

Ross County Health District
Environmental Health

150 East Second Street, Chillicothe, OH • Phone (740) 775-1158 • Fax (740) 779-9615

FOOD FACILITY PLAN REVIEW

New Build **Remodel** **Addition** **New Owner/License**

Category (✓): Restaurant Retail Food Daycare Other: _____
If other, list type of business!

Name of Facility: _____

Address of Facility: _____

Telephone (if available): _____ Fax: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ Fax: _____

I have submitted plans/applications to the following authorities on the **following dates**:

•Plumbing _____/_____/_____

•Building _____/_____/_____

*Other: _____ - _____/_____/_____
** list agency*

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____

 Fri _____ Sat _____ Sun _____

Number of Seats: _____ Number of Staff: _____ (Maximum per shift)

Total Square Feet of Facility: _____

Maximum Meals to be served: Breakfast: _____ Lunch _____ Dinner _____
(approximate number)

Projected Date for Start of Project: _____/_____/_____

Type(s) of Service (check all that apply): Sit Down Meals _____ Caterer _____ Take Out _____ Mobile _____
 Delivery _____ Grocery _____ Other (specify) _____

Please enclose the following documents:

- _____ Proposed Menu (including seasonal, off-site, carryout and banquet menus).
Consumer warnings shall be provided as required for consumption of animal foods that are raw, undercooked, or not otherwise processed to eliminate pathogens. This disclosure must be on the menu or, in the absence of a menu, be presented in writing to consumers, and identify the food items that require disclosure and specify that those food items are, or contain raw or undercooked animal-derived foods.

- _____ **Manufacturer/Model #** for each piece of equipment indicated on the plan

- _____ Site plan showing location of business in building; location of building on site including alleys, streets, and location of any outside equipment (dumpsters, grease trap, utility connections including water and sewer lines).

- _____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.

- _____ Finish schedules showing surface finishes for floors, walls, ceilings, counter tops, etc.

- _____ **Letter from municipal waste water treatment authority (if in Chillicothe city limits) concurring that grease trap meets their requirements. For Chillicothe, contact City Utilities (740) 774-1223**

- _____ **Letter from Ohio EPA verifying current permit for private water systems and sewage systems in use by the facility**

- _____ **Copy of occupancy permit. Final inspection cannot be scheduled until this is received.**

- _____ **Documentation of completion of Level One Certification in Food Protection (OAC 3701-21-25) for at least one person-in-charge per shift.**

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Show the location of all food equipment. Each piece of equipment must be clearly labeled with its common name. Submit drawings of self-service units with sneeze guards.
2. Designate equipment used for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
3. Label and locate separate hand wash sinks, food preparation sink, mop sink, 3 compartment dishwashing sink and grease interceptor.
4. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
5. Designate auxiliary areas such as dry storage, chemical storage, mop/broom storage, garbage rooms, toilets and basements.
6. Designate 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.

7. Show dressing rooms, locker areas, employee rest areas, and/or coat rack. Restrooms off of kitchen areas must have self-closing doors.
8. Include food equipment schedule with make and model numbers. Equipment must be certified or classified for sanitation by an ANSI accredited certification program. Example: NSF, UL EPH, ETL-SANITATION.
10. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases. **Provide stainless steel exhaust hood and stainless steel on walls behind grease producing equipment.**
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
11. Provide lighting layout.
12. Provide site plan showing exterior of building, dumpsters, grease traps, utility connections including water and sewer lines.

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, etc.) will be used in the following areas:

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet/Dressing Rooms				
Garbage & Refuse Storage				
Mop Sink Area				
Ware washing Area				
Walk-in Refrigerators and Freezers				

HANDWASHING/TOILET FACILITIES

1. Are hand washing facilities available in food preparation, food dispensing, and ware washing areas?
YES/NO/NA
2. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?
YES/NO/NA

3. Is hand soap and drying facilities (paper towels, forced air) available at all hand washing sinks? **YES/NO**
4. Are covered waste receptacles available in women's restrooms? **YES/NO**
5. Is hot ($\geq 100^{\circ}\text{F}$) and cold running water under pressure available at each hand washing sink? **YES/NO/**
6. If located directly off the kitchen area, are toilet room doors self-closing? **YES/NO/NA**
7. Are all toilet rooms equipped with adequate ventilation? **YES/NO**
8. Is a hand washing sign posted in each employee restroom and at each employee hand sink? **YES/NO**

SINKS

1. Is a mop sink present? **YES/NO**
2. Is a food preparation/culinary sink present? **YES/NO/NA**
3. Is the food preparation sink indirectly plumbed to sewer line? **YES/NO**

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to cold hold foods? **YES/NO**
 2. Will raw meats, poultry and/or seafood be stored in the same refrigerators and freezers?
with cooked/ready-to-eat foods? **YES/NO/NA**
If yes, how will cross-contamination be prevented?
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THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Indicate by checking the appropriate boxes how frozen potentially hazardous foods (TCS food) in each category will be thawed. More than one method may apply. Also, indicate **where** thawing will take place. *Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Submerged under Cold Running Water Less than 70°F		
Microwave		
Cooked from Frozen State		

COOKING: (List types of Cooking Equipment)

1. How will raw animal meats be verified that they are cooked to safe internal temperatures?
2. What minimum temperatures will the following be internally cooked?

FILL IN THE CHART if applicable to your menu

ANIMAL PRODUCT	MIN. INTERNAL TEMPERATURE
Raw Ground Meats	
Raw Whole Muscle Beef/Pork	
Raw Chicken/Turkey	
Raw Fish	
Stuffed meats/pasta/fish	
Raw Eggs	

HOT/COLD HOLDING:

1. How will hot TCS (temperature controlled for safety) food be maintained at 135°F or above during hot holding for service? Indicate type and number of hot holding units.

2. How will cold TCS food be maintained at 41°F or below during cold holding for service? Indicate type and number of cold holding units.

COOLING:

Indicate by checking the appropriate boxes how TCS food will be cooled to 41°F within 6 hours (135°F→70°F in 2 hours). Also, indicate **where** the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/GRAVY	THICK SOUPS/GRAVY	RICE NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. Will TCS food be reheated in bulk (bulk here means more than an individual serving) more than once a week?

YES/NO/NA

2. How will TCS food be rapidly reheated (within 2 hours) to 165°F for hot holding?
(Write N/A if not applicable)

PREPARATION:

1. How will food employees be trained in food safety and sanitation:
Method of training: _____

Number(s) of proposed food workers: _____

2. Will disposable single-use gloves and/or utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? **YES/NO/NA**
 3. Is there a written/verbal policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES/NO**
 4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized?
Chemical sanitizer type: _____ Concentration: _____ Test kit/strips: **YES/NO/NA**
 5. Where will produce be washed on-site prior to cutting/processing? _____
 6. Will the facility be serving food to a highly-risk clientele? (ex. hospital or nursing home) **YES/NO**
 7. How will food workers effectively restrain hair/beards from contacting exposed food? _____
-

INSECT AND RODENT CONTROL

1. Will all outside doors be screened, self-closing and rodent proof? **YES/NO**
2. Will all pipes & electrical conduit chases be sealed; ventilation system exhaust and intakes protected? **YES/NO**
3. Is area around building clear of unnecessary brush and other harborage conditions? **YES/NO**
4. Will air curtains be used? **YES/NO**
If yes, where? _____

GARBAGE AND REFUSE

1. Will a dumpster be used? **YES/NO**
Number _____ Size _____
Frequency of pickup _____
Contractor _____
4. Will a compactor be used? **YES/NO**
Number _____ Size _____
Frequency of pickup _____
Contractor _____
6. Describe surface and location where dumpster/garbage cans are to be stored

7. Is there an area to store returnable damaged goods? **YES/NO**
8. Are floor drains provided & easily cleanable, if so indicate locations:

WATER SUPPLY

- 1. Is water supply public () or private ()?
- 2. If private, has source been approved? **YES/NO/PENDING/NA**
- 3. Is ice made on premises () or purchased commercially ()?
- 4. Is there backflow prevention devices or air gaps between food equipment and sewer lines? **YES/NO/NA**

SEWAGE DISPOSAL

- 1. Is building connected to municipal sewer? **YES/NO**
- 2. If no, is private disposal system approved? **YES/NO/NA**
Please attach copy of written approval and/or permit. **PENDING**
- 3. Are grease traps provided? **YES/NO/NA**
List size and location of grease traps

Provide schedule for cleaning & maintenance of grease traps

GENERAL

Anyone who applies pesticides in public areas must be a licensed pesticide applicator or be a “trained service person” working under a licensed applicator. A license is required to apply any pesticide, including general use products.

- 1. Are all toxics/poisons for use on the premise or for retail sale (this includes personal medications), stored separate from food preparation and food storage areas? **YES/NO**
- 2. Will linens be laundered on site? **YES/NO** Is a laundry washer and dryer available? **YES/NO**
If laundered off site, explain_____
- 3. Location of both clean and dirty linen storage:_____
- 4. Are no smoking signs posted at all entrances **YES/NO**

VENTILATION:

- 1. List where ventilation hood systems will be installed and how they will be cleaned.
-

DISHWASHING FACILITIES

- 1. Will sinks or a dishwasher be used for ware washing?
Dishwasher () Three compartment sink ()
- 2. Dishwasher - Type of sanitization used:
Hot water (temp. provided) _____(pressure provided)_____
- Booster heater _____Chemical type_____
- Is ventilation provided? **YES/NO/NA**
- 3. Do all dish machines have templates with operating instructions and temperature/pressure gauges that are accurately working? **YES/NO/NA**

4. Do dish machines with automatic dispensing of detergent & sanitizer have a visual means to verify that detergent & sanitizer are delivered? **YES/NO/NA**
5. Is there a visual or audible alarm to signal if detergent & sanitizer are not delivered? **YES/NO/NA**
6. Does the largest pot and pan fit into each compartment of the three compartment sink? **YES/NO**
7. Are there drain boards on both ends of the three compartment sink **YES/NO**
 If not, are there utensils racks and/or adequate tables large enough to accommodate all soiled items? **YES/NO**
8. What type of sanitizer is used?
- | | | | |
|----------|-----|---------------------|-----|
| Chlorine | () | Hot water | () |
| Iodine | () | Quaternary ammonium | () |

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

- Slicers _____
- Cutting boards _____
- Can openers _____
- Mixers _____
- Floor mats _____

Ross County Health District

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Ross County Health District, Food Program Contacts:

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Visit www.ohioagriculture.gov or www.odh.ohio.gov for a copy of the Ohio Uniform Food Safety Code

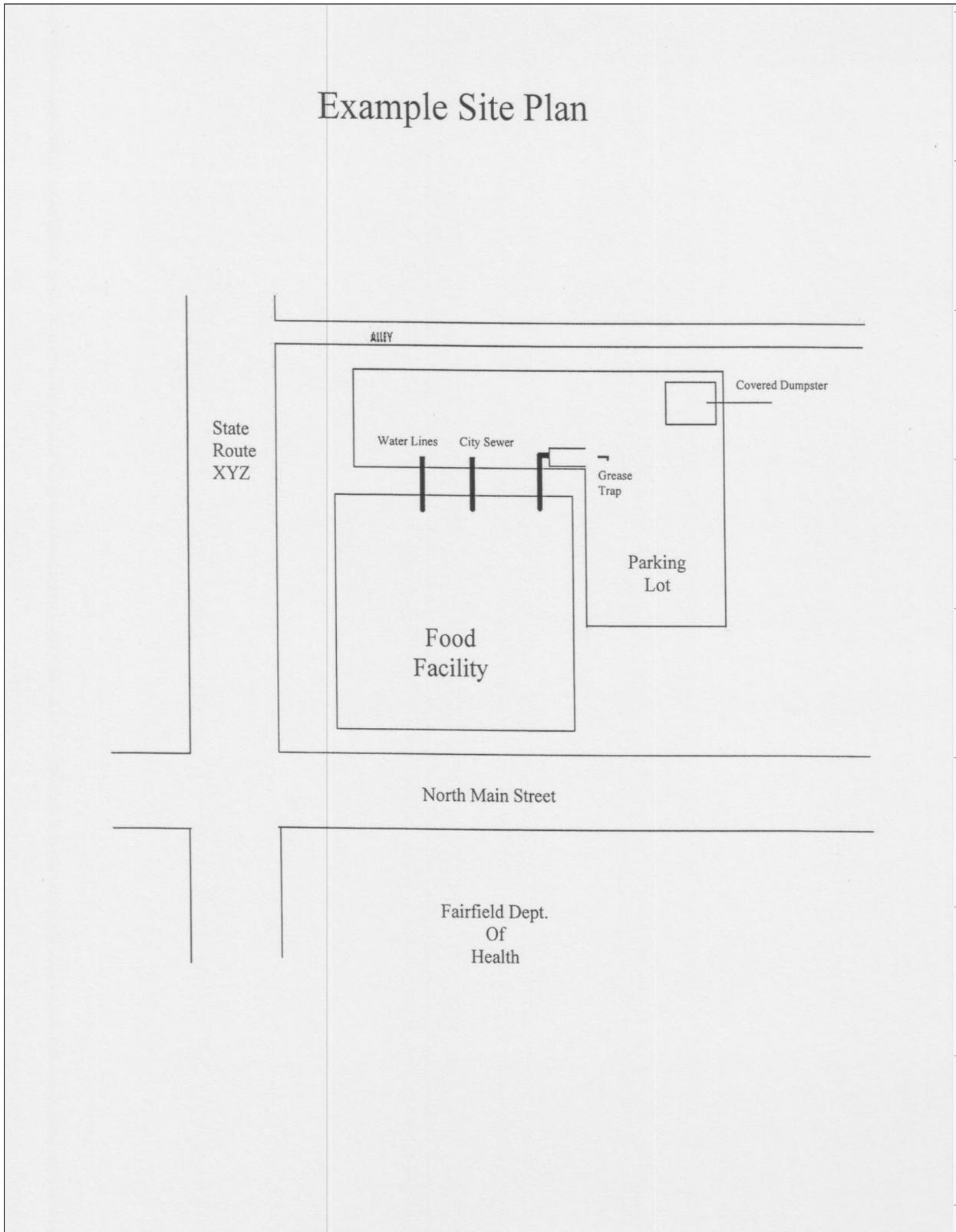
Liquor Control 614-644-2455

*NOTE that if your facility will have a liquor license, all information must match exactly on both the liquor license and the food license! Make a copy of your liquor license application so you have the information when you fill out your food license application.

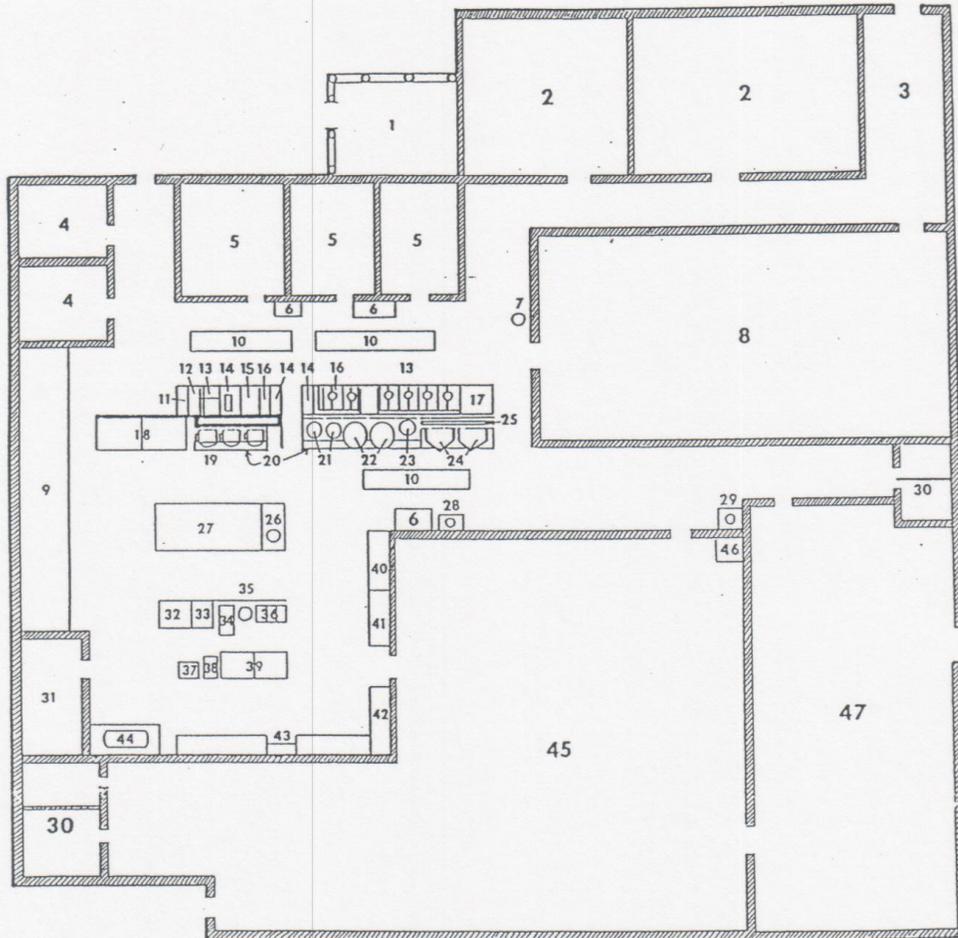
*NOTE No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after date of receipt. The licensor shall use the facility layout and equipment specification criteria set forth in the rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications. (OAC 3701-21-03)

[RCHD 5/29/14]

Example Site Plan



Example Floor Plan



- | | | |
|------------------------------------|------------------------------------|-----------------------------------|
| 1. Refuse Storage | 17. Char-glo Broiler | 33. Dough Mixer – 20 Qt. |
| 2. Walk-in Freezer | 18. Roast Oven | 34. Dough Mixer – 80 Qt. |
| 3. Receiving Area | 19. Vegetable Steamers | 35. Steam Jacketed Kettle 30 Gal. |
| 4. Employee Lockers and Rest Rooms | 20. Exhaust Hoods | 36. Hot Plates |
| 5. Walk-in Refrigerators | 21. 60 Quart Steam Jacketed Kettle | 37. Cooling Rack |
| 6. Reach-in Refrigerator | 22. 80 Quart Steam Jacketed Kettle | 38. Convection Oven |
| 7. Potato Peeler | 23. Tilting Kettle | 39. Bake Ovens |
| 8. Dry Food Storage | 24. Tilting Skillets | 40. Ice Machine |
| 9. Clean Dish & Utensil Storage | 25. Kettle Filler | 41. Water Station |
| 10. Prep Tables | 26. Vegetable Sink | 42. Scrap and Pre-rinse |
| 11. Open Burner | 27. Salad/Sandwich Prep | 43. Dish Machine |
| 12. Range Grill Top | 28. Handwashing Sink | 44. Pot and Pan Sink |
| 13. Salamander Broiler | 29. Utility Sink | 45. Main Dining |
| 14. Deep Fat Fryer | 30. Public Rest Rooms | 46. Waitress/Waiter Station |
| 15. Broiler | 31. Office | 47. Banquet Room |
| 16. Spreader | 32. Spice Rack | |