



Tourist & Travelers' Accommodation Plan Review Application

New Construction	Remodel
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Required fees must accompany this application.

Make checks payable to and mail to:
Marion County Environmental Health
3160 Center St NE, Salem OR 97301

Name of Establishment: _____

Facility Address: _____

Facility Phone: _____

Owner: _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____

Billing: (same as Owner)

Billing Address: _____

Billing Email: _____ Billing Phone: _____

Contact Person & Title (architect, manager, same as Owner):

Mailing Address: _____

Email Address: _____ Daytime Phone: _____

Projected start date: _____ Projected date for completion: _____

FOR OFFICE USE ONLY

Fee received: _____ Date: _____

Reviewed by: _____ Date: _____

Approved Δ

Not Approved Δ

Comments: _____

Bath and Toilet Room (OAR 333-029-0050):

- 1. Will bathrooms and toilet rooms be provided in each lodging unit? Yes No

 - 2. Will communal (*shared*) bathrooms or toilet rooms be provided? Yes No
 - Number of shared toilet rooms _____ ▪ Number of shared bathing rooms _____

 - 3. Please describe all finishes used on the following bath/toilet room surfaces:
 - Floors _____
 - Walls _____
 - Floor-Wall Junction _____
 - Ceiling _____
 - Bathtub and shower floors _____
 - Shower doors _____
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Laundry, Bedding and Linen (OAR 333-029-0090):

- 1. Will self-service laundry be available to quest? Yes No

 - 2. Where will guest bedding and linen be laundered?
 - On-premise Third-party facility: _____

 - 3. Where will clean bedding and linen be stored?

 - 4. How will mattresses be protected?
 - Mattress pads Mattress covers Other: _____

 - 5. How will bedding and linen contaminated with bodily fluids (blood, vomit, etc) be handled?

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Pest/Vector Control (OAR 333-029-0065):

- 1. Are pets and other non-service animals allowed in the lodging units? Yes No

- 2. How will pest issues be addressed (including rodents, bedbugs, ticks, fleas, etc)?

Ventilation (OAR 333-029-0045):

Describe the type of ventilation that will be provided in the areas below:

▪ Natural (<i>windows, skylight, etc</i>)	▪ Mechanical (<i>HVAC, exhaust fan, etc</i>)
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Sleeping Rooms _____

Bathing Rooms _____

Toilet Rooms _____

Laundry Rooms _____

Lodging Kitchens (OAR 333-029-0110):

1. Will refrigerators be provided in the lodging units? Yes No

a. If yes, how will you verify refrigerators are maintaining proper temperatures?

2. Will cooking/reheating equipment be available to guest? Yes No

- a. Microwave
- b. Stationary Stove/Oven
- c. Portable Stove or Electric Griddle

3. Will lodging units be supplied with reusable dishes and utensils? Yes No

a. If yes, how will these utensils be cleaned and/or sanitized after guest use?

4. Are dish washing facilities provided within the facility? Yes No

- a. Commercial Dishwasher
- b. Three-compartment sink
- c. Residential dishwasher inside the lodging unit

Chemicals and Physical Hazards (OAR 333-029-0100):

1. Where will cleaning supplies and other chemicals be stored?

2. Will lighting be provided for stairways? Yes No N/A

3. Will handrails be provided on both sides of the stairways? Yes No N/A

Travelers' Accommodation Rules (OAR 333-029-0000):

1. Do you have a current copy of the Travelers' Accommodation Rules? Yes No

The rules are online at: <https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/RECREATION/POOLSLODGING/Documents/touristrules.pdf>

2. Do you know how to locate specific information in the rules? Yes No

Time Limitation of application: The plan review application will expire 12 months after the date of submission. At that time, your payment will be forfeited and a new application and payment will be required that meet current code requirements.

Statement: I hereby certify the above information is correct and I fully understand that any deviation from the above without prior permission from the Local Public Health Authority may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

_____	Date _____
_____	Date _____
_____	Date _____

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required—federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment, with equipment in place and operational, will be necessary to determine if it complies with the Travelers' Accommodation Rules (Oregon Administrative Rules Chapter 333, Division 029)