



SCHOOL PLAN REVIEW APPLICATION

NAME AND ADDRESS OF SCHOOL:
(check all that apply)

- New Construction
- Portable(s) _____
(Manufacturer Name/Model #)
- Remodel
- Food Service (new or remodel
requires separate Food Service
Plan Review Application)

_____ *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*

_____ *City* _____ *Zip Code*

_____ *Phone Number* _____ *Fax Number*

_____ *PROJECT START DATE*

_____ *PROJECT COMPLETION/OPENING DATE*

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.

SEE CURRENT FEE SCHEDULE
Purchase Orders are NOT accepted.

NOTE: Please provide Supplemental Information, pages 1-7 attached to this Application, as applicable.

X _____
Signature of Applicant _____ Date

FOR HEALTH DISTRICT USE ONLY

PLAN REVIEW BY: _____

DATE: _____

FS PLAN REVIEW BY: _____

DATE: _____

Environmental Health Division

SCHOOL PLAN REVIEW CHECKLIST

Please indicate which components are applicable for this project.

NAME AND ADDRESS OF SCHOOL: _____

PROJECT LOGISTICS:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will students be displaced during the construction period? | <input type="checkbox"/> | <input type="checkbox"/> |
| A. If yes, where will displaced students be schooled? _____
(if portable classrooms are utilized, please request Portable classroom packet.) | | |
| 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?
If yes, submit a site safety plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will foodservice (main school kitchen) be impacted by the project?
If yes, please describe alternative means of foodservice to be provided:

_____ | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

PORTABLE CLASSROOMS (check applicable [may be both]):

Existing Portable Classrooms. Manufacturer Name/Model #:

 Proposed Portable Classrooms. Manufacturer Name/Model #:

BUILDINGS: WAC 246-366-050

- | | | |
|--|--------------------------|--------------------------|
| 1. Ceiling Height - at least 8 feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Projections (light fixtures, beams, etc.) at least 7 feet from floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Stairways have handrails? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Steps have non-slip treads? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Floors have easily cleanable surfaces? | <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 |
|--|--------------------------|--------------------------|
| 6. Windows provided, excluding special purpose instruction areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Exterior sun control excludes direct sunlight from assembly rooms during at least 80% of normal school hours or school air conditioned? | <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"/> |
| 2. Adequate, conveniently located toilet and handwashing facilities provided for students and employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Single-service towels or warm air dryers provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Temperature controls provided for handwash (120° F) and showers (100-120° F)? | <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"/> |
| 6. Shower and drying areas have impervious, non-skid floors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Walls in shower areas water impervious up to shower head height, with upper walls and ceiling that are smooth and easily cleanable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Locker and dressing room floors water impervious?
<input type="checkbox"/> Washable walls?
<input type="checkbox"/> Floor drains provided? | <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"/> |
| 2. Have engineered plans for on-site disposal been approved? | <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"/> |
| 2. Are sources producing air contaminants of public health significance locally vented? (See Safety WAC 246-366-140) | <input type="checkbox"/> | <input type="checkbox"/> |

School Plan Review Checklist
Supplemental Information Requested

- 3 High-volume copy machine in use?
(Dedicated exhaust system vented to outside recommended.)

Yes No

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

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 gymnasium which may be 60° F.

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. Maximum ambient noise level in vocational areas when all exhaust systems are operating will not exceed 65 dBA.)

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:

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

2. Does lighting minimize shadows?

SCIENCE AREA:

1. Handwash sink(s) provided with soap and paper towel dispensers?
2. Emergency eyewash provided?
(Must meet American National Standards Institute (ANSI) criteria for primary eyewash units. Specifically, these units must meet ANSI Z358.1-1981 criteria or better.)
3. Emergency safety shower provided?
4. Chemical storage area provided?
- Mechanically vented, not recirculated
 - Lockable
 - One hour fire rating for walls and doors
 - Self-closing door(s)

School Plan Review Checklist
Supplemental Information Requested

Yes No

- Large enough to properly separate chemicals
 - Adequate lighting (50 f.c.)
 - Shelf stoppers (lips) on storage shelves
 - Storage shelving secured
 - Fire detection equipment (recommended)
 - Two exits (recommended)
5. Natural gas provided to workstations?
6. Master gas shut-off easily accessible and clearly marked?
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?
8. Storage facilities for flammable materials?
9. Fire cabinets meet fire code?
10. Refrigerators (chemical storage) nonspark?
11. Sinks with hot and cold water?
12. Acid resistant plumbing?
13. Exterior gas control?
14. Are two widely marked exits available?
15. Electrical outlets in wet areas have ground fault interrupters (GFI's)?
16. Table tops made of noncombustible materials?
17. General and/or spot nonrecirculated on demand ventilation system to control odors while doing laboratory work?
18. Is general or local ventilation appropriate for proposed art materials and processes?
19. Eye-wash and shower provided as needed, and properly located?

- | | Yes | No |
|--|--------------------------|--------------------------|
| 20. Are flammable materials storage cabinets provided, if necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do fire cabinets meet fire code standards? | <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"/> |
| 2. Chemical storage provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Mechanically vented, not recirculated | | |
| <input type="checkbox"/> Lockable | | |
| <input type="checkbox"/> One hour fire rating for walls and doors | | |
| <input type="checkbox"/> Self-closing door | | |
| <input type="checkbox"/> Large enough to properly separate chemicals | | |
| <input type="checkbox"/> Adequate lighting (50 f.c.) | | |
| <input type="checkbox"/> Shelf stoppers (lips) on storage shelves | | |
| <input type="checkbox"/> Storage shelving secured | | |
| <input type="checkbox"/> Fire detection equipment (recommended) | | |
| <input type="checkbox"/> Two exits (recommended) | | |
| 3. Will a kiln be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Overhead dedicated exhaust system vented to outside? | | |
| <input type="checkbox"/> Kiln located outside in fenced area? | | |
| 4. Will your school provide photography darkroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Handwash sink(s) provided with soap and paper towel dispensers? | | |
| <input type="checkbox"/> Dedicated exhaust system vented to outside? | | |
| 5. Will Graphic Arts area have ventilation rate consistent with ASHRAE Standard 62? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Spray booth provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Emergency eyewash provided?
(Must meet Standards ANSI criteria for primary eyewash units. Specifically, these units must meet ANSI Z358.1-1981 criteria or better.) | <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"/> |
|--|--------------------------|--------------------------|

School Plan Review Checklist
Supplemental Information Requested

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Emergency eyewash provided?
(Must meet ANSI criteria for primary eyewash units. Specifically, these units must meet ANSI Z358.1-1981 criteria or better.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Master electrical shut-off easily accessible and clearly marked? | <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"/> |
| 2. Emergency eyewash provided?
(Must meet ANSI criteria for primary eyewash units. Specifically, these units must meet ANSI Z358.1-1981 criteria or better.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fume collection system provided for oxy-acetylene and arc welding booths? (Must meet criteria found in WAC 246-366-140; 296-24-71503.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Master electrical shut-off easily accessible and clearly marked? | <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"/> |
| 2. Master electrical shut-off easily accessible and clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sawdust collection system provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Emergency eyewash provided?
(Must meet ANSI criteria for primary eyewash units. Specifically, these units must meet ANSI Z358.1-1981 criteria or better.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Spray booth provided? | <input type="checkbox"/> | <input type="checkbox"/> |

HORTICULTURE:

- | | | |
|--|--------------------------|--------------------------|
| 1. Handwash sink(s) provided with soap and paper towel dispensers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vented storage cabinet provided for agricultural chemicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hoses with anti-siphon devices? | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

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> , 1997, U.S. Consumer Product Safety Commission (Publication No. 325) for specific equipment guidelines.] | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Equipment properly anchored? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Each piece of equipment has an adequate use zone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Resilient surfacing material provided under playground equipment? | <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"/> |
| 6. Drainage of playground area (including area under equipment) adequate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tires have drainage holes to prevent accumulation of standing water? | <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"/> |

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