FOOD ESTABLISHMENT PLAN REVIEW APPLICATION



Please note: This application must be fully completed, with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated. A copy of the Ohio Food Code can be purchased at our office for \$15.00 to assist with completion of this packet.

Type of Applicatio	n:NEW		_REMODEL	CON	VERSION
Name of Facility:					
			Food Establish Catering ()		
Name of License Holder: _					
Address of Facility:					
(Street Address)		(City)		(Ohio)	(Zip Code)
Phone of Facility (with area	a code):		Fax Num	ber:	
Name of Owner or Paren	t Company:				
Mailing Address:					
(Street Address)		(City)		(Ohio)	(Zip Code)
Telephone:	Fax:		Email:		
Applicant's Name:					
Title (owner, manager, arc	hitect, etc.):				
Mailing Address:					
(Street Address)		(City)		(Ohio)	(Zip Code)
Telephone:	Fax:		Email:		
I have submitted plans/app	olication to the fol	lowing aut	horities on the foll	owing dates	:
Buildir Electri Police Zoning	c J			Plumbin Fire Conserv Planning	ation
Projected Date for Start of Projected Date for Comple					

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Please enclose the following documents:
Proposed Menu
- Include seasonal, off-site and banquet menus
 Site Plan Show the location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system-if applicable) Show the location of outside equipment (dumpster, garabage rooms, grease traps, trash cans, sewage disposal, water supply- if applicable) On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basement and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual. Entrances, exits, loading/ unloading areas and docks;
 Plan Drawn to Scale of Food Establishment Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans. Show the location of all food equipment labeled on the plan with its common name. (Submit drawings of self-service hot and cold holding units with sneeze guards) Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment of the floor plan. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation. Location of mop sink or curbed cleaning facility with facilities for hanging mops are required.
 Level One Training in Food Protection Is mandated training for the person in charge (PIC) per shift of a risk level I, II, III, and IV food service operation or retail food establishment as of March 1, 2010. The following link provides a list of approved online training courses for the state of Ohio. http://www.healthspace.com/Clients/Ohio/Ohio_Website_Live.nsf/FoodCertifications.xsp Choose online in the county drop down box for the list to appear.
 Plumbing Schedule Plumbing schedules including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generator equipment with capacity and recovery rate, back flow prevention, and wastewater line connections;
Lighting Schedule Include drawings of location of each light fixture with foot candles indicated.
 Equipment Schedule Include Manufacturer Specification Sheets for all pieces of equipment shown on the plan. Highlight/ circle module numbers and listings of equipment that is certified for sanitation by an ANSI accredited certified program.

General Information

M	ours of Operation for the following: londay Tuesday riday Saturday	Wednesday Sunday				Thursday
Numb Numb	er of Seats:er of Staff (per shift):er of Staff (per shift):er of Floors on which operations are conducted square Feet of Facility:		-			
	num Meals to be Served (approximate number) reakfast Dinne	r				
	of Service (give percentage expected for each ca		_			
	it Down MealsTake Out				Mol	oile Vendor
	FOOD PREPARATI	ON REVIEW	Ī			
Check	categories of Potentially Hazardous Foods (PH	F's) to be har	ndle	ed, p	repa	red and served.
	CATEGORY*		(Y	ES)	(N	0)
1.	Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)		()	()
2.	Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)		()	()
3.	Cold processed foods (salads, sandwiches, vegetables)		()	()
4.	Hot processed foods (soups, stews, rice/noodles, gravy, chowders, c	asseroles)	()	()
5.	Bakery goods (pies, custards, cream fillings & toppings)		()	()
6.	Other		()	()
	PLEASE CIRCLE/ANSWER THE	FOLLOWING	3 G	UES	STIC	ons .
F00E	SUPPLIES:					
	at are the projected frequencies of deliveries for	_				
a. h	Frozen foods	from				
C.	Refrigerated foods Dry foods	from				
2. Pro	vide information on the amount of space (in cubi	c feet) alloca	ted	for:		

COLD STORAGE 1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerate foods at 41F(5C) and below? YES / NO Provide the method used to calculate cold storage requirements. 2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO If yes, how will cross contamination be prevented? 4. Is there a bulk ice machine available? YES / NO THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place. Thawing Method *THICK FROZEN FOODS *THIN FROZEN FOODS Refrigeration Running Water Less than 70F Microwave (as part of cooking process) Cooked from Frozen state Other (describe) *Frozen foods: approximately one inch or less = thin, and more than an inch = thick. PREPARATION: 1. Please list categories of foods prepared more than 12 hours in advance of service.	How will dry goods be stored of	B. How will dry goods be stored off the floor?					
If yes, how will cross contamination be prevented? 4. Is there a bulk ice machine available? YES / NO THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place. Thawing Method *THICK FROZEN FOODS *THIN FROZEN FOODS Refrigeration Running Water Less than 70F Microwave (as part of cooking process) Cooked from Frozen state Other (describe) *Frozen foods: approximately one inch or less = thin, and more than an inch = thick. PREPARATION:	1. Is adequate and approved freez refrigerated foods at 41F(5C) and b	elow? YES/NO					
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		cimately one inch or less = thin, and m	ore than an inch = thick.				
		orepared more than 12 hours in	advance of service.				

2. VV	Ill food employees be trained in good food s Method of Training:	•	YES/NO
	Number(s) of employees:		
	ill disposable gloves and/or utensils and/or f r-to-eat foods? YES / NO	food grade paper be	e used to prevent handling of
	Check all that apply: Disposable gloves	Utensils	Food grade paper
	there a written policy to exclude or restrict for services? YES / NO If YES, please describe below		
	ow will cooking equipment, cutting boards, c ot be submerged in sinks or put through a di		
Chen	nical Type:Cor	ncentration:	Test Kit: YES or NO
	ill ingredients for cold ready-to-eat foods suc wiches be pre-chilled before being mixed an		
7. W	ill all produce be washed on-site prior to use Is there a planned location used for washi Describe	ng produce?	YES / NO YES / NO
	If not, describe the procedure for cleaning	and sanitizing mult	iple use sinks between uses.
	escribe the procedure used for minimizing the erature danger zone (41F – 135F) during pro	•	HF's will be kept in the
9. W	ill you be preparing vacuum packed items o If so, do you have a HACCP variance? Pl		YES / NO
10. V	Vill the facility be serving food to a highly sur If yes, how will the temperature of foods be kitchen and service area?		

COOKING:
List types of cooking equipment.
HOT/COLD HOLDING:
1. How will hot PHF's be maintained at 135F or above during holding for service? Indicate type and number of hot holding units.
2. How will cold PHF's be maintained at 41F or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41F within 6 hours (135F to 70F in 2 hours and 70F to 41F in 4 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. How will PHF's that are cooked, cooled, and reheated for hot holding be rehe	eated so that all parts
of the food reach a temperature of at least 165F for 15 seconds within 2 hours?	Indicate type and
number of units used for reheating foods.	

PHYSICAL FACILITIES

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas. Please keep in mind the surfaces shall be smooth and easily cleanable.

ologitable.	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Chemical Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-In Refrigerators and Freezers				

LIGHTING SCHEDULE

Lighting schedule with protectors:

- (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walkin refrigeration units and dry food storage areas & in other areas and rooms during periods of cleaning;
- (2) At least 220 lux (20 foot candles):
 - (a) 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;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, warewashing, and equipment and utensil storage, and in toilet rooms; and
- (3) 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.

AREA	FOOT CANDLES	
Walk in Refrigeration Units		
Dry Food Storage		
Food Preparation Area		
Warewashing Area		
Salad Bar or Buffet		

VENTILATION

Indicate all areas where exhaust hoods are installed.

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

	1. Ho	w is each listed ventilati	on hood system cleaned?		
DI	SHWA	SHING FACILITIES			
N	ill sinks	or a dishwasher be use Dishwasher Three compartment	ed for warewashing? YES() No		
1.	Dishw a.	Type of sanitization use Hot water (tempera	ed (choose one that applies): ture provided) Concentration		ES or NO
	b.	Is ventilation provided?		YES()	
	c.	Do all dish machines h	ave templates with operating in	nstructions? YES ()	NO()
	d.	Do all dish machines h working?	ave temperature/pressure gau	ges as required that are accu YES()	rately NO ()
2.	a.		nd pan fit into each compartme	YES()	
	C.	sink?	ns (length, width, height) for ea	·	
		Are their drain boards of What type of sanitizer in Chlorine () lodine ()	on both ends of the pot sink? s used? Hot water () Other, please list	YES () Quaternary ammonium	NO()
			cal sanitizer list concentration_ er, please list temperature		

HANDWASHING/TOILET FACILITIES

TI	andwasning sinks are require ne distances may not overlap andwashing sinks (ⓒ).	•	le, in a 30 foot w ⊕			sning a	area.
		Oft	15ft	(30ft	YES	NO
1.	Is there a handwashing sink	c in each food	d preparation and	d warewashing	area?		
2.	Do all hand washing sinks, combination faucet?	including tho	se in the restroo	ms, have a mix	ing value or		
Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?							
4.	Is hand cleanser available a	at all handwas	shing sinks?				
5.	Are hand drying facilities (p handwashing sinks?	aper towels, a	air blowers, ect.)	available at all			
6.	Are covered waste receptac	cles available	in each restroo	m?			
7.	Is hot and cold running water	er available a	t each handwas	hing sink?			
8.	Are all toilet room doors sel	f-closing?					
9.	Are all toilet rooms equippe	d with adequ	ate ventilation?				
10). Is a handwashing sign post	ed in each en	nployee restroor	n?			
<u>s</u>	<u>NKS</u>						
	s a mop sink present? They If the menu dictates, is a food				YES() YES()		10 () 10 ()
W	ATER SUPPLY						
1.	s water supply PUBLIC () \$	SEMI-PRIVA	TE (), OR PRIV	'ATE ()?			
	If PUBLIC, name of mur	nicipality?					
	If SEMI-PRIVATE, pleas	se attach cop	y of EPA approv	al letter.			
	If PRIVATE, has the sou	ırce been app	proved by the He	ealth Departme	nt? YES / NO /	PEND	ING
2.	s ice made on premises () o	or purchased	commercially ()?			
3.	How will the ice scoop be sto ()In the ice with handl		() Separate co	ompartment atta	ached to mach	ine	
4.	What is the capacity of the ho	ot water gene	rator?				

necessary hot water?					ilculations for
_					
6.	Is there a water treatment device? YES / NO If yes, how will the device be inspected &	serviced?			
7.	Will you have any of the following machines th () Ice-cream Machine () Cappuccin () Slushy Machine () Pop Machine	o Machine	() Juice Ma	achines	
8. <u>-</u>	How will back flow prevention devices be inspe	ected & serv	riced? Please	name plum	ber.
-					
2	SEWAGE DISPOSAL				
1	I. Is building connected to a municipal sewer?		YES()	NO ()	
2	 If no, is a private disposal system approved? Please attach copy of written approval and/or permit from the Ohio EPA. 		YES()	NO()	PENDING ()
3	3. Are grease traps provided?		YES()	NO ()	
	If yes, where is it located?				
	What size is it?				
	How will it be cleaned and maintained? _				
_					
_	NSECT AND RODENT CONTROL Please check appropriate boxes.				
1	I. Will all outside doors be self-closing and rodent proof?	YES ()	NO ()	NA ()	
2	2. Are screen doors provided on all entrances open to the outside?	()	()	()	
3	B. Do all openable windows have a minimum #16 mesh screening?	()	()	()	
2	4. Is the placement of electrocution devices identified on the plan?	()	()	()	
5	5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	()	()	()	

Is area around building clear of unnecessary brush and other harborage?	YES ()	NO ()	NA ()	
7. Will air curtains be used? If yes, where?	()	()	()	
GARBAGE AND REFUSE				
Inside1. Will refuse be stored inside?If so, where?	YES ()	NO ()	NA ()	
Is there an area designated for garbage can or floor mat cleaning?	()	()	()	
Outside 3. Will a dumpster be used? Number Size Frequency of pickup Contractor	()	()	()	
Contractor Surface to be stored on Location 4. Will a compactor be used? Number Size Frequency of pickup Contractor Surface to be stored on Location	()	()	()	
5. Will garbage cans be stored outside?	()	()	()	
6. Will a grease storage receptacle be used?	()	()	()	
NumberSizeFrequency of	Cleaning	Com	pany	
7. Is there any area to store returnable goods?				
Location:				
EMPLOYEE PERSONAL BELONGINGS				
1. Are dressing rooms provided?		YES()	NO ()	
2. Are lockers provided?		YES()	NO ()	
3. Other storage facilities for employees' personal belongings (ie, purse, coats, boots, umbrellas, etc.) Please indicate location.				

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following: Slicers							
	_						
(Can openers						
N	Mixers_						
F	loor mats						
	Other						
		e plans and specifications are approve em and in conformance to the Ohio Foo					
	Signature of Owner	Printed Name of Owner	Date				
	Signature of Applicant (if different from above)	Printed Name of Applicant (if different from above)	Date				
ral Health Wight	safe environment for the co assistance with this packet, 4196 extension 206. Our of	! I am looking forward to working toge ommunity. If you should have any que contact me at the Health Departmen fice hours are Monday through Friday, s megan.kaiser@odh.ohio.gov.	estions or need nt at 937-548-				
OFFICE	USE ONLY						
Date Re	eceived:						
Receipt	: #:						
Date Ap	oproved:						
Date Ap	oplication Disapproved:	For reasons see attach	ed sheet.				

901:3-4-05 & 3701-21-2.3

Risk Level of Retail Food Establishments & Food Service Operations

The licensor shall determine the risk level based on the highest risk level activity of the retail food establishment or food service operation in accordance with the following criteria:

- (A) Risk level I 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, pre-packaged non-potentially hazardous beverages;
 - (2) Pre-packaged refrigerated or frozen potentially hazardous foods;
 - (3) Pre-packaged non-potentially hazardous foods; Or
 - (4) Baby food or formula
- (B) 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-potentially hazardous food;
 - (2) Holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received; or
 - (3) Heating individually packaged, commercially processed potentially hazardous foods for immediate service.
- (C) 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 potentially hazardous food that is immediately served, held hot or cold. or cooled:
 - (4) Operating a new 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.
- (D) 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 potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immunocompromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperatures as a public health control for potentially hazardous 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 potentially hazardous food more than once every seven days; or
 - (2) Caterers or other similar food service operations that transport potentially hazardous food.