

PLAN REVIEW APPLICATION PACKET
Food Service Operation & Retail Food Establishments



Public Health
Prevent. Promote. Protect.

Greene County

Greene County Public Health
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Xenia, OH 45385
(937) 374-5606 / (937) 374-5607
www.gcph.info

Submit Completed Application Packet, 1 Set of Floor Plans, Related Documents and \$350.00 Plan Review Fee

CONTENT AND FORMAT REQUIREMENTS

The facility layout and equipment specifications submitted for approval to Greene County Public Health (GCPH) must meet all of the requirements of Chapter 3717-1 of the Ohio Administrative Code. The submitted plans and associated documentation must include:

1. The type of operation or establishment proposed – food service operation vs. retail food establishment.
2. The proposed menu / listing of foods to be prepared and served, seating capacity and projected meal volume for the food operation.
3. Total square footage to be used for the food service operation / retail food establishment.
4. A site plan that includes the following:
 - Location of the business in a building such as a shopping mall or stadium;
 - Location of building on site, including alleys, streets and location of any outside support infrastructure such as dumpsters, potable water source, sewage treatment system; and,
 - Interior and exterior seating areas.
5. All entrances, exits, loading/unloading areas and docks, etc.
6. Location, number and types of plumbing fixtures, including all water supply facilities.
7. Plan of lighting
8. Floor plan showing the fixtures and equipment.
9. Building materials and surface finishes to be used.
10. An equipment list with equipment manufacturers and model numbers.

To achieve the above listed requirements, the following items are of important note:

- Plans must be a minimum of 11 x 14 inches in size and the layout of the floor plan must be legible and accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
- A site plan that includes the following (*new Food Code requirements*):
 - Location of the business in a building such as a shopping mall or stadium;
 - Location of building on site, including alleys, streets and location of any outside support infrastructure such as dumpsters, potable water source, sewage treatment system; and,
 - Interior and exterior seating areas.
- Show the proposed location of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule (as applicable). Be certain to submit drawings of self-service hot and cold holding units *with* sneeze guards.
- Show the proposed location of all plumbing (e.g. - food preparation sink, floor-mounted mop sinks, water heaters, floor drains/sinks, water supply lines, waste lines, method of sewage disposal, grease traps, backflow prevention devices, garbage can washing areas, etc.).
- Label and locate all dedicated hand and dump sinks. **Note:** Where applicable, dedicated dump sinks will be required (e.g. - bars, front portions of convenience stores, etc.) that are separate from any required

PLAN REVIEW SUBMISSION REQUIREMENTS

PAGE 2 OF 4

(Rev. 03/16)

hand sinks. Dual-use sinks are **not** permitted and will not be accepted. Also illustrate on your plans the installation of any splash guards as may be applicable given their proposed location.

- Provide clear and accurate drawings identifying the layout of all proposed restroom facilities. Be certain to show the proposed location for covered receptacles in ladies' restrooms for the disposal of feminine hygiene products.
- Identify any auxiliary areas such as storage rooms, garbage rooms/dumpster pads, warewashing rooms, walk-in coolers/freezers, basements, cellars, etc. and their intended use. Must also indicate if and/or how food and food-related items (e.g. – single-use To Go Items, linens, straws, etc.) will be stored (e.g. - shelving, dunnage racks, etc.) in these areas (as applicable). Also, clearly indicate how and where all multi-use kitchenware items, smallwares, utensils, etc. will be staged for air drying and subsequent final storage so as to prevent potential cross-contamination issues.
- Complete finish schedules for each room including the floors, walls and ceilings and coved wall/juncture bases. **Note:** If ceiling tiles are proposed, vinyl-clad ceiling tiles must be installed in all food preparation areas, restrooms, warewashing areas, over the footprint of bars, etc.
- Lighting schedule - provide:
 - Minimum of 108 lux (10-foot-candles) at a distance of 30-inches above the floor in walk-in coolers/freezers and dry food storage areas and in other areas/rooms during periods of cleaning. **Note:** *GCPH recommends a minimum of 440 lux (40 foot-candles) in all walk-in coolers/freezers in order to provide sufficient illumination for cleaning after the units are filled with food items).*
 - Minimum of 215 lux (20-foot-candles) where food is provided for consumer self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold for consumption. Also, in all areas used for handwashing, warewashing, equipment/utensil storage and in toilet rooms at a distance of 30-inches above the floor. Be sure to address underbar lighting above the warewashing sink and hand washing sink.
 - Minimum of 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.
 - Shatterproof light bulbs or shields/protectors are required on all light fixtures installed in every food preparation and warewashing areas, and where exposed foods are stored on/in any applicable pieces of equipment for purposes of display, serving, etc.
- Provide a complete food Equipment Schedule to include the manufacturer's name and model numbers and listing of commercial-grade equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are NSF, commercial UL, ETL and CSA. Manufacturer's cut / specification sheets are preferred to be submitted with your plans.
- Show the proposed location of a floor-mounted mop sink or curbed cleaning facility along with the capability for hanging wet mops.
- Cabinets or shelving appropriate for the storage of toxic chemicals.
- Dressing rooms, locker rooms, employee rest areas and/or coat racks.

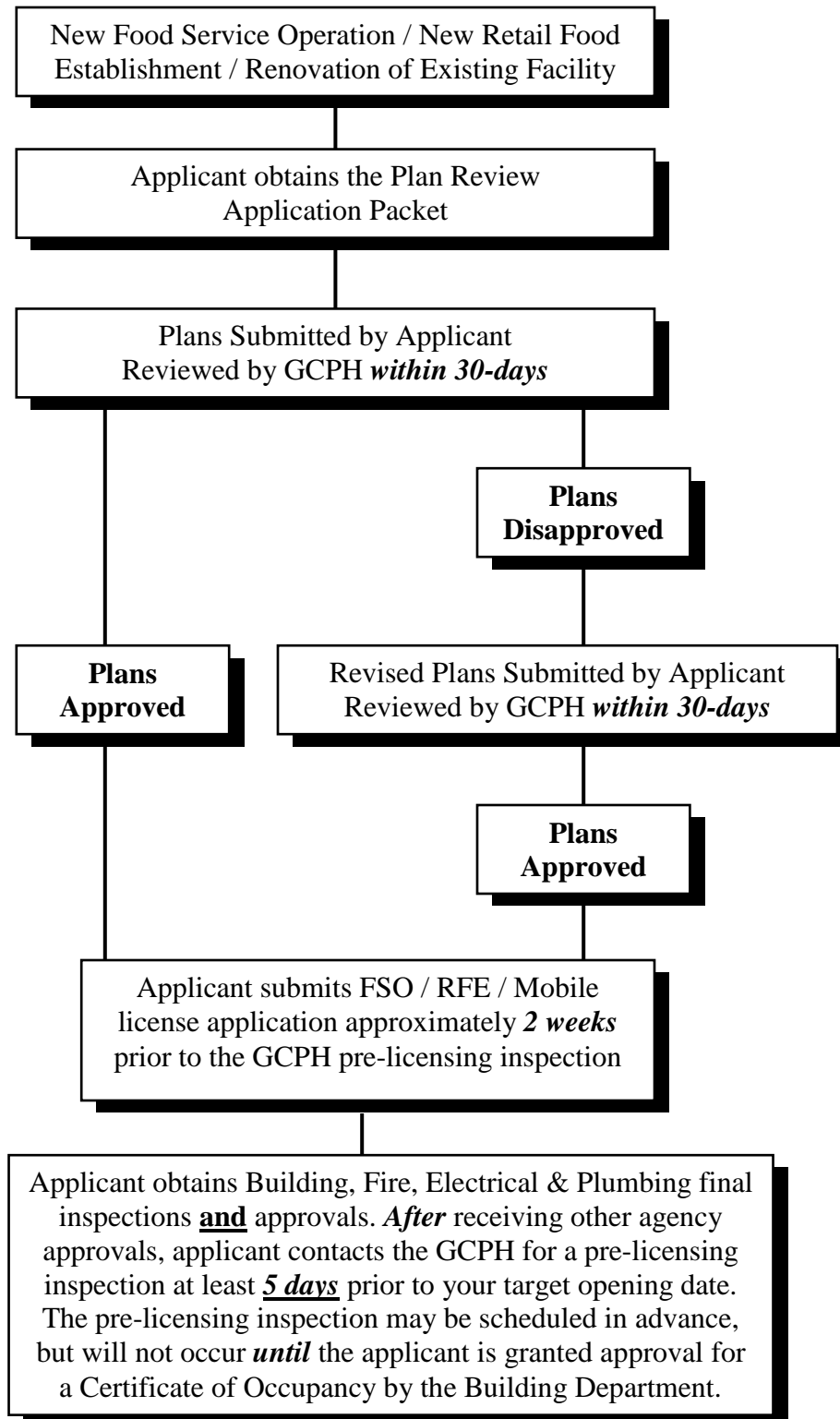
PLAN SUBMISSION PACKAGE CHECKLIST

Please verify each of the following are included with your Plan Submission Package:

- _____ Plan Review Fee of **\$350.00**. Checks must be made out to the GCPH.
(**Note:** No plan review fee is required for FSO/RFE mobile food operations)
- _____ Completed Plan Review Application Packet. *Ensure all questions are answered or marked N/A (not applicable) as appropriate.*
- _____ Proposed Menu (including seasonal, off-site and banquet menus).
- _____ Proposed meal volume.
- _____ Manufacturer's name, make and model number for each piece of equipment shown on the submitted Floor Plan. *To speed up the plan review process, it is highly recommended that manufacturer's cut / specification sheets be provided.*
- _____ ***1 set*** of Complete Floor Plans drawn to scale of the food business showing:
- ✓ Location of the business in a building such as a shopping mall or stadium
 - ✓ Location of building on site, including alleys, streets and location of any outside support infra-structure such as dumpsters, potable water source, sewage treatment system
 - ✓ The location of all proposed pieces of equipment and sinks including interior and exterior seating areas
 - ✓ Total square footage to be used for the food service operation / retail food establishment
 - ✓ All entrances, exits, loading/unloading areas and docks, etc.
 - ✓ All overhead lighting, including inside hood systems and walk-in coolers/freezers
- _____ Finish Schedule (include materials to be used and the proposed final finishes)
- _____ Equipment Schedule (referenced back to the Floor Plan)
- _____ Plumbing Connection Schedule (include connection information and/or an isometric drawing; be certain to include syrup/beer lines and corresponding chases)

**NOTE: FAILURE TO PROVIDE ALL INFORMATION MAY RESULT
IN DISAPPROVAL OF YOUR PLANS**

PLAN REVIEW PROCESS FLOW CHART



PRE-LICENSING INSPECTION CHECKLIST

PAGE 1 OF 1

(Rev. 03/16)

PRE-LICENSING INSPECTION CHECKLIST

Please use this checklist prior to contacting the GCPH to schedule your pre-licensing inspection. The following items must be addressed:

- The facility is constructed according to the submitted plans and conditions noted on the plan approval letter.
- Received final approval from the Plumbing Department.
- Received final approval from the Fire Department.
- Received final approval from the Building Department (Certificate of Occupancy or Temporary Certificate of Occupancy – ***must be permitted to allow the public to enter the structure***).
- All surfaces are clean and ready to use; facility is totally clean and free of construction debris/materials.
- All equipment is commercial-grade and installed according to the submitted plans.
- All refrigeration equipment is operating, holding at proper temperatures and supplied with thermometers.
- All hand sinks have soap, disposable towels (hand dryer, if using) and hand washing signs are posted.
- Hot and cold water is available at all sinks. Must have a minimum of 100° F at all employee hand sinks, must have hot water between 85° F and 110° F at all hand sinks used by the public (e.g. - public restrooms).
- Sanitizer, test strips, thermometers readily available; an irreversible registering temperature indicator (e.g. – maximum registering thermometer, Thermolabels, etc.) in hot water mechanical warewashing operations.
- A probe stem food thermometer is available (must also provide a thin-probe thermometer, as required).
- All restrooms are stocked with necessary supplies. A covered receptacle is in each stall of the women's restroom for disposal of feminine hygiene products
- The dish machine is functioning properly (if applicable). (Reference above re: irreversible temp. indicator).
- All cabinetry is fully enclosed and sealed.
- All gaps are fully sealed using caulking and/or trim pieces.
- All final finishes are smooth and easily cleanable. All bare wood is rendered non-absorbent.
- Escutcheons, rubber grommets, etc. are installed around pipes where they penetrate the wall and/or ceiling. The escutcheons must be flush against the wall/ceiling/floor and silicone caulked around them.
- Level I Certification in Food Protection Training for Persons-in-Charge (PIC) for Risk Level I-IV facilities for all shifts; at least **one** PIC with management responsibility with a Level II Certification in Food Protection Training for Risk Level III & IV facilities – make certificates available during inspection.

PLAN REVIEW APPLICATION

PAGE 1 OF 6

(Rev. 03/16)

PARCEL ID NUMBER

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OFFICE USE ONLY	
Receipt No.:	Rec'd Date:
New ___ Remodel ___ Class: 1 2 3 4	Restrictions: Y N
Endorsement: Y N	25,000: Under Over
Appv'd: _____	
Disappv'd: _____	Resub: _____
Rev. San. : _____	

FOOD SERVICE OPERATION / RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____ Type: FSO ___ RFE ___ MOBILE ___

Category: Restaurant ___ Institution ___ Daycare ___ Retail Market ___ Other ___

Facility Information:

Name of Facility: _____

Name of Owner: _____

Address: _____ (City) (State) (Zip Code)

Telephone: _____

Applicant / Owner Information:

Applicant's Name: _____

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

Correspondence / Mailing Address: _____ (City) (State) (Zip Code)

Telephone: _____

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

Proposed Number of Seats: _____ Total Square Footage of Facility: _____

Total Square Footage of Non-Food Areas (for retail food establishments only): _____

Days / Hours of Operation: Mon ___ Tues ___ Weds ___ Thurs ___

Fri ___ Sat ___ Sun ___

If Seasonal Operation Month(s) of Operation: _____

Type of Service: Sit Down Meals ___ Take Out ___ Out of Store Catering ___ Delivery ___ (Check all that apply)

Catering / Buffets ___ Mobile Vendor ___ Other: _____ [Catering as defined in ORC 3717.01 (G)]

Meals To Be Served: Breakfast ___ Lunch ___ Dinner ___ Other _____

Plans Concurrently Submitted To: Building Dept. ___ Fire Dept. ___ Plumbing Div. ___

Other Agency _____

Please ensure all questions are answered or marked N/A (not applicable) as appropriate

a. Check the types of Time/Temperature Controlled for Safety (TCS) foods to be handled/prepared/served:

- | | <u>(YES)</u> | <u>(NO)</u> |
|---|--------------|-------------|
| a. Thin meats, poultry, fish, eggs, baluts
(Hamburgers, sliced meats, fillets) | () | () |
| b. Thick meats, whole poultry, ratites
(Roast beef, whole turkey, chickens, and/or hams) | () | () |
| c. Acidified rice and/or raw foods
(Sushi, sashimi, oysters on the half shell) | () | () |
| d. Cold processed foods
(Salads, sandwiches, vegetables) | () | () |
| e. Hot processed foods
(Soups, stews, rice/noodles, gravy, chowders, casseroles) | () | () |
| f. Bakery goods
(Pies, custards, cream fillings & toppings) | () | () |
| g. Other: _____ | | |

b. **Food Supplies:**

a. How will dry goods be stored off of the floor? _____

c. **Cold Storage:**

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** (Please circle)

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

d. **Hot / Cold Holding:**

a. How will hot (TCS) foods be maintained at 135° F or above during service?

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

e. **Time-in-lieu of Temperature Processes:**

a. 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** (Please circle)

b. If **YES**, which time-in-lieu of temperature process are you using? **4-Hour 6-Hour** (Please circle)

- c. If **YES**, please attach your time-in-lieu of temperature procedure. Must have a written procedure prepared in advance for foods intending to time as a public health control.

(Reference: Section 3717-1-03.4 (I)(1) – Ohio Food Code)

f. **Cooling:**

Do you intend to cool leftover foods down for subsequent reheating? **YES NO N/A** (Please circle)
If **YES**, describe how hot (TCS) foods will be rapidly cooled to 41° F or below. Will you use shallow pans, ice baths, reduction in volume or size, rapid chilling, and/or some other method? Please also indicate how and where such food items will be cooled.

g. **Reheating:**

- a. Do you intend on reheating any foods within your facility? **YES NO N/A** (Please circle)
b. If **YES**, how will TCS foods be rapidly reheated? Please indicate how and where such food items will be reheated.
-

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

- a. Will cook-chill/sous vide processes be used with (TCS) foods? **YES NO N/A** (Please circle)
(Reference: Section 3717-1-03.4 (K)(4) – Ohio Food Code)
b. If **YES**, include cut 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.). Please attach your cook-chill / sous vide procedure.

i. **Acidified White Rice / Sushi:**

- a. Will you be acidifying white rice to render it a non-TCS food? **YES NO N/A** (Please circle)
b. If **YES**, must have a HACCP Plan meeting **Section 3717-1-08.4 (Ohio Food Code)** – please attach.
c. If not using a HACCP, describe how you intend to handle acidified white rice (e.g. – time-in-lieu of temperature – *requires written procedure prepared in advance*)
-

- d. Will you be using on-site parasite destruction (e.g. – freezing) for your sashimi? **YES NO N/A**
(Please circle)
e. If **NO**, will you provide written vendor certification/documentation that your sashimi has undergone proper parasite destruction? (Please attach) **YES NO N/A** (Please circle)

j. **Preparation:**

- a. Which methods will be used to handle ready-to-eat foods? Check all that apply.
Gloves _____ Utensils (e.g. - tongs, spatulas) _____ Food-grade paper (e.g. - deli paper) _____
b. Do you intend to allow employees to handle exposed ready-to-eat foods with their bare hands?
YES NO N/A (Please circle)
c. If **YES**, attach your bare hand contact procedure for Board of Health approval.

- d. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dish machine be sanitized? What type of sanitizer will be used on these items? Please describe.

Chemical Type _____ Concentration _____ Test Kit: **YES NO**
 (Please circle)

- e. Will produce be washed on-site prior to use? **YES NO N/A** (Please circle)
- f. If **NO**, will produce be received pre-washed and pre-cut? **YES NO N/A** (Please circle)
- g. If **YES**, where will produce be washed? (Please describe).

k. **Person-In-Charge (PIC) / Staffing / Training:**

- a. Will ***each*** shift have a trained PIC that possesses a Level I Certification in Food Protection Training?
 (**Note: This is required for all Risk Class I-IV facilities**) **YES NO** (Please Circle)
- b. Will there be at least one (1) PIC that has supervisory and management responsibility / authority that possesses a Level II Certification in Food Protection Training? **YES NO N/A** (Please Circle)
 (**Note: This is required for all Risk Class III-IV facilities**)

NOTE: Must provide evidence of Level I and/or Level II training of PICs at time of inspection

- c. Is there a written policy to inform and exclude / restrict food employees and conditional employees who are sick, have infected cuts or lesions and report to the PIC? **YES NO** (Please circle)
 (**Note: Employees must be informed in a verifiable manner of their responsibility to report to the PIC about their health as relates to diseases that are transmissible in food – must be available for review at time of inspection**)
- d. Do you have written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the FSO/RFE? **YES NO** (Please circle)
 (**Note: Procedure must be available for review at time of inspection**)

l. **Finish Schedule:**

Applicants must indicate what materials (e.g. – quarry tile, stainless steel, FRP, VCT, vinyl-clad ceiling tiles, gypsum board w/paint, etc.) will be used on all floors, walls and ceiling within all aspects of your facility. (***Please provide this information within the submitted plans.***)

m. **Plumbing Connections:**

Please specify how various items (e.g. – all sinks, toilets, dishmachine, ice makers, steam wells, etc.) in your facility will be plumbed and connected to the waste system. (***Please provide this information within the submitted plans.***)

n. **Water Supply:**

- a. Is ice made on the premises () or purchased commercially ()? (Check which applies)
- b. Is the water supply public () or an on-site water supply ()? (Check which applies)
- c. If on-site water supply, has the source been approved? **YES NO PENDING** (Please circle)
- d. Is the hot water generation and distribution system sufficient to meet the peak hot water demands throughout the FSO/RFE? **YES NO** (Please circle)

o. Sewage Disposal:

- a. Is the building connected to a municipal sewer? **YES NO** (Please circle)
- b. Is the building connected to an approved on-site sewage treatment system? **YES NO PENDING**
(Please attach a copy of written approval and/or permit if applicable). (Please circle)
- c. Is there a grease trap provided within this facility? **YES NO** (Please circle)

Where is it located? _____

Provide schedule for cleaning & maintenance: _____

p. Garbage and Refuse:

- a. Where and how will garbage/refuse be stored **inside** your facility? _____
- b. Is there an area designated for garbage can or floor mat cleaning? **YES NO N/A** (Please circle)
- c. Will a dumpster be used to collect/store refuse **outside** the facility? **YES NO** (Please circle)
No. of dumpsters? _____ Size? _____ Freq. of pickup? _____ Contractor _____
- d. Is there an **outside** grease storage receptacle? **YES NO N/A** (Please circle)
- e. If **YES**, describe the location and how it will be pumped or cleaned.

q. Dressing Rooms / Personal Belongings:

- a. How and where will personal belongings (e.g. – purses, coats, boots, etc.) be stored?

r. General Facility Considerations:

- a. Where will personal medications, insecticides/pesticides/toxic chemicals and cleaning/sanitizing agents be stored? Please specify.

- b. Where will clean linens be stored? _____
- c. Where will dirty linens be stored? _____
- d. Are all containers used to store bulk food products constructed of safe materials designed to be in direct contact with food? **YES NO** (Please Circle)

Please indicate the type of containers to be used: _____

- e. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands? **YES NO** (Please circle)
- f. Are covered waste receptacles available in each restroom? **YES NO** (Please circle)

- g. Is hot and cold running water available at each handwashing sink (**Note: Hot water must be at least 100° F**)? **YES NO** (Please circle)
- h. Are all toilet room doors self-closing? **YES NO N/A** (Please circle)
- i. Is there a floor-mounted mop sink present? **YES NO N/A** (Please circle)
- j. If the menu dictates, is a food preparation sink present? **YES NO N/A** (Please circle)
- k. If the menu or facility layout dictates, are there dedicated dump sinks present? **YES NO N/A** (Please circle)
- l. Have you ensured that there is a least one hand sink located within **20-feet** of all food preparation and warewashing areas within your facility? **YES NO** (Please circle)

s. **Dishwashing Facilities:**

- a. Will a 3-compartment warewashing sink and/or a dish machine be provided for warewashing?
Please specify: _____
- b. Is there a chemical sanitizer solutions generation device on-site? **YES NO N/A** (Please circle)
- c. Does the largest pot and pan fit into each compartment of the utensil sink? **YES NO**
(**Note: Drainboards are required on both ends of the warewashing sink**) (Please circle)
- d. If **NO**, then what is the procedure for manually cleaning and sanitizing such food contact surfaces?

- e. If using a dish machine, what type is it? **Chemical High Temperature** (Please circle)
If using a high temperature machine, does it have a booster heater? **YES NO N/A** (Please circle)
- f. Have you ensured that the dish machine is equipped to automatically dispense detergents and/or sanitizers **and** does the machine incorporate visual means and/or audible alarm to verify that detergents and sanitizers were delivered during the respective washing and sanitizing cycles?
YES NO N/A (Please circle) (**Note: This applies to high temperature and/or low temperature machines**)

- g. If **YES**, did you attach documentation of such to your plan submittal? **YES NO N/A** (Please circle)

- h. What type(s) of sanitizer(s) will be used in this facility for warewashing **and** general cleaning?
(**Check all that apply**)

Chlorine	()	YES	NO	N/A	(Please circle)
Quaternary Ammonia	()	YES	NO	N/A	(Please circle)
Iodine	()	YES	NO	N/A	(Please circle)
Hot Water	()	YES	NO	N/A	(Please circle)

(**Note: Must provide test strips and a temperature measuring device at all manual warewashing operations; must provide an irreversible registering temperature indicator (e.g. - maximum registering thermometer, Thermolabels, etc.) at all hot water mechanical warewashing operations**)

- i. Describe how and where multi-use kitchenware items (e.g. – pans, smallwares, etc.) will be properly air-dried prior to final storage. Are you providing sufficient space / storage for **all** your items?

