



**Public Health**  
Prevent. Promote. Protect.

**Greene County**

## **FOOD SAFETY PROGRAM**

### **PLAN REVIEW SUBMITTAL PACKET**

Facility Layout & Equipment Specifications

**Greene County Public Health**

360 Wilson Drive

Xenia, OH 45385

Phone: (937) 374-5600 Fax: (937) 374-5675

[www.gcph.info](http://www.gcph.info)

# Licensing

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All food businesses in Greene County are required by Ohio law to have a food service operation or retail food establishment license issued by Greene County Public Health (GCPH). All new food service operations (FSOs)/retail food establishments (RFEs), as well as those performing alterations or remodeling must complete the plan review process.

*If you have any questions regarding the plan review submission process, completion of this application or licensing, please contact the Food Safety Program at (937) 374-5600.*

## Getting Started

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**Step 1: Submittal of Plans** (application should be submitted at least 30 days prior to construction – any items constructed prior to GCPH approval is at the facility’s own risk and are subject to required changes)

- Complete the attached Plan Review Application. This may be submitted electronically to [ehpermits@gcph.info](mailto:ehpermits@gcph.info), however, the front page will need to be included with your payment.
- Submit one (1) complete set of drawings and other applicable information for the facility (e.g. - equipment specification sheets). It is preferred that these be submitted digitally using dropbox or other online storage link, or email to [ehpermits@gcph.info](mailto:ehpermits@gcph.info).
- Submit a menu or complete list of food and beverage items to be sold, via email or paper copy.
- Submit the plan review application fee of \$350.00 made payable to Greene County Public Health. This must be received *before* your plans can be reviewed.

**Step 2: Plan Review Process**

- Written approval, disapproval, or a request for additional information will occur within no more than 30 days after receipt of your plans, the application and plan review fee.
- Plan review submittal projects not completed within two (2) years from the date of approval or disapproval will become void and will be discarded. If it is decided to continue moving forward with this project, then you will be required to initiate the plan review process over again and pay the appropriate plan review fee.

**Step 3: Construction**

- Ensure that all contractors and subcontractors are properly licensed and/or registered with Greene County as may be required (e.g. – plumbing contractor).
- Ensure that contractors have submitted the required plans and have obtained all necessary permits through the Building Standards Department in your jurisdiction.
- Contact your local Fire Department for inspection of your facility.

**Step 4: Pre-licensing Inspection**

- Prior to opening your establishment, you must complete a pre-licensing inspection by GCPH.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection, and you have been granted occupancy for the public by the Building Standards Department.
- The application for a FSO/RFE food license must be purchased prior to scheduling your final pre-licensing inspection.

**Note: GCPH personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for re-inspections, if necessary.**

## Content & Format Requirements for Submittal

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The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale. Electronic submission of plans is subject to approval by the plan reviewer. If the electronic plans are difficult to read a print copy may be required.
3. The total square footage to be used by the food service operation or retail food establishment.
4. A detailed drawing of the portions of the premises being used including all entrances exits, loading/unloading areas, docks, etc.
5. A site plan of your property that includes the following:
  - a. Drawing showing a North arrow; location of the business in a building such as a shopping mall or stadium;
  - b. Location of the building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems, etc.;
  - c. Interior and exterior seating areas.
6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities and grease trap interceptor.
7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for food preparation areas, handwashing/warewashing/mop sinks, dry storage, restrooms, server stations, closets, chemical storage areas, walk in units, etc.
8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and coved wall/juncture bases. **Note:** If ceiling tiles are installed in food preparation areas, restrooms, and warewashing areas, these must be of vinyl-clad construction or coated.
9. A list of all equipment with the manufacturer's name and model numbers listed. Only commercial-grade equipment approved by a recognized food equipment testing agency (e.g. – NSF, ETL, CSA, EU or commercial UL), are acceptable for use in a FSO or RFE, and will be accepted as specified under rule 3717-1-04.1(KK) of the Ohio Administrative Code. **Note:** If the unit label indicates “Household Use Only” or similar verbiage, the item will not be permitted for use in your facility.
10. Label / locate all dedicated hand sinks and dump sinks. Where applicable, dump sinks may be required (e.g. – behind bars, front portions of convenience stores, server stations, etc.) that are separate from designated hand sinks. Dual-use sinks are not permitted and will not be accepted. Stainless steel splashguards may also be required, as determined necessary, to prevent the potential contamination of food / food-contact items.

**Note:** All materials submitted for review become property of Greene County Public Health and are subject to record retention laws. As such you are responsible for making your own copies of the documents submitted.

## Types of Food Establishments

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1. **Food Service Operation (FSO)** – Primary business is the on-site preparation and/or consumption of ready-to-eat foods in individual portions (e.g. – restaurants, caterers, carry-outs preparing individual meals, quick service operations, nursing homes, day cares, schools, hospitals, etc.)
2. **Retail Food Establishment (RFE)** – Primary business is the sale of food in bulk portions for off premise consumption and/or preparation (e.g. – grocery stores, drive-thrus, carry-outs, pizza shops, gas stations, micro-markets, etc.)

Primary business is defined through sales volume. If your facility operates as both a FSO and RFE, whichever portion of your business has the greater sales volume (51% or more) determines your food license designation (either FSO or RFE).

## What Is My Risk Level?

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Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to public health and are based on the highest risk level activity the FSO/RFE performs in accordance with the following criteria:

**Risk level I:** Poses potential risk to the public in terms of sanitation, food labeling, and 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-potentially hazardous beverages;
- (2) pre-packaged refrigerated or frozen potentially hazardous foods;
- (3) pre-packaged non-potentially hazardous foods;
- (4) baby food or formula;
- (5) food delivery sales operations;
- (6) micro-markets;

**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;
- (3) heating individually packaged commercially processed potentially hazardous 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 potentially hazardous 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 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 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 potentially hazardous food.

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;
- (2) caterers or other similar food service operations that transport potentially hazardous food;
- (3) non-continuous cooking;
- (4) performing a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules adopted pursuant to section 3717.05 of the Ohio Revised Code. These facilities will need to have a written HACCP plan for these activities. Examples of these risk level IV variance activities include, but are not limited to:
  - a. smoking food for preservation;
  - b. curing food;
  - c. food additives/adding components for preservation (e.g. – vinegar);
  - d. reduced oxygen packaging;
  - e. molluscan shellfish life-support system display tank;
  - f. custom processing of animals for personal use if not in compliance with rule 3717-1-08.2;
  - g. pressing/bottling juice
  - h. use of a heat treatment dispensing freezer other than specified in rule 3717-1-08.1; or,
  - i. sprouting seeds or beans.

## Education Requirements

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As of March 1, 2010, the Ohio Revised Code requires that **all** food service operations and retail food establishments opened after this date shall have at least one person-in-charge (PIC) per shift that has a level one certification in food protection or an equivalent approved training prior to the business being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 FSO and RFE must have at least one management or supervisory employee with a level two certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course (15 hours of instruction and passing a comprehensive exam). A ServSafe® certificate or equivalent alone and the level one certificate does not comply with this rule.

GCPH teaches both the level one and level two certification classes. Please inquire with a Sanitarian regarding class availability, class schedule, associated costs, course materials, etc. GCPH can serve all of your food training needs and is an ODH-approved provider for the required food training courses.

**\*\*\*PLEASE KEEP PAGES 1-4 FOR YOUR REFERENCE\*\*\***

# Greene County Public Health Food Safety Program Plan Review Application

Office Use Only		
Amount Received:	_____	
<input type="checkbox"/> Check (#_____)	<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order
New _____	Remodel _____	Level: 1 2 3 4
Received by: _____		

**Facility Information:**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Political Sub Division/Village/Township: \_\_\_\_\_

Non-Commercial:  Yes  No (if yes, a copy of your 501(c)(3) must be provided)

**Applicant/Operator Information:**

Name of Licensee (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address for License Renewal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Person (For Plan Review Response):** \_\_\_\_\_

Title (Owner, Manager, Architect, etc.): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimated Start Date for Construction: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Total Size of Operation (sq. ft.): \_\_\_\_\_

**Plan Review Type:**

New construction or facility has never operated as a food operation

Remodel or extensive alteration of an existing licensed food operation

**Type of Establishment:**  Food Service Operation (FSO)  Retail Food Establishment (RFE)

**Risk Level:**  Level 1  Level 2  Level 3  Level 4

**Off-Premise Catering** [as defined in ORC 3717.01(G)]:  Yes  No

**Plans Concurrently Submitted to:**  Building  Fire  Plumbing  Other: \_\_\_\_\_

## Plan Review Checklist

The following information must be included as part of your plan review.

Please indicate that the following components are included (√) or not applicable (N/A)

Components	(√) or (N/A)	Submitted to GCPH
<b>Plan review fee of \$350.00</b> made payable to Greene County Public Health		
<b>Type of facility proposed (FSO, RFE)</b>		
<b>Proposed Menu</b> (complete list of food items to be prepared, served, or sold)		
<b>Facility floor plan or layout</b> , drawn reasonably to scale (to include):		
• total square footage to be used		
• restroom location(s)		
• location of entrances and exits		
• location of dry goods and chemical storage areas		
• location of personal belongings storage		
• location of designated hand sinks		
• location of the three compartment sink		
• location of food preparation sink (must have indirect waste line)		
• location of mop sink		
• location of dish machine - indicate <input type="checkbox"/> <b>Low</b> or <input type="checkbox"/> <b>High</b> temperature		
• location of all equipment		
<b>Site Plan</b> (to include):		
• drawing showing an arrow indicating north		
• location of the business in a building such as a shopping mall or stadium		
• location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters		
• potable water source, sewage treatment system		
• interior and exterior seating areas		
<b>Lighting Plan</b>		
• locations and types of fixtures		
• shatterproof bulbs or light shields		
<b>Interior finish schedule</b> (materials for floors, walls, ceilings and coving)		
<b>Equipment list</b> , include manufacturer's make and model numbers (commercial-grade equipment only; NSF, ETL, CSA, EU, commercial UL )		
<b>Plumbing Plan</b> (location, type, and number of all plumbing fixtures)		
<b>Education:</b> Indicate <input type="checkbox"/> <b>Level One</b> and/or <input type="checkbox"/> <b>Level Two Certification</b>		

**Failure to provide all information may result in a delay or disapproval of your submittal**

## Type of Food Service

Restaurant  Sit-down meals  Carry-out Meals Only  Food Stand, Deli  Drink Stand

Bar  Bakery  Pizza Shop  Long Term Care  Concession Stand  Micro-market

Convenience Store  Coffee Shop  Grocery Store  Childcare Facility  School

Caterer  Commissary  Meat Market  Farm Market  Other \_\_\_\_\_

Indicate if any of the following highly susceptible populations that will be catered to or served:

Nursing Home  Child care center  Healthcare facility  Assisted Living Center

School with pre-school aged children or an immune-compromised population

## Food Protection & Storage

Will there be at least one PIC per shift with a minimum of Level One Certification in Food Protection?

YES  NO

Will there be at least one PIC that has management or supervisory responsibilities with a Level Two Certification in Food Protection?  YES  NO

Are copies of the employee Level One and Level Two (if applicable) certificates enclosed?  YES  NO

Do you have a written employee illness policy that ensures your food employees are informed (in a verifiable manner) of their responsibilities to report to the PIC information about their health as it relates to diseases that are transmissible through food?  YES  NO

Do you have a written procedure for employees to follow when responding to vomiting or diarrheal events that addresses how to minimize the spread of contamination and the exposure to employees, consumers, and surfaces along with the requisite supplies?  YES  NO

If this operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance (e.g. – reduced oxygen packaging, smoking for preservation, bottling or canning) is the required written HACCP plan enclosed?  YES  NO  N/A

Will each refrigerator, freezer, or warmer have a temperature measuring device?  YES  NO  N/A

Will food shields be used to protect foods on display?  YES  NO

Will temperature measuring devices be provided, readily accessible, and properly calibrated to ensure that the temperature of the food product is being accurately measured?  YES  NO  N/A

Will there be an adequate amount of shelving space for dry goods storage?  YES  NO

Will food be stored at least 6 inches above the floor on shelving designed for food service?  YES  NO

Is the required menu or list of food items to be prepared, served, or sold enclosed?  YES  NO

## Food Processes

Indicate the types of foods to be handled/prepared/served:

Type of Food	Yes	No
Thin meats, poultry, fish, eggs, baluts (hamburgers, sliced meats, fillets)		
Thick meats, whole poultry, ratites (roast beef, whole turkey, chickens, and/or hams)		
Acidified rice and/or raw foods (Sushi, sashimi, oysters on the half shell)		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)		
Bakery goods (pies, custards, cream fillings, and toppings)		
Homemade ready-to-eat products using raw eggs		
Fermented foods		
Pre-packaged, sealed items (chips, candy bars)		
Coffee, cappuccino		
Frozen iced drinks		
Mixed drinks		
Juice produced on-site		
Other:		
Other:		

Will patrons have the option of ordering foods cooked to less than the minimum required temperatures?

YES  NO  N/A

If YES, is there a consumer advisory statement on the menu and corresponding items marked with an asterisk?

YES  NO  N/A

Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked and ready-to-eat foods?  YES  NO  N/A

If YES, how will potential food-to-food cross contamination be prevented?

How will hot TCS foods be maintained at 135°F or above during service? \_\_\_\_\_

How will cold TCS foods be maintained at 41°F or below during service? \_\_\_\_\_

### Time-in-lieu of Temperature Processes:

Do you intend to use time as a control for reducing bacterial growth in ready-to-eat TCS foods in place of refrigeration or hot holding during service?  YES  NO  N/A

If YES, which time-in-lieu of temperature procedure are you using?  4 hour  6 hour  N/A

If YES, please attach your time-in-lieu of temperature procedures for items using this process. The facility must have a written procedure prepared in advance for foods intending to time as a public health control according to rule 3717-1-03.4(I) (Ohio Food Code).

**Cooling:**

Do you intend to cool leftover foods for subsequent reheating?  YES  NO  N/A

If YES, describe how and where hot TCS foods will be rapidly cooled to 41° F or below \_\_\_\_\_

\_\_\_\_\_

Do you plan on using any of the following items?

Blast Chiller  Ice wand/paddle  Ice bath  shallow pans  Walk-in

How will ingredients for cold ready-to-eat foods such as tuna, chicken, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed or assembled? \_\_\_\_\_

\_\_\_\_\_

**Reheating:**

Do you intend on reheating any foods within your facility?  YES  NO  N/A

If YES, how often? \_\_\_\_\_

What types of items? \_\_\_\_\_

How will the items be rapidly reheated? \_\_\_\_\_

**Thawing:**

Indicate the proposed preparation process by checking the appropriate boxes how TCS foods will be thawed. If other, indicate the type of food:

Frozen to Refrigeration Unit  Frozen to Cooking Process  Microwave  
 Running Water under 70° F (21° C)  Other

**Produce Preparation Procedures:**

Will produce be washed, rinsed, or otherwise handled prior to use?  YES  NO  N/A

Is a separate location provided for the washing or rinsing of produce?  YES  NO  N/A

Indicate the location of produce washing or handling equipment and describe the procedure. Include the time of day and frequency of produce preparation, plus menu items that contain produce food products. (Attach additional pages as needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seafood Preparation Procedures:**

Will seafood be washed, rinsed, or otherwise handled prior to use?  YES  NO  N/A

Is a separate location provided for the washing or rinsing of seafood?  YES  NO  N/A

Indicate the location of seafood washing or handling equipment and describe the procedure. Include the time of day and frequency of seafood preparation, plus menu items that contain. (Attach additional pages as needed).

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**Poultry Preparation Procedures:**

Will poultry be washed, rinsed, or otherwise handled prior to use?  YES  NO  N/A

Is a separate location provided for the washing or rinsing of poultry?  YES  NO  N/A

Indicate the location of poultry washing or handling equipment and describe the procedure. Include the time of day and frequency of poultry preparation, plus menu items that contain poultry. (Attach additional pages as needed).

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**Pork Preparation Procedures:**

Will pork be washed, rinsed, or otherwise handled prior to use?  YES  NO  N/A

Is a separate location provided for the washing or rinsing of pork?  YES  NO  N/A

Indicate the location of pork washing or handling equipment and describe the procedure. Include the time of day and frequency of pork preparation, plus menu items that contain pork and red meat. (Attach additional pages as needed).

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**Cook-Chill/Sous Vide Processes:**

Will cook-chill/sous vide processes be used with TCS foods?  YES  NO  N/A

If YES, have you included equipment specification sheets for all equipment being used in these processes (e.g. – vacuum food sealers, thermal immersion circulators, sous vide cooking controllers, thermal water baths, etc.)?  YES  NO  N/A

Have you attached the cook-chill/sous vide procedure?  YES  NO  N/A

**Acidified White Rice/Sushi:**

Will you be acidifying white rice to render it a non-TCS food?  YES  NO  N/A

If YES, have you attached a HACCP Plan that meets rule 3717-1-08.4 of the Ohio Food Code?

YES  NO  N/A

If you are not using a HACCP plan, have you attached a description of how you intend to handle acidified white rice?  YES  NO  N/A

Will you be performing on-site parasite destruction for your sashimi?  YES  NO  N/A

If NO, have you attached your written vendor certification/documentation that your sashimi has undergone proper parasite destruction?  YES  NO  N/A

**Preparation:**

Which methods will be used to handle ready-to-eat foods?

Gloves  Utensils (e.g. – tongs spatulas)  Food-grade paper (e.g. – deli paper)

Do you intend to allow employees to handle exposed ready-to-eat foods with their bare hands?

YES  NO  N/A

If so, have you attached your bare hand contact procedure for Board of Health approval?

YES  NO  N/A

**Catering/Off-Site/Satellite**

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Will the establishment cater foods to another location or perform any cooking or other food preparations off-site at other locations?  YES  NO  N/A

If so, what are the menu items?

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What are the maximum number of meals per day taken to or prepared at the off-site location?

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How will hot food be held at proper temperatures during transportation and at the remote serving location?

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How will cold food be held at proper temperatures during transportation and at the remote serving location?

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What types of vehicles will be used to transport food? \_\_\_\_\_

What types of sneeze guards or food protection devices will be used? \_\_\_\_\_

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How will handwashing be accomplished at the event location?

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How will utensils, etc. be cleaned at the event location or will you provide sufficient quantities of additional utensils?

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## Equipment/ Utensils

What types of dining utensils will be used?  **Single-service (disposable) plates**  **Re-useable plates**  
 **Single-service (disposable) cups**  **Re-useable cups**  **Single-service (disposable) glassware**  
 **Re-useable glassware**  **Single-service (disposable) silverware**  **Re-useable silverware**

Will all equipment and utensils be commercially certified NSF, CSA, ETL, EU, Commercial UL or equivalent?  
 **YES**  **NO**

Is the required equipment schedule with manufacturer’s name and model numbers enclosed?  **YES**  **NO**

If utensils are used with moist foods (e.g. – ice cream, or mashed potatoes) and are not stored in the product, will a running dipperwell be provided?  **YES**  **NO**  **N/A**

Are all containers used to store bulk food products constructed of food grade materials and designed to be in direct contact with food?  **YES**  **NO**  **N/A**

To provide for easy cleaning will equipment be installed with:  **casters**  **gas quick disconnects**  
 **sealed to the wall and floor**  **sufficient open space**  **legs that provide 4 inches of clearance under the unit (add a box and comment for heavy duty equipment sliders)**

Do you have any walk-in climate controlled storage spaces?  **YES**  **NO**  **N/A**

If YES, number of walk-in refrigeration units: \_\_\_\_\_, total cubic feet \_\_\_\_\_

If YES, number of walk in freezers: \_\_\_\_\_, total cubic feet \_\_\_\_\_

Do you have any reach-in climate-controlled units?

If YES, number of reach-in refrigeration units: \_\_\_\_\_, total cubic feet \_\_\_\_\_

If YES, number of reach-in freezer units: \_\_\_\_\_, total cubic feet \_\_\_\_\_

## Warewashing

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What method of warewashing will be used:  **Manual warewashing**  **Mechanical**  **Both?**

The specifications for the primary hot water generator are: \_\_\_\_\_ **BTU/hr**; or \_\_\_\_\_ **KWH**;  
or \_\_\_\_\_ **gallons per minute** for tank-less water heaters @90° F rise.

Describe how and where multi-use kitchenware will be properly air-dried prior to final storage:

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Is there sufficient space for proper air-drying?  **YES**  **NO**  **N/A**

## Manual Warewashing

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Will the dimensions of the warewashing sink be large enough to accommodate the largest food contact surface completely submerged (including large pots & pans)?  **YES**  **NO**

Dimensions of each compartment of the three-compartment sink are \_\_\_\_\_ **inches long**  
\_\_\_\_\_ **inches wide** \_\_\_\_\_ **inches deep.**

Will drainboards be provided on both ends of the warewashing sink?  **YES**  **NO**

Will the hot water temperature delivered to the sink be 110° F – 140° F?  **YES**  **NO**

What type of sanitizer will be used?  **Chlorine**  **Quaternary Ammonia**  **Other:** \_\_\_\_\_

Will test papers be available to verify the concentration of the sanitizer?  **YES**  **NO**

## Mechanical Warewashing

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Type of sanitization to be used:  **High Temperature (final rinse temp of 180° F)**  **Chemical?**

Capacity: \_\_\_\_\_ **racks per hour.** Final Rinse Water Usage: \_\_\_\_\_ **gallons per hour.**

Will a pre-scrapping facility be provided?  **YES**  **NO**

Will drainboards be provided on both ends of the dish machine?  **YES**  **NO**

Will there be a scullery sink?  **YES**  **NO**

Is the dish machine equipped to automatically dispense detergents and/or sanitizers?  **YES**  **NO**

Does the dish machine have visual and/or audible notifications to verify that detergents and/or sanitizers were not delivered during the respective washing and/or sanitizing cycles?  **YES**  **NO**

If a high temperature dish machine is used will an irreversible registering temperature indicator (e.g. a maximum registering thermometer or thermolabels) be provided?  **YES**  **NO**  **N/A**

## Water Supply & Sewage Disposal

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Water Supply:  **Municipal/ Public Authority**  **Well\***

\*Attach the Ohio EPA approval documentation and provide PWS# \_\_\_\_\_.

Sewage Disposal:  **Municipal/ Sanitary Sewer**  **Semi-Public\***

\*Attach the Ohio EPA approval documentation

## Handwashing Facilities

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Will there be a dedicated hand sink available within 20 feet of any food handling or warewashing area without going around a corner or through a doorway?  **YES**  **NO**

Total number of hand sinks (not including restrooms): \_\_\_\_\_.

Will all hand sinks be installed in a manner that prevents splash contamination to food and food contact surfaces? Hand sinks without a minimum of 12 inches of clearance on each side will require splash guards.  **YES**  **NO**

Will all hand sinks accessible only to the public be supplied with hot and cold running water through a mixing valve or combination faucet with a temperature between 85° F and 110° F  **YES**  **NO**

Is hot and cold running water available at all hand sinks that employees use? (**Note:** hot water shall be a minimum temperature of 100° F for sinks used by employees)  **YES**  **NO**

Will soap, paper towels/hand drying facilities, trash receptacles, and signage promoting hand washing be provided at all hand sinks?  **YES**  **NO**

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  **YES**  **NO**  **N/A**

## Plumbing & Fixtures

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Will plumbing work be completed under permit from the plumbing authority?  **YES**  **NO**  **N/A**

Have plans been submitted to the plumbing authority?  **YES, date** \_\_\_\_\_  **NO**  **N/A**

Will the location and size of the grease interceptor be compliant with state plumbing codes as well as local ordinances (if applicable)?  **YES**  **NO**  **N/A**

Will a floor mounted mop sink be provided on each floor?  **YES**  **NO**  **Existing**  **N/A**

Will mop hangers be provided at the floor mounted mop sink?  **YES**  **NO**

If the floor mounted mop sink is located in the food prep or warewashing areas, will there be a partition to protect food and equipment from splash?  **YES**  **NO**  **N/A**

Will all equipment drain lines, exposed utility service lines, and soda/beer lines be installed as to not interfere with cleaning (installed off the walls/floor)?  **YES**  **NO**

If the menu or layout dictates, are there dedicated dump sinks available?  **YES**  **NO**  **N/A**

If produce is washed or frozen foods are thawed in a sink, will the dedicated food preparation sink have an indirect (air gapped) drain?  **YES**  **NO**  **N/A**

Fixture	Yes/No or N/A	Sewage Disposal			Water Supply					
		Air Gap	Air Break	Direct Connect	AVB	PVB	RPZ	VDC	HB	Air Gap
Dishwasher										
Glasswasher										
Garbage Grinder										
Ice machines										
Ice Storage Bin										
Mop sink Faucet										
Warewashing sink										
Food preparation sink										
Handwashing sink										
Dump sink										
Steam tables										
Dipper wells										
Hose connections										
Refrigeration condensate drain lines										
Beverage dispenser with carbonator										
Water softener										
Potato peeler										
Walk-in floor drain										
Chinese range										
Detergent feeder on faucet										
Outside sprinkler or irrigation system										
Power washer										
Retractable hose reel										
Toilet										
Urinal										
Boiler										
Bain-marie										
Espresso machine										
Combi-style oven										
Kettle										
Rethermalizer										
Steamer										
Hot water dispenser										
Other:										
Other:										
AVB = atmospheric vacuum breaker PVR = pressure vacuum breaker RPZ = reduced pressure principle backflow preventer					HB = hose bibb vacuum breaker VDC = vented double check valve					

## Refuse Storage & Disposal

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Will all outdoor refuse receptacles...

- Be placed on a graded and paved surface?       YES    NO
- Be rodent proof and leak proof?                       YES    NO
- Have tight fitting lids/covers?                       YES    NO
- Is included on the enclosed site plan?               YES    NO

Is there an outdoor grease storage receptacle?       YES    NO

Is there an area designated for garbage can or floor mat cleaning?    YES    NO   If not, where will these be cleaned?

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## Lighting

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Will at least 50 foot-candles of light be provided at:

- Food preparation areas?                                       YES    NO    N/A
- Areas employees work with utensils or equipment?       YES    NO    N/A

Will at least 20 foot-candles of light be provided at:

- Consumer self-service areas?                               YES    NO    N/A
- Inside equipment?     YES    NO    N/A
- Areas used for handwashing?                               YES    NO    N/A
- Areas used for warewashing?                               YES    NO    N/A
- Areas used for equipment storage?                       YES    NO    N/A
- In restrooms?     YES    NO    N/A

Will at least 10 foot-candles of light be provided at:

- Walk-in coolers and freezers?                               YES    NO    N/A
- Dry storage areas?     YES    NO    N/A
- All areas when cleaning?                                       YES    NO    N/A

Will the required shielding or shatter-resistant lamps be provided for light fixtures in food storage, preparation, display, or service areas?    YES    NO    N/A

## Ventilation

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Will a commercial exhaust hood with an approved fire suppression system be provided to service cooking equipment producing grease-laden vapors?    YES    NO    N/A

Will the canopy hoods completely cover the cooking equipment (extending a minimum horizontal distance of 6 inches beyond the edge of the cooking surface on all open sides)?    YES    NO    N/A

Source of make-up air:  **Within the Hood**    **Automatic Louvered Fan**    **Passive Louvered Vent**  
 **Other:** \_\_\_\_\_

Will a commercial exhaust hood be provided to service a hot temperature dish machine?  
 **YES**    **NO**    **N/A**

## Interior Finishes

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All room finishes on floors, walls, and ceilings of the kitchen, restrooms, buffet lines, drink dispensing areas, mop/service sinks, are required to be durable, smooth, easily cleanable and impermeable to moisture. Fiberglass Reinforced Plastic (FRP), tile (VCT, quarry, etc.), stainless steel, or other approved materials are required. These finishes must start at the top of the cove base and extend past any of the above referenced areas a minimum of 18 inches in all directions.

Is your facility compliant with these requirements?    **YES**    **NO**

Will openings around pipes, electrical conduits, chases, and other wall perforations be sealed?  
 **YES**    **NO**    **N/A**

<b>Complete the following chart to indicate all interior finishes or provide a finish schedule.</b>				
<b>Finish Schedule Attached   <input type="checkbox"/> YES   <input type="checkbox"/> NO</b>				
<b>Area</b>	<b>Floor</b>	<b>Walls</b>	<b>Coved Base</b>	<b>Ceiling</b>
<i>Example</i>	<i>VCT, Quarry Tile</i>	<i>FRP, painted gypsum board</i>	<i>Rubber Base Molding</i>	<i>Vinyl Acoustical Tile, painted gypsum board</i>
Food Preparation				
Cooking				
Warewashing				
Food Storage				
Bar				
Restrooms				
Service Areas/ Buffets/ Salad Bars				
Dining				
Mop Room				
Outside storage				
Walk-in Units				
Other:				
Other:				

# Facility Layout Considerations

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Will there be any garage doors that open into the dining area?  YES  NO  N/A

Indicate the measures taken to prevent the entrance of flying insects and other pests if operable windows, roll-up or garage doors, and/or Nana walls are installed:

Self-closing door  Air curtain  Fly fan  Screen door  Other \_\_\_\_\_

Will the facility have a drive-thru or walk-up window?  YES  NO  N/A

Will public restrooms be accessible without passing through food preparation, food storage, or warewashing areas?  YES  NO  N/A

Will restrooms be equipped with self-closing room doors and adequate ventilation?  YES  NO

Will a separate storage area be provided for employees personal belongings?  YES  NO

Will all toxic chemicals be stored away from food preparation and storage areas?  YES  NO

Where will cleaning supplies and chemicals be stored? \_\_\_\_\_

Will laundry facilities be located on premise?  YES  NO  N/A

Where will clean linens be stored? \_\_\_\_\_

Where will soiled linens be stored? \_\_\_\_\_

Will all openings to the exterior (doors, windows, ventilation discharges, etc.) be designed to keep out rodents and insects?  YES  NO

If you want to leave an exterior door open, it must be supplied with a tight fitting screen that meets both building and fire codes. Is your facility compliant with this requirement?  YES  NO  N/A

Will there be closed receptacles in each stall of the women’s restrooms?  YES  NO

Will all insect control devices used to electrocute or stun flying insects be designed to retain the insect within the device as required be placed in areas that prevent contamination of food and food contact surfaces?  YES  NO  N/A

Are all outside doors self-closing and equipped with rodent-proof flashing?  YES  NO  N/A

Pesticides can only be applied by a licensed commercial applicator. Will there be a pest management program instituted?  YES  NO

Is the completed GCPH Plan Review Checklist enclosed with the materials submitted?  YES  NO

Please summarize the proposed project:

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## **Plan Review Submission**

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This application is complete and accurate to the best of my knowledge. I understand that an incomplete application and submittal may delay the plan review process through disapproval and resubmission until the information is complete. I understand that any deviation from the initial submittal without prior approval from GCPH may nullify final approval and/or delay your project.

**I have enclosed a completed GCPH Plan Review Checklist.**

**I have enclosed the plan review fee of \$350.00 (made payable to GCPH).**

**Signature of applicant:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approval of these plans and specifications by this 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-licensing inspection of the establishment with equipment in place & operational will be necessary to determine if the food business complies with the local and state laws governing food operations. Any deviations observed at that time must be corrected prior to license issuance.**

Submit paper plans and/or payment and application to: Greene County Public Health  
360 Wilson Drive  
Xenia, Ohio 45385

(Preferred\*) Digital plans/links can be submitted to: [ehpermits@gcph.info](mailto:ehpermits@gcph.info)

Questions: Food Safety Program

Phone: (937) 374-5600

Fax: (937) 374-5675

[www.gcph.info](http://www.gcph.info)