

Fairfield Department of Health
1550 Sheridan Drive Suite 100, Lancaster, OH 43130
Phone (740) 652-2800 • Fax (740) 653-8556

FOOD FACILITY REVIEW APPLICATION

New Facility **Remodel** **Addition** **Equipment Change**

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**:

- Fairfield County Regional Planning _____/_____/_____ •Plumbing _____/_____/_____
 - Zoning _____/_____/_____ •Electric _____/_____/_____ •Building _____/_____/_____
 - Fire _____/_____/_____ *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: _____/_____/_____

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

Type(s) of Service: Sit Down Meals _____ Caterer _____ Take Out _____ Mobile Vendor _____
(check all that apply)

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 Specification sheets** or a detailed list of make and model numbers for each piece of equipment shown 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.
- _____ Lighting plan.
- _____ **Letter/statement from municipal waste water treatment authority concurring that grease trap meets their requirements.**
- _____ **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.**
- _____ **Documentation of Ohio Level Two Certification in Food Protection (OAC 3717-1-02.4) for at least one manager or supervisor for all Risk Level 3 & 4 facilities.**
- _____ Check, cash or money order for \$221.00 facility review fee.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 8 ½ x 11 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
2. 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.
3. Designate equipment used for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
4. Label and locate separate hand wash sinks, food preparation sink, mop sink, 3 compartment dishwashing sink and grease interceptor.
5. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
6. Designate auxiliary areas such as dry storage, chemical storage, mop/broom storage, garbage rooms, toilets and basements.

7. 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.
8. Show dressing rooms, locker areas, employee rest areas, and/or coat rack. Restrooms off of kitchen areas must have self-closing doors.
9. 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, ETL.
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 schedule with protectors;
 - a. At least 10 foot candles at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - b. At least 20 foot candles:
 - (1) 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;
 - (2) Inside equipment such as reach-in and under-counter refrigerators;
 - (3) At a distance of 30 inches above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and
 - c. At least 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.
12. Provide site plan showing exterior of building, dumpsters, grease traps, utility connections including water and sewer lines.

FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for Frozen foods _____, Refrigerated foods _____, and Dry goods _____.
2. Provide information on the amount of space (in cubic feet) allocated for:
Frozen storage _____, Refrigerated Storage _____,
Dry storage _____.
3. How will dry goods be stored off the floor? _____
4. Are food containers constructed of safe materials to store bulk food products? **YES/NO**

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods? frozen, and refrigerated foods at 41 degrees F or below? **YES/NO**
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?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

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. *Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70 degrees F		
Microwave (as part of cooking process)		
Cooked from Frozen State		

COOKING: List types of Cooking Equipment (Example- oven, fryer, microwave)

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135 degrees F or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41 degrees F or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Indicate by checking the appropriate boxes how PHFs will be cooled to 41 degrees F within 6 hours (135 degrees F to 70 degrees 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					
Blast Chiller					
Other (describe)					

REHEATING:

1. Will PHFs be reheated in bulk more than once a week? **YES/NO**

2. How will PHFs be rapidly reheated (within 2 hours) to 165 degrees F for hot holding?
Indicate type and number of units used for reheating foods.

PREPARATION:

1. Will food employees be trained in food safety and sanitation? **YES/NO**

Method of training: _____

Number(s) of employees: _____

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? **YES/NO**

3. Is there written verification that employees are informed of their responsibility to report, to the person in charge, information about their health as it relates to diseases transmissible through food (OAC 3717-1-02.1)? **YES/NO**

4. Are there written procedures for employees to follow when responding to vomiting or diarrheal events in the facility? Is a kit provided that includes, detailed instructions, PPE's, cleaning equipment and supplies and proper disinfectant? **YES/NO**

5. 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: **YES/NO**

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **YES/NO**
If not, how will ready-to-eat foods be cooled to 41 degrees F?

7. Will all produce be washed on-site prior to use? **YES/NO**
Is there a food preparation sink provided for food prep? **YES/NO**

8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41 degrees F – 135 degrees F) during preparation.

9. Will the facility be serving food to a highly susceptible population? (ex. hospital or nursing home) **YES/NO** If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

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				

INSECT AND RODENT CONTROL

1. Will all outside doors be screened, self-closing & rodent proof? **YES/NO**

2. Do all openable windows have a minimum #16 mesh screening? **YES/NO/NA**

3. Will pipes & electrical conduit chases be sealed; ventilation exhaust & intakes protected? **YES/NO**

4. Is area around building clear of unnecessary brush and other harborage? **YES/NO**

GARBAGE AND REFUSE

(YES)

(NO)

NA

1. Will trash be stored inside?

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If so, where? _____

2. Is there an area designated for garbage can or floor mat cleaning?

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()

3. Will a dumpster be used?

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Number _____ Size _____ Frequency of pickup _____ Contractor _____

4. Will garbage cans be stored outside?

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5. Describe surface and location where dumpster/garbage cans are to be stored

6. Is there an area to store recycled containers?

()

()

()

7. Is there an area to store returnable damaged goods? ()

()

()

8. Are floor drains provided & easily cleanable, if so indicate location:

WATER SUPPLY

1. Is water supply public () or private ()?

2. If private, has source been approved?

YES/NO

PENDING

3. Is ice made on premises () or purchased commercially ()?

Does ice machine drain provide for an air gap?

YES/NO

Describe where ice scoop is to be stored.

4. What is the capacity of the hot water tank? _____

5. Is the hot water tank sufficient for the needs of the establishment?

YES/NO

6. Is there a water treatment device (filters, salt softeners, etc.)?

YES/NO

If yes, how will the device be inspected & serviced?

7. How will backflow prevention devices be inspected & serviced?

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer?

YES/NO

2. If no, is private disposal system approved?

YES/NO

Please attach copy of written approval and/or permit.

PENDING

3. Are grease traps provided?

YES/NO

List size and location of grease traps

Provide schedule for cleaning & maintenance of grease traps

DRESSING ROOMS

1. Are dressing rooms provided? **YES/NO**
 2. Describe storage facilities for employees' personal belongings (i.e., purse, coat, boots, etc.)
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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 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.
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SINKS

1. Is a mop sink present? **YES/NO**
2. Is a food preparation sink present? **YES/NO**
Is the food preparation sink indirectly plumbed? **YES/NO**

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing? Dishwasher() 3-compartment sink ()
2. Dishwasher - Type of sanitization used:
Hot water (temp. provided) _____ (pressure provided) _____ Booster heater _____
Chemical type _____ Is ventilation provided? **YES/NO**
3. Do all dish machines have templates with operating instructions and temperature/pressure gauges that are accurately working? **YES/NO**
4. Do dish machines with automatic dispensing of detergent & sanitizer have a visual means to verify that detergent & sanitizer are delivered? **YES/NO**
5. Is there a visual or audible alarm to signal if detergent & sanitizer are not delivered? **YES/NO**
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**

8. What type of sanitizer is to be used at the 3 compartment sink?
Chlorine () Hot water () Iodine () Quaternary ammonium ()

HANDWASHING/TOILET FACILITIES

1. Are hand washing facilities available in food preparation and ware washing areas? **YES/NO**

2. Is hand soap and drying facilities (paper towels, air blowers) available at all hand washing sinks? **YES/NO**

3. Are covered waste receptacles available in women's restrooms? **YES/NO**

4. Is hot and cold running water under pressure available at each hand washing sink? **YES/NO**

5. Are all toilet rooms equipped with adequate ventilation? **YES/NO**

6. Is a hand washing sign posted in each employee restroom and at each employee hand sink? **YES/NO**

SMALL EQUIPMENT REQUIREMENTS

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

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

COMPLETED plans must be received within a four month time frame. Once four months' time has lapsed since the first item was submitted, and plans are still incomplete, all documentation will be disposed of. The facility review fee will not be returned. If the operator wishes to continue the project later, all documentation and the fee must be resubmitted.

Completed plans received by the Fairfield Department of Health (FDH) will be acted upon within 30 days.

Once you receive a plan approval letter from FDH, you can begin construction and installation in the facility.

Call the FDH to schedule your pre-licensing inspection when construction and installation is completed.

If the facility is in compliance with the rules, you can then complete a food facility license application and pay the fee.

Your license will then be mailed to the facility.

Keep this page for your information

Fairfield Department of Health
1550 Sheridan Drive Suite 100, Lancaster, OH 43130
Phone (740) 652-2800 • Fax (740) 653-8556

Fairfield Department of Health, Food Program Contacts:

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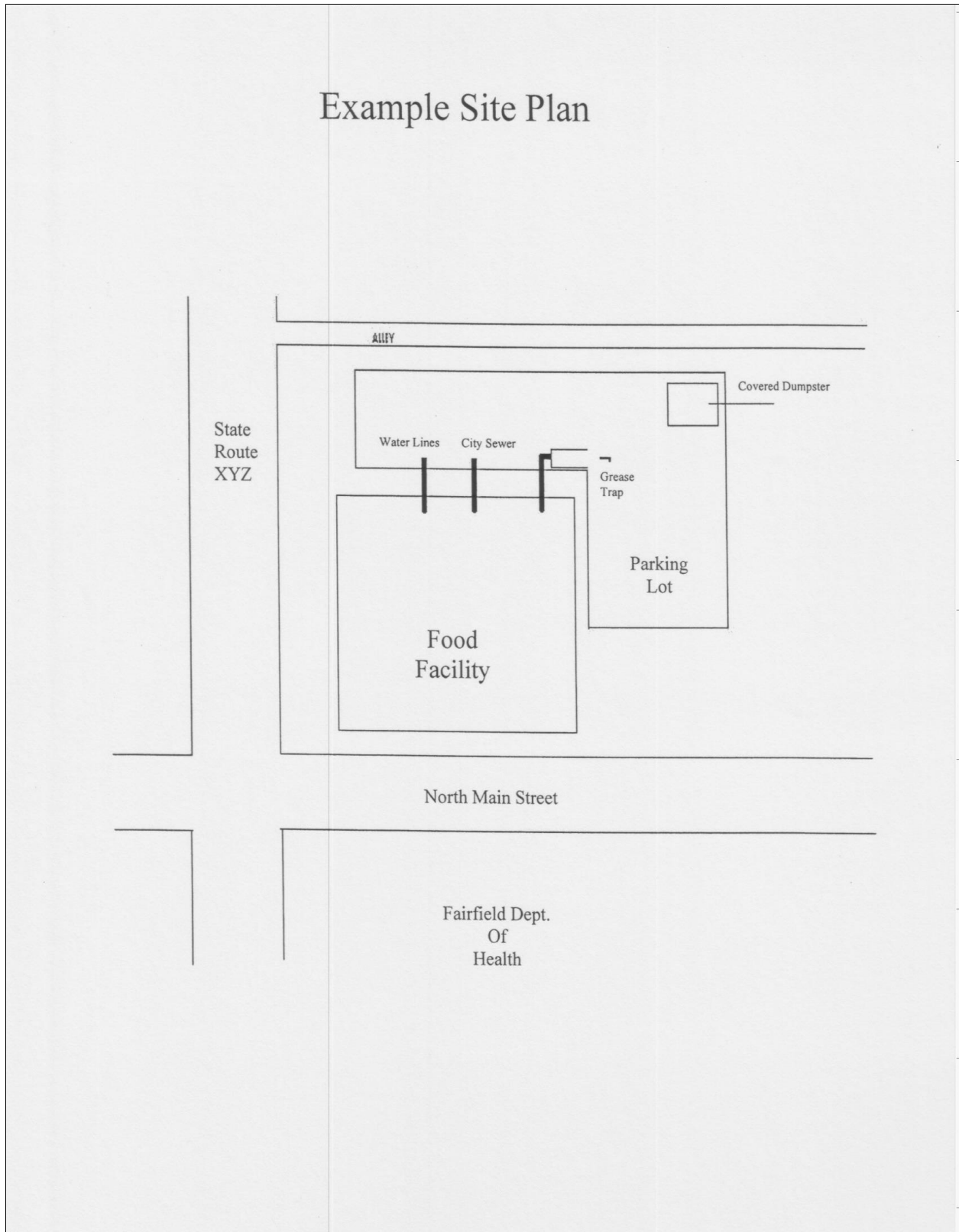
Kevin Barlow, RS
Kevin.barlow@fairfieldcountyohio.gov

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

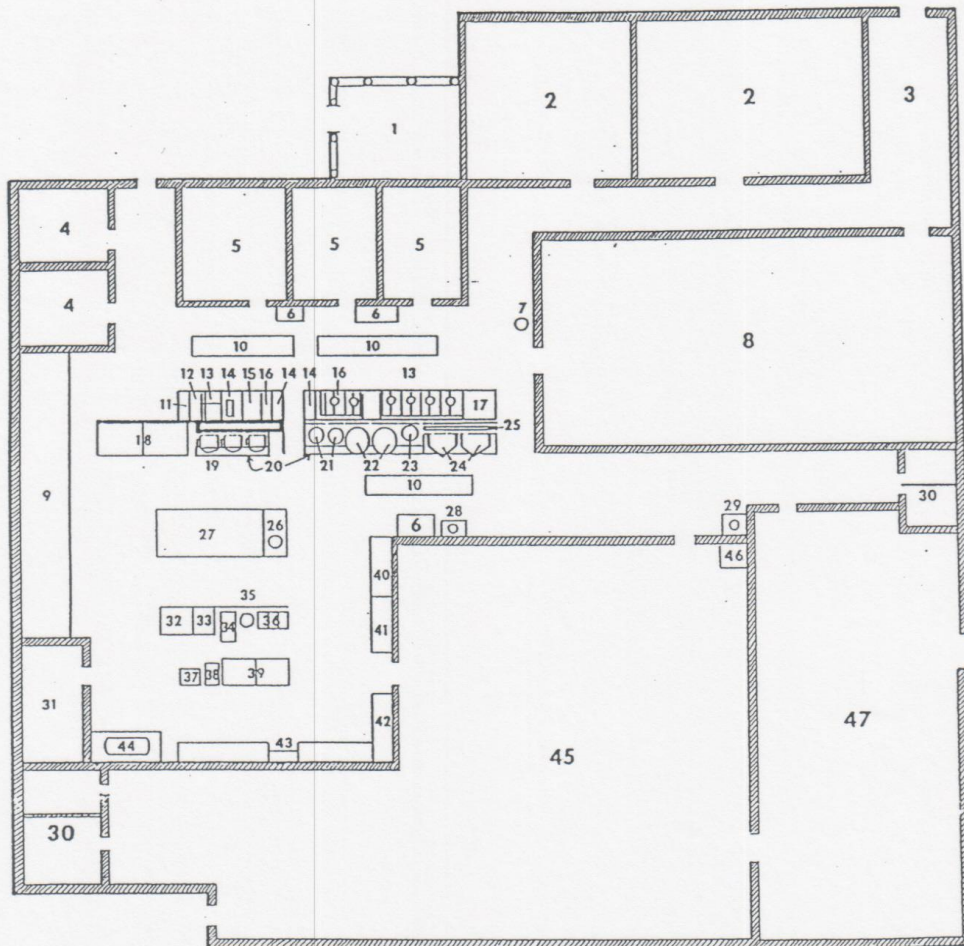
Water & Sewage	Ohio EPA Central District Office	614-728-3778
Fire	Lancaster Fire Prevention Pickerington Fire Dept. State Fire Marshall	740-687-6640 614-837-4123 614-752-8200
Building	Lancaster Building Department Pickerington Building Regulation Dept. Dept. of Industrial Relations	740-687-6649 614-833-2221 800-523-3581
Plumbing	Lancaster Building Department Pickerington Building Regulation Dept. Lithopolis Canal Winchester Fairfield Dept. of Health	740-687-6649 614-833-2221 614-837-2031 614-837-7493 740-652-2800
Waste water treatment	Lancaster Water Pollution Control Pickerington Utilities Fairfield Co. Utilities Canal Winchester	740-687-6664 614-833-2221 740-652-7120 614-837-2254
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.

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 | |