

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**

Food Service Operation (restaurant, cafeteria) Retail Food (grocery, convenience store)

Name of Facility: _____

Address of Facility: _____

Telephone (*if available*): _____ email: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ email: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____ email: _____

Contact and apply for permits from the following agencies:

- Fairfield County Regional Planning • Plumbing • Zoning • Electric • Building • Fire
- (See page 6 for contact information.)

Total Square Feet of Facility: _____

Projected start date of Project: ____/____/____ Projected completion date of Project: ____/____/____

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 fixture and piece of equipment shown on the plan. Equipment must be certified or classified for sanitation by an ANSI accredited certification program. Example: NSF, UL, ETL.
All small wares/counter top equipment must be commercial grade and be listed on your equipment list.

_____ **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 drawing** drawn reasonably **to scale** on a minimum of 8½ X 11 inch paper. Drawing should include entire establishment, entrances & exits, location of all fixtures & equipment, **plumbing**, electrical, mechanical and ventilation. Each piece of equipment must be clearly labeled with its common name. Label and locate each hand sink, three compartment sink, food preparation sink, mop sink, and grease trap. Show dry storage area, chemical storage, mop/broom storage, garbage storage, restrooms and basements.

_____ **Finish schedules** showing surface finishes for floors, walls, coved juncture bases, ceilings, counter tops, etc. **Provide stainless steel exhaust hood and stainless steel on walls behind grease producing equipment.**

_____ **Lighting plan.** 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.

_____ **Check, cash or money order** for facility review fee. Please call 740-652-2813 for current fee.

FOOD SUPPLIES:

What are the projected frequencies of deliveries _____.
Number of refrigeration units. _____. Number of freezer units. _____.
Dimensions of dry storage area. _____

Food must be stored on shelving at least 6 inches off the floor. Raw animal products must be stored below ready-to-eat foods in refrigerators.

THAWING:

Describe your means of thawing frozen foods.

HOT HOLDING:

How will you maintain hot holding.

COLD HOLDING:

How will you maintain cold holding.

COOLING:

How do you plan to properly cool foods from 135 degrees to 70 degrees (within 2 hours) and from 70 degrees to 41 degrees (within 4 hours).

REHEATING:

Will potentially hazardous foods be reheated in bulk more than once a week? **YES/NO**
Describe how foods will be rapidly reheated (within 2 hours) to 165 degrees F for hot holding?

PREPARATION:

How many employees will obtain **Ohio** Person-in-charge (PIC) training? _____

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**

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, supplies and proper disinfectant? **YES/NO**

Will the facility be serving a highly susceptible population? (Hospital/nursing home) **YES/NO**

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 | | | | |
| Toilet/Dressing Rooms | | | | |
| Mop Sink Area | | | | |
| Ware washing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |

WATER SUPPLY

Is water supply public () or private ()?
If private, **provide copy of written approval and acceptable water results.**

Is ice made on premises () or purchased commercially ()?
Does ice machine drain provide for an air gap? **YES/NO**

What is the capacity of the hot water tank? _____

SEWAGE DISPOSAL/REFUSE

Is sewage system public () or private ()?
If private, **provide copy of written approval.**

Are grease traps provided? **YES/NO**
List size and location of grease traps

Will a dumpster be used? **YES/NO**
Size _____ Frequency of pickup _____ Contractor _____ Dumpster surface _____

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.

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**

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

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

Is a laundry washer and dryer available for linens/wiping cloths? **YES/NO**

If laundered off site, name of contractor _____

Designated areas (lockers, cabinets) are required for employee personal items (coat, purse) Describe location and type.

VENTILATION:

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

SINKS

Is a mop sink present? **YES/NO**

Is a food preparation sink present? **YES/NO**

Is the food preparation sink **indirectly** plumbed? **YES/NO**

DISHWASHING FACILITIES

Is the three compartment sink **indirectly** plumbed? **YES/NO**

Does the largest pot and pan fit into each compartment of the three-compartment sink? **YES/NO**

Are there drain boards on both ends of the three-compartment sink? **YES/NO**

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

Will a dishwasher also be used for ware washing **YES/NO**

Dishwasher - Type of sanitization used:
Hot water (temp. provided) _____ (pressure provided) _____ Booster heater _____
Chemical type _____ Is ventilation provided? **YES/NO**

All dish machines must have templates with operating instructions and temperature/pressure gauges that are accurately working.

Dish machines with automatic dispensing of detergent & sanitizer must have a visual means to verify that detergent & sanitizer are delivered and a visual or audible alarm to signal if detergent & sanitizer are not delivered.

HANDWASHING/TOILET FACILITIES

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

Hot and cold running water, hand soap, drying facilities, a trashcan and signage must be available at all hand washing sinks.

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

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

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.

After plans are approved and before licensure, the following items must be submitted to the Fairfield Department of Health:

- ___ **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 Person-in-Charge Certification in Food Protection (OAC 3701-21-25) for at least one person-in-charge per shift.**
- ___ **Documentation of Manager Certification in Food Protection (OAC 3717-1-02.4) for at least one manager or supervisor for all Risk Level 3 & 4 facilities.**
- ___ **Food Facility License application and fee.**

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

Fairfield Department of Health
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Fairfield Department of Health, Food Program Contacts:

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Kelly Gregory, SIT
740-652-2818
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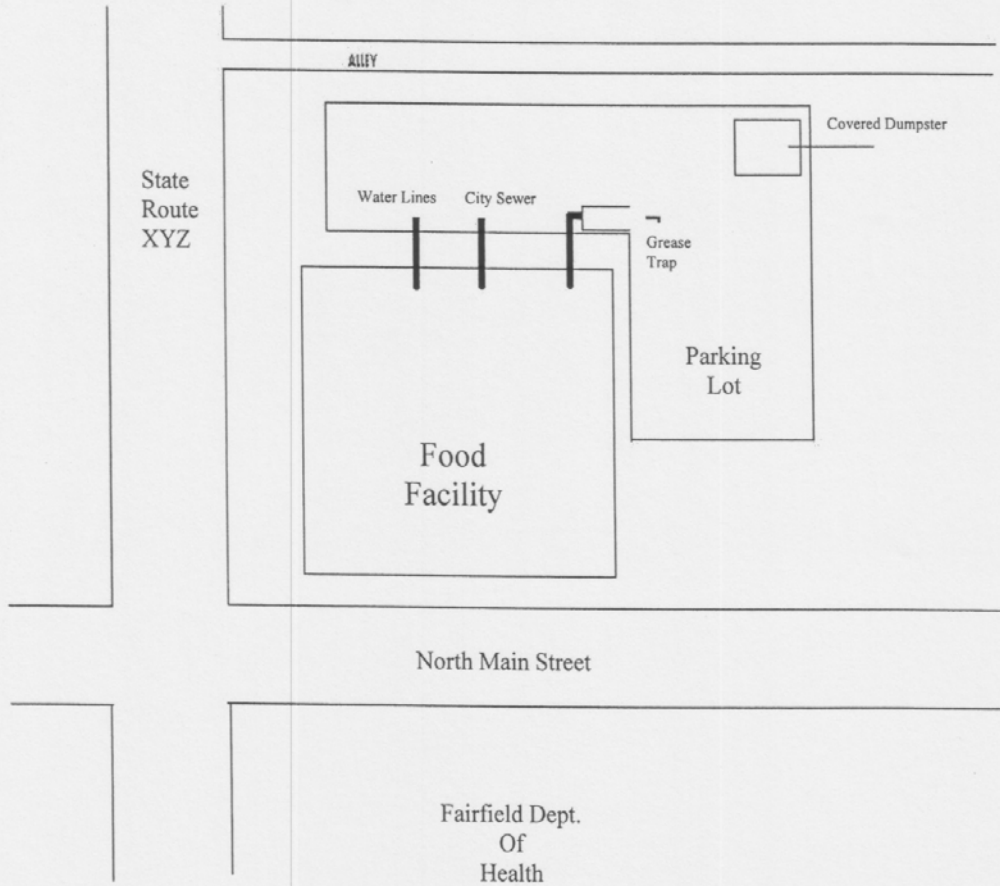
Kelsey Nein, SIT
740-652-2814
kelsey.nein@fairfieldcountyohio.gov

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

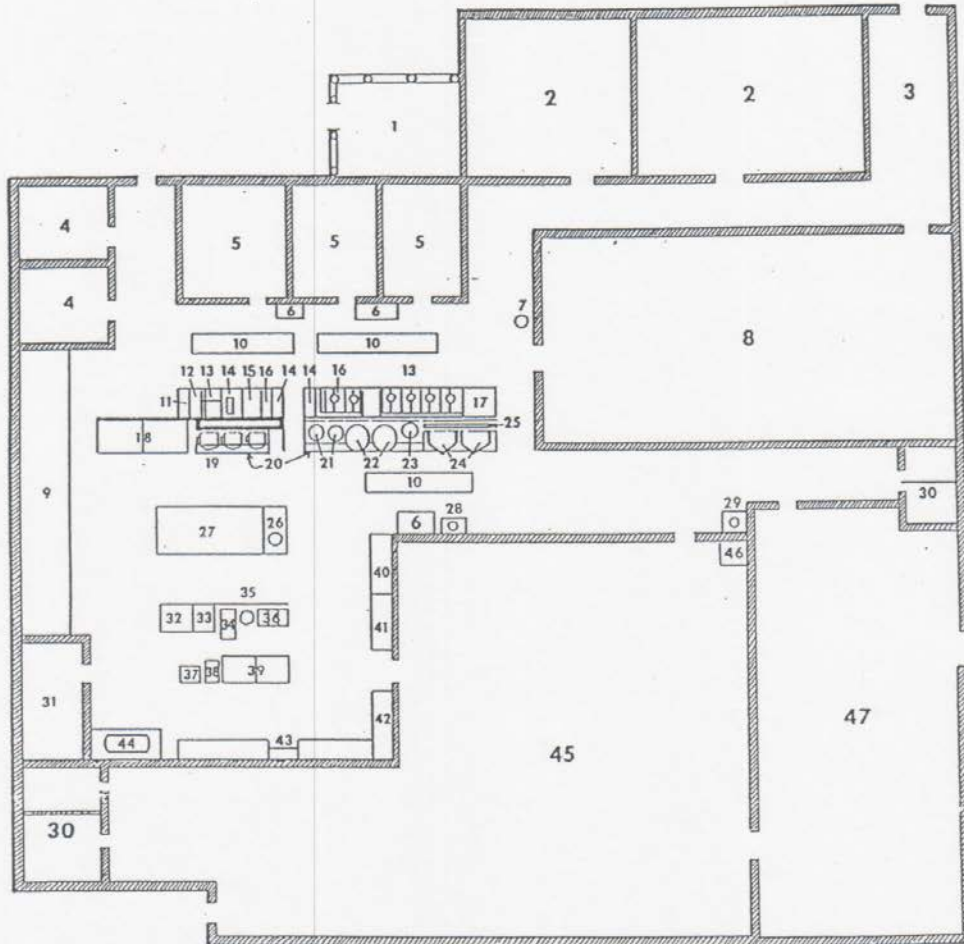
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|------------------------------|--|--|
| Water & Sewage | Ohio EPA Central District Office | 614-728-3778 |
| Fire | Lancaster Fire Prevention Pickerington Fire Dept. State Fire Marshall | 740-687-6640 614-837-4123 614-752-8200 |
| Building | Lancaster 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 | |