



Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Applicant title: \_\_\_\_\_  
Applicant email: \_\_\_\_\_ Applicant phone: \_\_\_\_\_  
Person in charge of HACCP process: \_\_\_\_\_

**Before a plan may be approved, food establishment must have a satisfactory inspection history.**

This checklist must be complete before you submit your application.

- Variance request.
- A flow diagram of animals for custom processing that includes the following:
  - When and where the animals will be received.
  - Where will the animals will be stored prior to and following processing.
  - When and where the animals will be processed.
  - Identify the equipment and materials used for processing the animals.
  - How cross-contamination will be prevented with equipment used for retail processing of meats.
- Standard Sanitation Operating Procedures (SSOP) including procedures handwashing protocols, how cross-contamination will be prevented with equipment used for retail processing, method and frequency of cleaning and sanitizing equipment, and how animals for custom processing will be distinguished from USDA inspected and approved animals during storage.
- Provide food safety training plan to teach employees and supervisors how to perform the steps in this process, how to use necessary equipment, how to verify critical limits have been met, and how to implement corrective actions. Employees need to sign off on the training plan.
- Include a statement that an approved, signed copy of the plan will be kept on the premises for review by Snohomish County Health Department and a statement that the Snohomish County Health Department will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

**I certify that all of the information submitted is accurate to the best of my knowledge. The operation complies with Washington State Retail Food Code.**

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_