Food Plan Review Application

Section I: General Facility Information

Type of Plan Review *(Check only one box below)*		
☐ **New construction and new food establishment in existing building**	☐ **Remodeling of existing licensed food facility (New Finishes, New Equipment, Changes to Food Prep Area)**	☐ **Reopening a closed food establishment***

Important! If building plan reviews are not required, plans and application submitted directly to CCPH must include a letter or email confirmation from the building department that the building plan review is not required.

*If reopening a closed food facility, provide name of business under previous owner:

If opening a Risk Class I (Micromarket), will there be a plumbing or electric alteration to the existing building? (Skip this question if you are not applying for a Risk Class I (Micromarket)).	☐ Yes	☐ NO	☐ N/A

Food Facility Information
Food facility name:
Address:

Phone number:	**Email:**

Owner Information			
Owner name:			
Address:	**City:**	**State:**	**Zip:**

Phone number:	**Email:**

Billing Address			
Provide ONLY if it is different from Owner Information			
Name:			
Address:	**City:**	**State:**	**Zip:**

Phone number:	**Email:**

Project Contact Information			
Note: All future correspondence will be made through the project contact that you provide below			
Name:			
Address:	**City:**	**State:**	**Zip:**

Phone number:	**Email:**

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Estimated construction start date:	Estimated day of opening:

Facility Status	☐ Commercial	☐ **Non-Commercial** *Note: If you select non-commercial, your organization should be registered as 501(c) 3. To verify your status, <u>Provide a copy of your IRS Letter of Determination.</u>*
Facility Type	☐ **Food Service Operation** *Facility where food is prepared and served in individual portions. Examples include restaurants, cafeterias, and schools*	☐ **Retail Food Establishment** *Facility that sells prepackaged food items, or sells multiple servings of food products. Examples include grocery stores, gas stations, and most pizza.*
Operation Season	☐**Seasonal** *Operating for not more than six months in a licensing period*	☐**Year round** *Operating for more than six months in a licensing period.*
Space	**Total Sq.ft. of the facility** _____	**Sq.ft used for food preparation and sales** _____

Hours/days of operation:	Restaurant seating capacity:	Type of service (check all that apply):	Employees: Max per shift: _____
☐ Sun:_____ ☐ Mon:_____ ☐ Tues:_____ ☐ Wed:_____ ☐ Thurs:_____ ☐ Fri:_____ ☐ Sat:_____	# of indoor seats: _____ # of outdoor seats:_____ # of floors: _____ Square Feet of Facility:	☐ On-site consumption ☐ Carry out ☐ Catering ☐ Single-use utensils ☐ Multi-use utensils ☐ Other:_____	**Maximum meals to be served** ☐ Breakfast _____ ☐ Lunch _____ ☐ Dinner _____

Drive through windows ☐Yes ☐No ☐ If yes, indicate the number :_____	Are you planning on having continuous openings/garage/roller doors off the dining room or bar area to the exterior? ☐Yes ☐No

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Section II: Operation Information

Food Supply

Food must be obtained from an approved source. List all food suppliers that the facility will use to obtain food.

How often will frozen foods be delivered?	☐ Daily	☐ Weekly	☐Other (Explain)
How often will refrigerated foods be delivered?	☐ Daily	☐ Weekly	☐ Other (Explain)
How often will dry foods or supplies be delivered?	☐ Daily	☐ Weekly	☐ Other (Explain)

Will ice be made on site?	☐Yes *If yes, provide equipment information and page number of ice machine location on the Equipment list (Page #4 - #5)*	☐No *If purchased from outside source, list the supplier name* _____
If ice is made on site will it be bagged onsite?	☐Yes ☐No ☐N/A	
	If answered yes, briefly describe labeling process _____ _____ _____	

Dry and Cold Food Storage

It is essential that a reliable estimate be made of the number of customers that are served between deliveries, in order to calculate dry and refrigerated storage capacities.

Anticipated # of meals or people to be served per day:

# of days between deliveries: Dry _____   Cold _____

# of meals between deliveries: Dry _____   Cold _____

Identify amount of space (in cubic feet) allocated for

Dry Storage _____ ____   Refrigerated Storage (41°F) _____

Frozen Storage _____   Utensil Storage _____

Will raw meats, poultry, and/or seafood be stored in the same refrigerator and freezers with cooked/ ready-to-eat foods?	☐Yes *If yes, how will cross-contamination be prevented?* _____ _____ _____	☐No

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Thawing

Will frozen TCS food be thawed in the facility	☐Yes ☐No
If yes, how will you be thawing TCS food items? (Check all that apply)	☐ Refrigeration ☐ Microwave ☐ Under Cold Running Water ☐ Part of Cooking Process

Preparing

Will this facility cook and serve animal products in raw or undercooked form? *If yes, provide a consumer advisory on your menu.*	☐Yes	☐No
Will this facility serve or prepare sushi and/or sashimi?	☐Yes	☐No
Will this facility freeze fish on-site for parasite destruction? *If "No", a "Letter of Guarantee" must be obtained from supplier(s) and kept on site for review during inspections.*	☐Yes	☐No
Will this facility make acidified rice and hold it at room temperature? *If "Yes", attach a copy of the HACCP plan.*	☐Yes	☐No
Will this facility smoke meats/fish, reduce-oxygen package, sous vide, vacuum seal, or cook chill any products? *If "Yes", attach a copy of the HACCP plan.*	☐Yes	☐No
Will fresh unpasteurized juice be bottled in this facility? *If "Yes", attach a copy of the HACCP plan.*	☐Yes	☐No
Will this facility make its own yogurt, cheese, sour cream; other cultured dairy product or other fermented food products? *If "Yes", a variance shall be obtained from the Ohio Department of Health/Ohio Department of Agriculture before operation.*	☐Yes	☐No
Will this facility be smoking meat as a method of food preservation rather than flavor enhancement? *If "Yes", a variance shall be obtained from the Ohio Department of Health/Ohio Department of Agriculture before operation.*	☐Yes	☐No
Will this facility be curing meat? *If "Yes", a variance shall be obtained from the Ohio Department of Health/Ohio Department of Agriculture before operation.*	☐Yes	☐No
Does this facility plan to serve primarily highly risk clientele (i.e. nursing home, hospital, etc.)?	☐Yes	☐No
Will produce be washed on-site prior to use or will produce be purchased pre-washed?	☐On Site	☐Pre-Washed
Does this facility plan on catering? *Note: Catering is defined as preparing food on-site and then transporting prepared food to another location for service. Catering does not include preparing party trays, sandwich trays, special orders that are picked up at the facility by the consumer. Catering does not include the delivery of food (such as pizza) to the consumer.*	☐Yes	☐No

If you answered YES to the above question, describe below how food will be kept hot/cold during transportation (if no catering will occur, write NA).

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Cooling

Will this facility be cooling bulk quantities of TCS food items?	☐Yes ☐No
How will you be cooling TCS food items? (Check all that apply)	☐ Ice as an ingredient ☐ Ice wand ☐ Shallow pan ☐ Refrigeration ☐ Blast chiller

Reheating

Will this facility be reheating bulk quantities of TCS food items?	☐Yes ☐No
How will this facility reheat bulk quantities of TCS food items? (Check all that apply)	☐ Microwave ☐ Stove Top ☐ Oven ☐ Steam Table ☐ Rethermalizers

Serving

How will this facility prevent bare hand contact with ready-to-eat foods? *Examples: disposable gloves, utensils, food grade paper, etc.*	
Will this facility maintain TCS food in hot holding prior to service?	☐ Yes ☐ No

Cleaning and Sanitizing

Equipment	Indicate quantity	Sanitizer method			
3- Compartment sink		☐ Chlorine	☐ Quat	☐Iodine	☐ Hot water
Dishwasher		☐ Hot water		☐ Chemical	
Other					

How often will the facility clean and sanitize utensils that come in contact with TCS food items?

All dishware, utensils, and equipment are required to air dry. Describe location where items will air dry. Indicate location used for air drying on the submitted plan.

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Section III: Construction Information

Equipment Specifications: All equipment used in the food establishment should be approved by a recognized food equipment testing agency.

Indicate the page number of equipment schedule on the submitted plan _____

OR

Fill the table below with equipment specification

	Equipment Type	Manufacturer and Model Number	New/Used	Specifications (Interior usable height, width and depth for all refrigerators, freezers)	Indicate page numbers of equipment placement on the submitted plan
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

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Finish Material: All finishes (except seating area) must be non-absorbent, smooth, durable and easily cleanable.

Indicate the finish schedule page number on the submitted plan _____

OR

Fill the table below with the type of material that will be used for finishes

	Floors	Floor/Wall Junction	Walls	Ceilings	Indicate page numbers of finishes on the submitted plan
Kitchen					
Bar					
Food Storage					
Other Storage					
Toilet Rooms					
Dressing Rooms					
Garbage & Refuse Storage					
Mop Service					
Warewashing					
Walk-In Freezers & Refrigerators					
Janitor Closet					
Other (Specify)					

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Plumbing Fixture and Type of cross connection prevention: All plumbing fixtures with (*) require appropriate backflow prevention. (Examples: air gap, P-trap, indirect drain, etc.)

Indicate the page number of plumbing fixture list on the submitted plan _____

<div align="center">OR</div>

<div align="center">List the number of plumbing fixtures and the types of backflow prevention used</div>

Plumbing Fixture	Number	Indicate page numbers of plumbing fixtures on the submitted plan	Type of Backflow Device
Handwashing Sink			
Dishwashing Machine			
Three-Compartment Sink*			
Prep Sink*			
Mop Sink*			
Ice Machine*			
Dipper Well*			
Steam Table*			
Spray Arms*			
Soda Machine*			
Other (list)			

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Lighting: Location of light fixtures must be marked on the floor plan and the lighting level must meet the code requirement.

Indicate the light schedule page number on the submitted plan

<div align="center">OR</div>

<div align="center">Answer all the questions in the lighting section</div>

Type of protective shielding used for light bulb	☐ Shielded ☐ Coated ☐ Shatter Resistant
Specify the light intensity in dry food storage area	
Specify the light intensity in the food prep area	
Specify the light intensity inside equipment such as reach-in-coolers and under counter refrigeration units	

Water Supply

Type of water supply	☐Public	☐Private *Attach approval letter*
Capacity of the hot water generator. Indicate the page number of the hot water generator location on the submitted plan.		

Sewage

Type of sewage disposal	☐Public	☐Private
Will grease traps/interceptors be provided?	☐Yes *If yes, indicate the page number of the grease trap location on the submitted plan _____*	☐No
How often will the grease trap/interceptor be serviced (cleaned and/or emptied)? Write N/A if no grease trap/interceptor provided.		
Will this facility have on-site used grease storage? *If No, Skip to 'Solid Waste Disposal'*	☐Yes	☐No
Where will used grease be stored until pick-up?	☐Outside	☐Inside
What company will provide used grease removal services and how often will they pick-up the used grease?		

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Solid Waste Disposal

Number of trash can(s) provided.
Number of dumpster(s) provided.
Location and size of dumpster(s). Indicate the page number of the dumpster location on the submitted plan.
Frequency of pick-up.
What company will be used for solid waste removal?

Pest Control

Will all outside doors be self-closing and rodent proof?	☐Yes	☐No
Will screens be provided on all entrances left open to the outside?	☐Yes	☐No
Do all windows that can be opened have a minimum of 16 mesh to #1 inch screens?	☐Yes	☐No
Will insect control devices be used? *Note: If yes, ensure that the locations are marked on the plans.*	☐Yes	☐No
Will air curtains be used? *If yes, where? _____* *Indicate the page number of air curtain location on the plan_____*	☐Yes	☐No
Which company/person will be contracted to treat for pests in the facility? *Note: All pesticide application must be provided by a person certified in Ohio to apply pesticides in a commercial setting.*		

Other

Are toilet rooms that open into preparation areas provided with self-closing doors?	☐Yes	☐No
Will linens be laundered on site? *If yes, how will they be laundered?* _____ *If no, who will provide services?* _____	☐Yes	☐No
Are dressing rooms or storage areas provided for employees? *If yes, indicate page number of the dressing room/storage area on the submitted plan* _____	☐Yes	☐No

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Required documents

Submit the documents listed below as an attachment to this application

Menu/list of food items that will be sold. Include catering/banquet menus if applicable.

A floor plan. The facility layout and specifications shall be legible, be drawn reasonably to scale, and shall include: the type of operation or establishment proposed and foods to be prepared and served; the total square footage to be used for the food service operation or retail food establishment; a site plan that includes: location of business if located 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; Entrances and exits; location, number and types of plumbing fixtures, including all water supply facilities; plan of lighting; A floor plan showing the fixtures and equipment; building materials and surface finishes to be used; and an equipment list with equipment manufacturers and model numbers.

A lighting schedule.
Required for all food storage and preparation areas throughout the facility. Food storage area requires a minimum of 10 foot candles and food preparation areas requires a minimum of 50 foot candles.

Copies of Employee Health Policy and Clean Up Procedure for Vomit/Fecal Accidents
Person-in-charge (PIC) must ensure that food employees are informed in a <u>verifiable manner</u> of their responsibility to report to the PIC information about their health as it relates to diseases that are transmissible through food.

PIC must ensure that the operation has a written procedure for employees to follow when responding to vomiting and diarrheal events. The procedure must address processes to minimize the spread of contamination and the exposure to employees, consumers, food, and surfaces.

Copies of written procedure for using Time as public health control, variance approval and Hazard Analysis and Critical Control Point (HACCP) Plans (If applicable)
"Variance" means a written document issued by the regulatory authority that authorizes a modification or waiver of one or more requirements of this chapter if, in the opinion of the regulatory authority, a health hazard or nuisance will not result from the modification or waiver.

"HACCP Plan" means a written document that delineates the formal procedures for following the hazard analysis and critical control point (HACCP) principles developed by the national advisory committee on microbiological criteria for foods.

Copies of Level 1 Food Safety Certifications
Ohio law requires all food service and food establishment must always have at least one employee on site with a Level 1 Certification in Food Protection.

Copies of Level 2 Food Safety Certifications (If applicable)
Ohio law requires each risk level 3 and risk level 4 food service and retail food establishments must have at least one management or supervisory employee with an Ohio Department of Health (ODH) Level 2 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 an exam). A ServSafe certificate (or equivalent) itself and the level one certificate does not comply with this new rule.

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Disclosure

No persons shall commence construction unless the required plans have been approved. It shall be the full responsibility of said person that construction is done in conformance with the approved plans and specifications.

The approval of plans and specifications shall lapse and become invalid two years from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. If CCPH finds that the person developing the food establishment has made a good faith effort to complete the development of the facility within the two year period but has failed for reasons beyond the person's control, CCPH may grant one extension for a specified time not to exceed one year.

Should it be necessary or desirable to make any material change in the approved plans and specifications, revised plans and specifications shall be submitted to CCPH for review, and approval shall be obtained before the work affected by the change is undertaken. Approval of the plan itself does not constitute compliance with the Ohio Food Codes. A pre-licensing inspection of the establishment with equipment in place and operating will be necessary to determine substantial compliance with the Ohio Food Codes.

Approval of these plans and specifications by CCPH does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. All required permits and occupancy certificate must be obtained prior to licensing.

I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from Clermont County Public Health may nullify final approval.

Owner/Project Contact Name	Owner/Project Contact Signature	Date