system to the outside is required. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Spray booth provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency eyewash provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**AUTO SHOP:**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Handwash sink(s) provided with soap and paper towel dispensers?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Emergency eyewash provided?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Master electrical shut-off easily accessible and clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**WELDING/METAL SHOP:**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Handwash sink(s) provided with soap and paper towel dispensers?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Emergency eyewash provided?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fume collection system provided for welding booths?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Master electrical shut-off easily accessible and clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**WOOD SHOP:**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Handwash sink(s) provided with soap and paper towel dispensers?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Master electrical shut-off easily accessible and clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sawdust collection system provided?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Emergency eyewash provided?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Spray booth provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lumber storage area provided?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No N/A

**HORTICULTURE:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Handwash sink(s) provided with soap and paper towel dispensers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vented storage cabinet provided for agricultural chemicals?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PLAYGROUND AREAS:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does the design and structural integrity of the playground equipment promote safety? Are protrusions, clothing entanglements, head and or neck entrapment, or crush and shear points minimized? [See <u>Handbook for Public Playground Safety</u> , 2010, U.S. Consumer Product Safety Commission (Publication No. 325) for specific equipment guidelines.] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Equipment properly anchored?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Each piece of equipment has an adequate use zone?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Resilient surfacing material provided under playground equipment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The quantity of material along with the scope of adequate coverage under each piece of equipment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Drainage of playground area (including area under equipment) adequate?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tires have drainage holes to prevent accumulation of standing water?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Fences or other means necessary to protect children from traffic hazards (roads, railroad, parking lots, etc.) provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |