

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTER FOR FOOD PROTECTION  
FACILITY AND PROCESS REVIEW - PLAN REVIEW SUBMISSION FORM**

6 Saint Paul Street, Suite 1301, Baltimore, Maryland 21202  
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Maryland Relay Service 1-800-735-2258 · Web Site: <http://ideha.dhmh.maryland.gov>

**PROJECT INFORMATION**

<b>Project Name</b>	<b>Project Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code</b>
<b>Project Description (Select Only One)</b>	<b>Facility Type (Select only one)</b>	<b>For On-farm Processing only (Check all that apply)</b>		
<input type="checkbox"/> Prototype (new construction) <input type="checkbox"/> Prototype (remodel ) <input type="checkbox"/> Processing (new construction) <input type="checkbox"/> Processing (remodel) <input type="checkbox"/> HACCP (prototypes only) <input type="checkbox"/> Equipment <input type="checkbox"/> New Process <input type="checkbox"/> Plan Revision	<input type="checkbox"/> Retail Food Service Facility <input type="checkbox"/> Warehouse <input type="checkbox"/> Processing <input type="checkbox"/> On-farm Processing (includes storage of USDA processed meats; check all that apply in column to right)	<input type="checkbox"/> Beef <input type="checkbox"/> Bison <input type="checkbox"/> Pork <input type="checkbox"/> Lamb <input type="checkbox"/> Chicken <input type="checkbox"/> Emu <input type="checkbox"/> Other Poultry <input type="checkbox"/> Poultry (MDA) <input type="checkbox"/> Rabbit (MDA) <input type="checkbox"/> Baked Goods <input type="checkbox"/> Farmstead Cheese <input type="checkbox"/> Milk/Dairy Product <input type="checkbox"/> Acidified Foods (specify) _____ <input type="checkbox"/> Other (specify) _____ <b>Where do you intend to sell your products?</b> <input type="checkbox"/> Directly from the Farm <input type="checkbox"/> Farmers Market <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale (to grocery stores, etc...) <input type="checkbox"/> Other _____		

**Scope of Project:** \_\_\_\_\_

**SITE INFORMATION**

If a Retail Food Service Facility, will 2 or more facilities be built from this plan in MD? ** <input type="checkbox"/> Yes <input type="checkbox"/> No ** If yes, submit plans to this office. If no, submit to County Health Dept.	Zoning (select all that apply) <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Maritime <input type="checkbox"/> Mixed
Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal System: <input type="checkbox"/> Public <input type="checkbox"/> Private

**CONTACT INFORMATION**

<b>First Name</b>	<b>Last Name</b>	<b>Company</b>	<b>Position</b>	
			<input type="checkbox"/> Owner <input type="checkbox"/> Architect <input type="checkbox"/> Contractor <input type="checkbox"/> Expediter <input type="checkbox"/> HACCP Coordinator	
<b>Address</b>		<b>City/Town</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone (    )    -   </b>		<b>Email</b>		

**The Following Must Be Provided, If Applicable. Missing/Incomplete Information Will Delay Your Review**

<p align="center"><b><u>Retail- Check all that Apply</u></b></p> <input type="checkbox"/> Architectural drawings (2 full sets), site and facility layout <input type="checkbox"/> Plumbing diagram (incl. location of floor drains) <input type="checkbox"/> Finish schedule (floors, walls, ceilings) <input type="checkbox"/> Equipment schedule <input type="checkbox"/> Catalog cut sheets/spec sheets (1 set, numbered in sequence to correspond to list/plan) <input type="checkbox"/> Electrical plan <input type="checkbox"/> Reflected ceiling plan <input type="checkbox"/> Exhaust hood drawings/calculations <input type="checkbox"/> Mechanical plan (air balance) <input type="checkbox"/> Roof plan/venting <input type="checkbox"/> Elevation drawings <input type="checkbox"/> Menu <input type="checkbox"/> HACCP Plan	<p align="center"><b><u>Processing – Check all that Apply</u></b></p> <input type="checkbox"/> Architectural drawings (2 full sets), site and facility layout (may be hand drawn for on-farm) <input type="checkbox"/> Plumbing diagram (incl. location of floor drains) <input type="checkbox"/> Finish schedule (floors, walls, ceilings) <input type="checkbox"/> Equipment schedule <input type="checkbox"/> Catalog cut sheets/spec sheets (1 set, numbered in sequence to correspond to list/plan) <input type="checkbox"/> Electrical plan and Mechanical plan (air balance) <input type="checkbox"/> Reflected ceiling plan/lighting <input type="checkbox"/> Exhaust hood drawings/calculations (if applies) <input type="checkbox"/> Roof plan/venting <input type="checkbox"/> Elevation drawings <input type="checkbox"/> List of all products & Sample labels/packaging <input type="checkbox"/> Product flow <input type="checkbox"/> Sanitation Standard Operating Procedures (SSOPs)
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