

Highland County General Health District
1487 N. High St. Suite 400
Hillsboro, OH 45133
Telephone: (937) 393-1941
Fax: (937) 393-4694
Email: info@highlandcountyhealth.org
www.highlandcountyhealth.org



Application
For Reviewing facility layout & Equipment specifications for:

Food Service Operations (FSO)
Retail Food Establishments (RFE)
Micro-markets (Considered Risk I RFE) & Vending Sites

- ✓ Facility layout and equipment specifications are required to be submitted to the local health department for all new or extensively altered FSOs or RFEs. This office will act upon these specifications within 30 days of receipt. [Ohio Administrative Code (OAC) 3701-21-03:] & [OAC 901:3-4-07]
- ✓ Your application must comply with the ORC 3717-1-09. The facility layout and equipment specifications submitted for the approval of the licenser shall clearly confirm that the applicable provisions of OAC 3717-1 can be met.
- ✓ There are some exclusions and exemptions from licensure – see RFEs see ORC 3717.22 Excluded Operations & Entities; for FSOs see - ORC 3717.42 Exclusions - Exemptions from License Requirement

FOOD FACILITY AND VENDING SITE REVIEW PROCEDURE

- ☑ Cost for review needs to be remitted at time of plans and paperwork submittal: The current HCHD fee schedule is available on our website or at our office. Facilities that are currently licensed are be exempt from the fee if changes are taking place in the facility at the location as it relates to that valid license. If an additional license is being added to a property, then the fee will apply.
- ☑ Vending sites and mobile concessions are exempt from review fee.
- ☑ A detailed set of plans and other required materials outlined in this application must be submitted to this office for review prior to construction, alteration, or in some cases change of ownership.
- ☑ The HCHD will review the plans and submitted materials are then reviewed to help determine that there are no problems with the flow of food production, preparation, and service as well as to ensure compliance with all existing rules and regulations.
- ☑ A letter regarding the status of the plans will be sent within thirty (30) days along with a FSO or RFE license application. Following review, the proper risk classification will be determined and the appropriate license fee will be included in the approval letter.
- ☑ The HCHD will need to be contacted for a pre- licensing inspection prior to the opening of the FSO or RFE operation. The facility must be ready to open at time of final inspection. Any issues that must be addressed will be stated on the opening inspection report for further follow-up. Criteria for licensing includes that the operation was constructed according to the approved plans and all equipment in the operation is the same as listed on the plans. Cold holding equipment should be up and running with working thermometers in them to verify temperature.
- ☑ All plumbing, building, fire and electrical inspections must be completed before final approval for opening is granted by HCHD. Approvals can be submitted to this office or be available for review during pre-licensing inspection.
- ☑ Person in charge certification in Food Protection is required for each shift manager for any new food service operation or retail food establishment. All risk level III and IV facilities are required to have at least one manager with an Ohio Manager's training certification. Approved course providers are listed on the Ohio Department of Health's website: <https://odh.ohio.gov/know-our-programs/food-safety-program/food-safety-certification/food-safety-certification>
- ☑ Plans may be submitted dropped off at the HCHD, mailed or electronically provided they are easily readable. Please email any information regarding plans to info@highlandcountyhealth.org or call (937-393-1941 option 3 with any questions.
- ☑ **ALL COMPONENTS ABOVE ARE REQUIRED FOR APPROVAL AND ANY INCOMPLETE PLANS WILL BE REJECTED AND MUST BE RESUBMITTED.**

PLANS MUST INCLUDE THE FOLLOWING:

_____ Plans shall be legible, be drawn reasonably to scale. Recommendation of a minimum 11 x 14 inches in size including the layout of the floor plan.

_____ Plans must include:

- The total area to be used for the FSO/RFE including square footage.
- All portions of the premises in which the FSO/RFE are to be conducted
- Entrances and exits
 - Make sure to include delivery entrances and loading/unloading docks.
- Location, number and types of plumbing fixtures, including all water supply facilities.
 - Include location of floor drains, floor sinks, water supply lines, all wastewater lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line with connections, and grease traps;
- Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces.
 - At least 110 lux (10-foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units, dry food storage areas, and in other areas/rooms during periods of cleaning;
 - At least 220 lux (20-foot candles) at the following: i. At a surface where food is provided for consumer self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold or offered for consumption; ii. Inside equipment, such as reach-in and under-counter refrigerators; iii. At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, equipment, utensil storage, and in toilet rooms; and,
 - At least 540 lux (50-foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor;
 - All lights in food preparation areas must have protective shielding or shatter resistant bulbs;
- Building materials and surface finishes to be used
 - Complete finish schedule for each room, including floors, walls, ceilings, and coved junctures bases.
 - *OAC 3717-1-06.1(A) Except as specified under paragraph (D) of this rule and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.*
- A floor plan showing the general layout of fixtures and other equipment. Make sure items are clearly labeled on the plan or with an attached index. Things to include:
 - All equipment such as cooking equipment, refrigeration equipment, holding equipment, slicers, mixers, etc.;
 - All plumbing fixtures, including the location of all hand sinks, ware washing sinks, food preparation sinks, dump sinks, mop sinks, dish machines and hot water heaters.
 - Plans must indicate how and where all multi-use items, small wares, and utensils will be staged for air drying and final storage;
 - Location of mop sinks or curbed cleaning facilities with area for hanging wet mops, and any garbage can washing areas;
 - Location and purpose of any auxiliary areas such as employee break rooms, dressing rooms, walk-in coolers/freezers, ware washing rooms, dry food storage rooms, chemical storage rooms, garbage storage, and basements
- Additional items to include
 - Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
 - A site plan including the location of the business in reference to neighboring streets, alleys and/or buildings and any outside support infrastructure such as dumpster areas, potable water source, and

sewage treatment systems;

Equipment **list** Attach a list that includes the equipment manufacturers and model numbers.

- Food equipment that is acceptable for use in a FSO or a RFE shall be approved as specified under rule 3717-1-04.1 (LL) of the Administrative Code. No Household refrigerators for TCS foods.
- Make sure to include ALL equipment to be used within your facility. All food equipment must be commercial grade and the food equipment schedule must include make, model numbers, and certification status of equipment. Equipment must be certified or classified for sanitation by an ANSI accredited certification program (when applicable). Some of the accreditations accepted are NSF, UL Sanitation, ETL Sanitation, and CSA Sanitation;



- In cases where equipment does not meet the commercial grade or listed certification, a determination on a case-by-case basis in consultation with other regulatory agencies as allowed by code.

Menu: Attach a general outline of foods to be prepared, processed or sold.

★ ALL COMPONENTS ABOVE ARE REQUIRED FOR APPROVAL AND ANY INCOMPLETE PLANS WILL BE REJECTED AND MUST BE RESUBMITTED.

The type of license eventually issued is determined by all of the following:

- 1) Primary type of business (FSO or RFE)
- 2) The size of a facility [Small (<25,000 sq. ft.) or Large (≥25,000 sq. ft.)]
- 3) If the facility is classified as commercial or non-commercial; and
- 4) Risk classification (Class I, II, III or IV) or Vending site

Some of the other agencies that may need to be contacted:

Agency & Contact Questions regarding:

Building, Electrical, Liquor licensing

- ★ **Department of Commerce** - Bureau of Construction Compliance
Reynoldsburg Central Office 6606 Tussing Rd., PO 4009, Reynoldsburg, Ohio 43068-9009
 - Customer Service: (614)644-2622 or (800)523-3581
 - Division of Liquor Control:(614)644-3155
 - Greenfield Building Inspector:(937)981-3048
 - Hillsboro Building Inspector (937)393-5219
 - Clinton County Building Dept. (for Lynchburg area): 937-382-5134

- Any zoning permits/requirements –**
 - ★ **Local township trustees or village officials -**

- On-site or semi-public septic systems.**
 - Private or semi-public water systems. Municipal Water or sewage**
 - ★ **Local Water or Sewage companies.**
 - ★ **Ohio EPA** - Division of Surface Water – SW District Office, 401 E. Fifth St., Dayton, Ohio 45402, Phone:(800)686-8930 or (937)285-6357
 - ★ **Highland County Health Dept.** (937)393-1941 - Water samples are taken Monday afternoons.

- Food production:** - Cottage Food; Farm/farmers markets; Food Delivery; Food storage/ Warehouse Licenses; Dairy production; Home Bakeries; Labeling requirements; Meat Inspection; Pesticide Application Licenses; Whole sale items; Plant sales; Bottling; Juice Production; etc.
 - ★**Ohio Dept. of Agriculture** - 8995 E. Main St., Reynoldsburg, Ohio 43068
Phone: (800)282-1955 or (614)728-6250 – Food Division
Whole Sale local contact Matt Fout: (614)600-4272

- Food Service Ohio Certification:**
 - ★ **Ohio Dept. of Health** - Bureau of Environmental Health and Radiation Protection, Food Safety Program, 246 North High Street, Columbus, OH 43215 Phone: (614) 644-7416 E-mail: BEH@odh.ohio.gov

- Plumbing:[Commercial]** *Applications/fees are submitted to the Highland Co. Health Dept. visit our website under Environmental Health- Commercial Plumbing for details.
Current plumbing inspector is JD Crowe Phone: (937)999-7586

- Fire Code Requirements and inspections**
 - ★ **Your Local fire authority** or the State Fire Marshall - State Fire Marshall (614) 728-5460

- Road worthiness of mobile food units**
 - ★ **Bureau of Motor Vehicles, Sheriff’s office or other agencies**

- Vendor licenses**
 - ★ **Highland County Auditor** Phone: (937) 393-1915

- Day care requirements**
 - ★ **Ohio Job & Family Services** - Child Day Cares Phone: (614)466-1213

PLAN SUBMISSION CHECKLIST

ALL of following are required components and must be submitted to our office for approval of proposed food service operation and/or retail food establishment. Failure to provide required information may result in the plans being unapproved and further delays.

- Plan Review fee
- Completed Plan Review Application
- All required policies/procedures
- Proposed menu or list of foods to be served
- Facility floor plan. Must include:
 - Square footage of facility
 - Site plan showing location of any outside equipment such as grease traps, dumpsters, grease bins, and storage buildings
 - Location of all entrances and exits, loading docks, etc.
 - Location and layout of all proposed pieces of equipment
 - Location of dry storage and chemical storage
 - Designated area for storage of employee belongings
 - Interior and exterior seating (if applicable)
 - Lighting schedule showing the location of all overhead lighting, including inside walk-in coolers/freezers
 - Finish schedule of floors, walls, and ceilings in all areas
- Equipment List: Manufacturers make and model of all equipment (all equipment must be commercial-grade, NSF, ETL Sanitation, UL Sanitation, etc.)
- Plumbing Plan
 - Location of water supply lines to building
 - Location of all plumbing fixtures, including hand sinks, mop sinks, ware washing and food prep sinks
 - Location and size of grease interceptor
 - Location and capacity of water heater
 - Location of wastewater connections
 - Location of all backflow preventers
 - Location of air gaps
 - Location of floor drains

Approvals/documentation as it relates to this review from other agencies. (Will need to provide a copy, or have documentation available at final walk-through)

If something is not enclosed, please provide written documentation of when it will be submitted.

FACILITY AND EQUIPMENT REVIEW APPLICATION & QUESTIONNAIRE:

Please fill out the following information. Place a “?” mark next to any question you do not know.

FACILITY INFORMATION

Food Facility Name: _____

Street Address: _____

City

State

Zip

Telephone: _____

e-mail _____

Township _____

Office Use

Plan Review Fee: _____
 Amount Paid _____
 Date Received: _____
 Receipt #: _____
 Large Fac. _____ Small Facility _____
 RL 1__ RL 2__ RL 3__ RL 4__
 COM__ NCOM_____
 FSO__ RFE_____
 Vending _____ Micro market _____

APPLICANT/OWNER INFORMATION

Name of Applicant: _____

Title (Owner, Manager, Architect, etc.) _____

Mailing Address: _____

City

State

Zip

Telephone: _____

E-mail _____

APPLICANTS' ACKNOWLEDGEMENT STATEMENT

I hereby certify that the provided information is correct, and I fully understand that any deviation from the it without prior approval from this office may nullify an approval. I understand that any approval of these plans and specifications by the Highland County Health Department does not indicate compliance with any other code, law or regulation that may be required-federal, state, tribal or local. It further does not constitute endorsement or acceptance of the completed operation (structure or equipment).

Signature: _____ Date: _____

Owner or Responsible Representative

CONSTRUCTION INFORMATION

Check Best Description(s) of Project:

- New Construction;
- Existing building that has never been a licensed food facility;
- Facility that has not been licensed in the last year;
- Remodel of a currently licensed facility;
- Changing type of food licensing;

- Transfer or licensed operation under new ownership;
- Equipment upgrade;
- Menu upgrade;
- Other:

Proposed Date for Start of Project:	Projected Date of Completion:
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Total Square Feet of Facility	Will there be indoor seating? ___N/A ___Yes ___No Seating capacity: _____	Is there a walk-up window for sales: ___N/A ___Yes ___No
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Plans Submitted to: (Check all that apply) If available attach or indicate date of final approval regarding this project

Building Dept. _____

Fire Dept. _____

Plumbing Division. _____

Ohio Dept. of Agriculture _____

Other Agencies (please list) _____

FACILITY TYPE (Check)
When the activities of a RFE and a FSO are carried on within the same facility by the same person or government entity the determination will be based on the greater sales volume/anticipated sales volume as determined by criteria outlined in OAC 3717-1-02 "Determination of the primary business of a facility for purpose of licensure."

Commercial Food Service Operation Majority of food is prepared and served on site.
 Food Service Operation" (FSO)(ORC 3717.01F) :A place, location, site, or separate area where food intended to be served in individual portions is prepared or served for a charge or required donation. As used in this division, "served" means a response made to an order for one or more individual portions of food in a form that is edible without washing, cooking, or additional preparation and "prepared" means any action that affects a food other than receiving or maintaining it at the temperature at which it was received. Except when expressly provided otherwise, "food service operation" includes a catering FSO, food delivery sales operation, mobile FSO, seasonal FSO, temporary FSO, and vending machine location

Noncommercial Food Service Operation Majority of food is prepared and served on site.
 (OAC 3701-21M) A FSO as described in ORC 3717, conducted by any of the following: an agency of the government, a church, school, non-profit youth group whose membership consists primarily of persons aged eighteen or younger, or an organization which is described in subsection 501(c)(3) and are tax exempt under subsection 501(a) of the Internal Revenue Code.

Commercial Retail Food Establishment Majority of food is prepared and packaged for offsite consumption.
 Retail Food Establishment" (RFE) (ORC 3717.01C) A premises or part of a premise where food is stored, processed, prepared, manufactured, or otherwise held or handled for retail sale. Except when expressly provided otherwise, "retail food establishment" includes a mobile RFE, seasonal RFE, and temporary RFE. As used in this division: (1) "Retail" means the sale of food to a person who is the ultimate consumer. (2) "Prepared" means any action that affects a food, including receiving and maintaining it at the temperature at which it was received.

Noncommercial Retail Food Establishment Majority of food is prepared and packaged for offsite consumption.
 (OAC 901:3-4-01L) A RFE as described in ORC 3717, conducted by any of the following: an agency of government, a church, school, non-profit youth group whose membership consists primarily of persons aged eighteen or younger, or an organization which is described in subsection 501(c)(3) and is tax exempt under subsection 501(a) of the Internal Revenue Code.

List hours of operation:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

TYPE OF SERVICE	
___ N/A ___ Yes ___ No Will meals be served? If yes what type: _____ Breakfast ___ Lunch ___ Dinner ___ Catered	
___ N/A ___ Yes ___ No Will this be a seasonal operation (opened less than 6 months per year)? If yes, list the months that your facility will operate:	

Type(s) of activities that will take place in your operation: (CIRCLE all that apply)

A- -C	___ Acidification of White ___ Rice Preparation ___ Baby Food Sales ___ Bakery	___ Bar ___ Bulk Water Dispenser ___ Bottling/Canning product ___ Butcher Shop/Meat Dept.	___ Cater ___ Church ___ Cold Buffet ___ Cold holding TCS foods ___ Coffee/Tea Brewers	___ Community Center ___ Cooking foods ___ Cooling foods ___ Cottage Foods sold ___ Custom Processing
	D- F	___ Daycare ___ Deli ___ Donut/pastry/bread display – (Self Service)	___ Drive Thru sales ___ Drive Up window	___ Fountain beverages ___ Food preparation off site
G- I	___ Grocery items/display ___ Grocery Store ___ Growing own produce	___ HACCP Plan required ___ Hospital ___ Hot Buffet ___ Hot Holding TCS foods	___ Ice machine ___ Ice (bagged on site) sales	___ Fresh Egg Sales ___ Farm/Farmers ___ Market ___ Fresh Produce Sales
	J- R	___ Meal delivery (bulk or similar to Meals on Wheels) ___ Meal delivery to order (i.e., pizza delivery)	___ Micro Market ___ Microbrewery ___ Mobile Food Commissary	___ Ice-cream – hand dipped ___ Ice-cream – soft serve
S- Z	___ Salad Bar ___ Salvage Food Store ___ School Cafeteria main	___ Nursing ___ Home/Assisted Living ___ Processor ___ Other: _____	___ Restaurant ___ Reheating of foods ___ ROP Reduced ___ Oxygen Packaging	___ Vending ___ Commissary ___ Vending Site ___ Whole sale ___ Warehousing
		___ School Cafeteria – satellite location ___ Sit Down Meals ___ Snack bar	___ Slaughter House ___ Special Processes ___ Summer Feed Program ___ Take-out foods ___ Time in lieu of Temp.	

List other food related activities that will take place at the above facility that may not be listed above:

FACILITY RISK CLASSIFICATION

Please review the following options below and mark which best describes your facility and daily operations.

Risk level I (also Micro markets) poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or sells:

- (1) Coffee, self-service fountain drinks, prepackaged non-time/temperature controlled for safety beverages;
- (2) Pre-packaged refrigerated or frozen time/temperature controlled for safety foods;
- (3) Pre-packaged non-time/temperature controlled for safety foods; or
- (4) Baby food or formula.

A "food delivery sales operation" as defined in division (H) of section 3717.01 of the Revised Code shall be classified as a risk level I.

Risk level II poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

- (1) Handling, heat treating, or preparing non-time/temperature controlled for safety food;
- (2) Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received; or
- (3) Heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service.

Risk level III poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption or processing a raw food product requiring bacterial load reduction procedures in order to sell it as ready-to-eat. Examples of risk level III activities include, but are not limited to:

- (1) Handling, cutting, or grinding raw meat products;
- (2) Cutting or slicing ready-to-eat meats and cheeses;
- (3) Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- (4) Operating a heat treatment dispensing freezer;
- (5) Reheating in individual portions only; or
- (6) Heating of a product, from an intact, hermetically sealed package and holding it hot.

Risk level IV poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish, or shellfish or a food with these raw time/temperature controlled for safety items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for time/temperature controlled for safety food or performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process. Examples of risk level IV activities include, but are not limited to:

- (1) Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days; or
- (2) Caterers or other similar food service operations that transport time/temperature controlled for safety food.

Vending Site

PHYSICAL FACILITIES

<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will all pipe penetrations, beverage chases & electrical conduit chases sealed, ventilation systems exhaust and intakes be protected?
WATER SUPPLY:	<ul style="list-style-type: none"> • Make sure to attach a copy of the written approval and/or permit, if applicable. • Water sample results will also need to be available for review prior to licensing.
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of water supply public or private? ___ Public (Community/Municipal) or ___ Private:(___ Well* ___ Other: ___)
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	If Private, has the source been approved by the EPA?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	If semi private, has the source been approved by the HCHD?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the hot water tank sized sufficiently, particularly during peak demand times?
SEWAGE DISPOSAL:	<ul style="list-style-type: none"> • Make sure to attach a copy of the written approvals and/or permits, if applicable. • Grease traps are required if facility is preparing any grease-bearing foods. • Grease traps must be properly sized according to size of 3-compartment sinks
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the building connected to municipal sewer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, is the building connected to an EPA-approved private treatment system?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Are grease traps provided in this facility?
	Size of grease trap (in gallons per minute):
<input type="checkbox"/> Inside <input type="checkbox"/> Outside	Location of grease trap
PLUMBING FIXTURES:	<ul style="list-style-type: none"> • Ware washing sinks & Dishwashers: Adequate space must be available for proper air drying of dishes. • Hand sinks must be conveniently located and in proximity to all food prep and ware washing areas. The handwashing sink is only for washing of hands and no other use. • Food preparation sinks are required if any food/produce will be washed, soaked, thawed, or cooled using an ice bath. All food prep sinks must be indirectly drained with an air gap to prevent backflow. A food prep sink is a separate sink from both the 3-compartment sink and handwashing sink. • A dump sink is required if beverages (coffee, smoothies, bar drinks) will be routinely emptied. • Laundry facilities in the food operation shall be used only for the washing and drying of items used in the food operation. Washers and dryers are not allowed in ware washing/food prep areas. • Appropriate test strips must be available for each sanitizer used to ensure effective concentration.
<input type="checkbox"/> N/A or Check	If your facility will have any of the following:
<input type="checkbox"/> 3 compartment sinks, <input type="checkbox"/> 2 compartment sinks, <input type="checkbox"/> Commercial dishwasher <input type="checkbox"/> Food preparation sinks, <input type="checkbox"/> Hand wash sinks, <input type="checkbox"/> Waitress station sinks,	<input type="checkbox"/> Ice cream scoop wells <input type="checkbox"/> Ice Machine <input type="checkbox"/> Restroom sinks, <input type="checkbox"/> Mop/utility sinks, <input type="checkbox"/> Washing machine <input type="checkbox"/> Other _____
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Do all hand sinks have hot and cold running water (at least 85°F), soap, a waste basket, and hand washing signage?
<input type="checkbox"/> N/A or Check	Type of hand-drying facilities: (check all that apply) ___ paper towels ___ air blower ___ other:
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a 3-compartment sink be used for the primary wash/rinse/sanitizing of dishes/utensils generated?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the 3 compartments sink large enough to accommodate the largest piece of equipment within the facility?

<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there drain boards for both dirty and cleaned dishes? If no, explain:
<input type="checkbox"/> N/A or Check	Type(s) of sanitizer to be used in the 3-compartment/2 compartment sink: <input type="checkbox"/> Chlorine, <input type="checkbox"/> Quaternary Ammonium, <input type="checkbox"/> Hot water(171F or above), or <input type="checkbox"/> Iodine
<input type="checkbox"/> N/A or Describe	Describe procedure for how cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized.
<input type="checkbox"/> N/A or Describe	Where is the mop sink located?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be hooks/hangers installed for proper mop drying?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a washer and/or a dryer be located on the premises?
OUTER OPENINGS & PEST CONTROL	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any roll-up doors/windows to the outside? Examples: garage doors, roll up windows?
<input type="checkbox"/> N/A or Describe	How will the entry of pests be prevented? Examples: screen, weather stripping?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be using a pest control company to regularly check/apply pest control measures? If yes list name of company:
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	If used, are insecticides/rodenticides stored separately from cleaning and sanitizing agents Cleaning supplies (chemicals/ brooms/mops etc.)
REFUSE / RECYCLABLES • Please ensure location of outside facilities are indicated on plans	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will refuse be stored overnight or longer inside your facility? If yes, where will the garbage/recyclables be stored within the facility?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an area designated for garbage can or floor mat cleaning?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a compactor be used?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a dumpster be used to store refuse/recyclables outside of the facility? If yes what size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Other _____ Number of dumpsters? _____
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dumpster installed on smooth pavement, with tight fitting lids, curbed and sloped to drain
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	(Outside): Is the area around premises clear of unnecessary brush, litter, boxes, etc.?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an area to store recycled containers? If yes, indicate location:
<input type="checkbox"/> N/A or Describe	Name of company who will supply and empty the dumpster
<input type="checkbox"/> N/A or Describe	Name of company who will supply and empty the grease barrel
<input type="checkbox"/> N/A or Describe	Frequency of trash pickup
<input type="checkbox"/> N/A or Describe	What is the anticipated frequency for cleaning the grease trap?
RESTROOMS	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Do any toilet rooms open into the food preparation area? If yes, the doors must be self-closing.

N/A Yes No Do all restrooms have trash receptacles with lids? Required for all restrooms used by women.

CHEMICAL STORAGE AREA

N/A Yes No Is there a separate, dedicated area for all chemicals and toxic materials?

DRESSING ROOMS / EMPLOYEE BELONGINGS

N/A Yes No Where will employees' personal belongings (i.e., purse, coats, boots, umbrellas, lunches, etc.) be stored:

N/A or Describe Describe where all soiled linens (if applicable) will be stored.

N/A or Describe Describe where clean linens will be stored:

INTERIOR FINISHES

- Floor, wall, and ceiling surfaces in areas where food is prepared, stored, or served; areas where dishes are cleaned; as well as restrooms must be smooth, durable, non-absorbent, and easily cleanable.

N/A Yes No Will floors, walls & ceilings in the food preparation, dishwashing area, & restrooms be smooth, non-absorbent and easily cleanable?
If no, please explain:

Yes No This information is included in the plans.
If no, please fill in chart or attach information to this packet

Room	FLOORS	WALLS	CEILING	COVING
Food prep areas				
Ware washing area				
Dry food storage				
Chemical storage				
Restrooms				
Utility rooms/mop sink				
Dining/Buffer				
Other:				
Other:				

EQUIPMENT

Yes No Equipment make and model of ALL equipment and/or specification sheets are attached and/or included in plans

N/A or Check Type of dishes to be used: Single service (disposable) Multi-use Service (Washable)

Yes No Will all equipment be approved by a certified testing agency, such as NSF, ETL Sanitation, UL Sanitation, etc.?

Yes No Will a mechanical dishwasher be installed?
If yes, what type of sanitization unit is the dishwasher equipped with? Heat or Chemical

N/A Yes No Is ventilation provided for the dishwasher?

N/A or Describe Describe procedure for how cooking equipment, cutting boards, counter tops and other food

	contact surfaces which cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Are test strips available?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	If heat sanitizing, will there be a maximum registering thermometer (or 160°F temperature sensitive stickers) on site, as required?
<input type="checkbox"/> N/A or Describe	Total Number Refrigeration units: _____ Total Number Freezer units: _____
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will any equipment be located outside? If yes, describe:
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will a hood system be installed in the food cooking area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes will the hood be required to have an Ansul system.?

FOOD HANDLING PROCESS QUESTIONNAIRE

<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	POPULATION: Does the facility serve mainly a high-risk clientele, including immune-compromised or elderly individuals in a healthcare or assisted living facility?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	DOGS ON PATIOS: Will your facility allow dogs on patios while patrons eat? If yes, attach guidance of how dishes used for pets will be handled and how staff will be trained on code compliance issues.
FOOD SOURCES	<ul style="list-style-type: none"> Approved sources are those processors inspected by a federal food safety regulatory authority (or equivalent), a cottage food production operation (properly labeled), or another licensed FSO or RFE
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will all food be purchased from approved sources?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your facility offer any cottage food items for sale? If yes, describe:
List Food Sources:	
RECEIVING:	
<input type="checkbox"/> N/A or Describe	Approximately how often will you be receiving food deliveries? <input type="checkbox"/> Daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> Other _____
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will any food deliveries occur after hours when no employees are present?
STORAGE:	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Where will the main dry food storage space(s) be located?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Where will the main paper goods storage space(s) be located:
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will any food be stored cold using methods other than in a refrigerator/freezer such as stored on ice, in insulated coolers etc.? If yes, describe
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any outside storage buildings for food or single-use items? If yes, describe
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will raw meats/ poultry/seafood be stored in refrigerators with cooked/ready-to-eat foods?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	How will your facility handle damaged items that are held for return?
FOOD HANDLING PROCESSES	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Types of foods to be washed prior to use/sale: <input type="checkbox"/> seafood, <input type="checkbox"/> pork/beef, <input type="checkbox"/> poultry, <input type="checkbox"/> produce.

___ N/A ___ Yes ___ No	Will ingredients for cold ready-to-eat foods (i.e., tuna, mayonnaise and eggs for salads) be pre-chilled before mixed/assembled?
☐ N/A or List	Types of food prepared <u>more than 12 hours</u> in advance of service:
___ N/A or Describe	Other types of food preparation:
___ N/A ___ Yes ___ No	Will your facility be using ice? If yes: ___ Purchased commercially or ___ made on premises
___ N/A ___ Yes ___ No	Will your facility have fountain drinks, coffee, beverage machines?
___ N/A ___ Yes ___ No	Will any meat or cheese be sliced or ground on site?
___ N/A ___ Yes ___ No	Will your operation be offering any hot food item?
___ N/A ___ Yes ___ No	Will your operation be thawing food items for preparation or for sale? If yes, <input checked="" type="checkbox"/> check and how items will be thawed. ___ Refrigeration, ___ Running water, ___ Cooked frozen, ___ Microwave, ___ Other:
___ N/A ___ Yes ___ No	Will your operation be cooling any food items? If yes, check types of items to be cooled: ___ Thick meats (roasts etc.)/Thin meats (steaks, chops, etc.) ___ <input type="checkbox"/> Seafood ___ Poultry ___ Hot foods (Soups, gravies etc.) ___ Cold foods (Tuna/Potato Salads etc.) ___ Baked goods (Cream pies, etc.)
___ N/A or Describe	What is the method for ensuring foods are cooled rapidly? Food MUST be cooled from 135°F to 70°F within 2 hours, and to 41°F or below within an additional 4 hours.
___ N/A or Describe	Regarding attached menu: If there is a TRADE SECRET/ confidential information that is not available for public review – please indicate who to contact discuss this information as it applies to your facility and food processes. Do not enclose ingredient/recipe in this attachment at this time. Contact Name _____ Contact Phone: _____ Contact e-mail: _____ List general food menu item(s) that trade secret applies to:
___ N/A ___ Yes ___ No	Will foods be reheated? All reheated food MUST reach 165°F within 2 hours. If yes, how will foods be reheated?
___ N/A or Describe	If time is used as a public health control for any TCS foods, please explain process and attach required written procedures. Make sure to list food items:

<input type="checkbox"/> N/A or Describe	Will any foods be served raw or undercooked? Example: burgers, eggs, oysters, fish for sushi?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be a consumer advisory on menu?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	If fish will be served undercooked, is appropriate documentation for freezing for parasite destruction attached?
SPECIALIZED PROCESSES	
<input type="checkbox"/> N/A or Check	Will any of the following processes be conducted within the facility? Please check all that apply.
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Canning/bottling
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Smoking/curing meats for preservation
<input type="checkbox"/> Yes <input type="checkbox"/> No	Packaging fresh pressed- juice
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reduced oxygen packaging (using a vacuum sealer): Defined as the reduction of the amount of oxygen in a package by removing oxygen; displacing oxygen and replacing it with another gas or combination of gases
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cook/chill packaging: Defined as food that is hot filled into impermeable bags which have the air expelled and are then sealed or crimped closed. The bagged food is rapidly chilled and refrigerated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sous vide cooking: Defined as raw or partially cooked food vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Acidification of food for preservation (i.e., acidification of sushi rice) HACCP plan required for rice acidification
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Sale of oyster, clams, mussels from a shellfish tank
<input type="checkbox"/> Yes <input type="checkbox"/> No	*Sprouting of seeds
	*If any above are marked yes, please attach variance from ODA/ODH and/or required HACCP plan(s).
OFFSITE SERVICE	
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your facility be delivering food items based on a single point of sale – ie. Pizza delivery?
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will this facility be catering? Catering is defined as “an operation where food is prepared for serving at a function or event held at an off-premise site, for a charge determined on a per-function or prevent basis. The charge is contracted for on the basis of the entire luncheon, banquet, or event and not on the basis of an individual meal or lunch. Carryout or delivery is not catering.
<input type="checkbox"/> N/A or Describe	How will your food be kept cold or hot between locations and at the event? Please include any transportation equipment along with plans
<input type="checkbox"/> N/A or Describe	Describe how will handwashing be conducted at offsite locations?

___ N/A ___ Yes ___ No	Will any food be transported from your operation to be sold/served in other locations (not catering or single point of sales)? <ul style="list-style-type: none"> o Wholesaling requires an additional license from the Ohio Department of Agriculture (614) 728-6250. If yes, which other locations?
___ N/A or Describe	How will temperatures be maintained during transport?
CUSTOMER SELF SERVICE	
___ N/A ___ Yes ___ No	Will there be a salad bar/buffet? If yes, describe how will contamination from customers be prevented? Example: Sneeze guard, covered containers, use of deli tissue, tong
___ N/A ___ Yes ___ No	Will there be bulk foods for customer self-service? Example: donuts, bulk nuts, bulk candies? If yes, describe how will contamination from customers be prevented? Example: Sneeze guard, covered containers, use of deli tissue, tong
___ N/A ___ Yes ___ No	Vending Sites: Will there be excess food product stored on site?
___ N/A ___ Yes ___ No	Vending Sites: Will there be an attendant on site?
___ N/A or Describe	Vending Sites: List Name and location of main commissary
___ N/A ___ Yes ___ No	Micro markets: Will there be excess food product stored on site?
___ N/A ___ Yes ___ No	Micro markets: Will there be an attendant on site?
___ N/A or Describe	Micro markets: List Name and location of main commissary:
EMPLOYEE HAND CONTACT	
___ N/A or Describe	How will employees minimize bare-hand contact with unpackaged ready-to-eat foods? <input type="checkbox"/> disposable gloves <input type="checkbox"/> utensils <input type="checkbox"/> food grade paper <input type="checkbox"/> other
EMPLOYEE HEALTH	
___ Yes ___ No	Is copy of employee health policy attached? A written employee health policy is required. Plan must detail how the facility complies with rule 3717-1-02.1 of the Administrative Code. Plan must be acknowledged by each employee in a verifiable manner.
___ Yes ___ No	Is copy of vomitus cleanup policy attached? Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the facility. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter. Note: The Ohio Dept. of Health Food safety site has a sample policy that can be downloaded for review.
Describe	Describe where the vomitus cleanup policy and associated kit will be located:

EDUCATIONAL REQUIREMENTS	Required Food Training: Person-In-Charge (formerly "level one") and Manager (formerly "level two"). <ul style="list-style-type: none"> Ohio Department of Health's website: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/food-safety-program/food-safety-certification/food-safety-certification Questions regarding Ohio Certification should be directed to the ODH food safety staff: ODH Telephone: (614) 644-7416 Fax: (614) 466-4556 E-mail: BEH@odh.ohio.gov
Manager Certification (Level II) <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be a level 2 food safety certified manager? <u>Manager Training:</u> Applies to all Risk Level III & IV facilities Please attach copy of certificate(s) if available.
Person-in-Charge Training: (LEVEL I) <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be a level 1 food safety certified employee on site at all times? PIC Training: Applies to Risks I, II, III, IV started after 3/1/2010; or as required by code compliance. Please attach copy of certificate(s) if available.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will all food employees be trained in their assigned duties?

If something is not enclosed, please provide written documentation of when it will be submitted.

If submitted information changes please notify this office as soon as possible of changes.

OFFICE USE ONLY			
DATE	ITEM	DATE	ITEM
	Plans Received		
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	The total area.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	A floor plan showing the general layout of fixtures and other equipment.
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Entrances and exits		Menu Received Questionnaire
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Plan of lighting,	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Equipment List
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Building materials/surface finishes	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Received
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	All portions of the premises	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	HACCP Plans
<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Location, number and types of plumbing fixtures	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Special Processes
		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Health Policy
	Plan Review Fee Paid:		Letters Sent
	Approved		Licensing Application
	Disapproved		License paid for
	Inspections		
	Ohio EPA - septic		Ohio EPA for well water
	HCHD – Semipublic water		Plumbing Division
	Building Department		Liquor Dept.
	Fire Department		ODA Processing
	ODA – Warehousing		ODA – Variance
	Other		ODH – Variance
Comments:			