Tuscarawas County Health Department

Food Service Operation/Retail Food Establishment Plan Review Application & Guidelines

Last Updated 01/12/2023



Tuscarawas County Health Department

Tuscarawas County Health Department Plan Review Application

Instructions

- 1. Complete all applicable sections below
- 2. Sign and date the application
- 3. Make check or money order for the appropriate fee (see brochure) payable to: Tuscarawas County Health Department
- 4. Return the application with appropriate fee and enclose the items listed below under Format Specifications for Plans

Please Circle: NEW FACILITY REMODEL CHANGE OF OWNERSHIP **Establishment Information** Name of Establishment: _____ Address of Establishment: Phone for Establishment: _____ Fax #: _____ Email: Name of Owner(s): Mailing Address: Telephone: _____Email address: ____ **Applicant Information** Applicant's Name: _____ Title (owner, manager, architect, etc.): _____ Mailing Address (if different from above): Telephone: ______Fax #: ______ Email address: I attest that the information contained in this application is true and accurate to the best of my knowledge. Applicant Signature: ______ Date: _____ **Construction Information** Total Square Footage of Facility: Proposed Date for Start of Project: ______ Projected Date of Completion: _____ Plans submitted to: ☐ Building Department ☐ Fire Department ☐ Plumbing Division □ Other:

Establishmen	nt Type (Sele	ect One)				
 □ Food Service Operation (majority of food is prepared and served on site) □ Retail Food Establishment (majority of food is prepared and packaged for off-site consumption) 						
Types of Ser	vice (Check a	all that apply	<u>')</u>			
 □ Retail For Sit-Dow □ Carry-O □ Delivery □ Offsite O 	yn Meals Put					
Days and Ho	ours of Opera	<u>ition</u>				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours
Is this a seasona	al business? Y/N	N If y	es, which month	as will be in ope	eration?	
Facility Risk	Classification	<u>on</u>				
Please review	the following o	options below a	nd mark which b	est describes y	our facility and	l daily operations.
storage pan opera	practices, or expandion that offers 1. Coffee, self-beverages; 2. Pre-package 3. Pre-package 4. Baby food on	piration dates. En for sale or sells service fountained refrigerated or donon-time/temper formula.	:	level I activitie taged non-time, nperature control ed for safety for	temperature coolled for safety	ontrolled for safety foods;
			sk to the public possibility of pa			nd contact or ples of risk level II

1. Handling, heat treating, or preparing non-time/temperature controlled for safety food;

activities include, but are not limited to:

2. Holding for sale or serving time/temperature controlled for safety food at the same proper

- holding temperature at which it was received; or
- 3. Heating individually packaged, commercially processed time/temperature controlled for safety 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 time/temperature controlled for safety food that is immediately served, held hot or cold, or
 - 4. cooled:
 - 5. Operating a heat treatment dispensing freezer;
 - 6. Reheating in individual portions only; or
 - 7. 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 time/temperature controlled for safety meat, poultry product, fish, or shellfish or a food with these raw time/temperature controlled for safety 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 time/temperature controlled for safety food or performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process. Examples of risk level IV activities include, but are not limited to:
 - 1. Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days; or
 - 2. (2) Caterers or other similar food service operations that transport time/temperature controlled for safety food.

Content and Format Specifications for Plans (see last page for examples)

- Plans are to be a minimum of 11x14 inches in size and include the layout of the floorplan drawn to scale.
- Plans are to be to scale at a minimum of $\frac{1}{4}$ inch = 1 foot. This is to allow for ease of reading the plans.

The plans must include the following:

- 1. The total square footage of the facility including ALL areas where food is to be stored, prepared, cooked, or sold.
- 2. A site plan including the location of the business in reference to neighboring streets, alleys, and/or buildings and any outside support infrastructure such as dumpster areas, potable water source, and sewage treatment system.
- 3. A layout of the facility showing the location of the following:
 - i. Entrances and exits to the facility, including delivery entrances and loading/unloading docks:
 - ii. Interior and exterior seating areas;
 - iii. All equipment such as cooking equipment, refrigeration equipment, holding equipment, slicers, mixers, etc.;
 - iv. All plumbing fixtures, including the location of all hand sinks, ware washing sinks, food preparation sinks, dump sinks, mop/utility sinks, dish machines and hot water heaters. Plans must indicate how and where all multi-use items, small wares, and utensils will be staged for air drying and final storage;
 - v. Location of mop sinks or curbed cleaning facilities with area for hanging wet mops and any garbage can washing areas;
 - vi. Location of employee dressing rooms/personal belonging storage, chemical storage area, garbage storage and basements.
- 4. An equipment list including the make and model of ALL equipment to be used in the facility. All food equipment must be commercial grade. Equipment must be certified or classified for sanitation by an ANSI accredited certification program. Accreditations accepted include NSF, UL Sanitation, ETL Sanitation, and CSA Sanitation.



















- 5. Plumbing schedule including location of floor drains, floor sinks, water supply lines (hot and cold), all wastewater lines with connections, hat water generating equipment with capacity and recovery rates, backflow prevention devices, and grease traps.
- 6. Lighting schedule describing the amount of light and how lighting is protected.
 - At least 10 foot candles (110 lux) is required in walk-in refrigeration units, dry storage areas, and other rooms during cleaning.
 - At least 20 foot candles (220 lux) is required at self service areas; inside equipment such as reach in coolers and under counter refrigerators; where handwashing, dishwashing, restrooms, and where equipment and utensils are stored
 - At least 50 foot candles (540 lux) is required where food employees work with food, utensils, and equipment (such as knives, slicers, grinders, etc.).

Physical Facility/Operation Information

Water Supply	
Is the water supply public or private?	
If private, has the source been approved by the EPA?	□ Yes
Attach a copy of the approval and/or permit.	□ No
Is the hot water tank sized sufficiently, particularly during peak demand times?	□ Yes
demand times:	□ No
Sewage Disposal	
Is the building connected to a municipal sewer?	□ Yes
	□ No
If no, is the building connected to an EPA approved private water treatment system?	□ Yes
Attach a copy of the approval and/or permit.	□ No
Are grease traps provided in the facility?	□ Yes
Grease traps are required if facility is preparing any grease-bearing foods. Grease traps must be properly sized according to size of 3-compartemnt sinks.	□ No
If yes, size of grease traps (in gallons per minute)	
If yes, location of grease traps Ensure location is indicated on facility floor plan/site plan.	
Plumbing Fixtures	
Hand Sinks Note: hand sinks must be conveniently located in proximity to all for handwashing sink is only for washing of hands and no other use.	ood prep and ware washing areas. The

Do all hand sinks have hot and cold running water (at least 100 degrees F), soap, paper towels, a waste basket, and hand washing	□ Yes
signage?	□ No
Ware Washing Sink(s) All 3-compartment sinks must be indirectly drained with an air gap	to prevent backflow.
Is the 3-compartment sink large enough to accommodate the largest piece of equipment within the facility?	□ Yes
The good provided a factor of the control of the co	□ No
	□ Yes
Are there drain boards for both dirty and cleaned dishes?	□ No
	If no, explain:
Mop and Utility Sink(s); if re	anired
Are there hooks installed for proper mop drying?	□ Yes
	\Box No
Food Preparation Sink(s); if re	equired
Are there food preparation sink(s); if required?	□ Yes
Food preparation sinks are required if any food/produce will be washed, soaked, thawed, or cooled using an ice bath. All food prep sinks must indirectly drain with an air gap to prevent backflow. A food prep sink is a separate sink from both the 3-compartment sink and handwashing sink.	□ No
Dump Sink(s); if require	ed
Are there dump sink(s); if required?	□ Yes
A dump sink is required if beverages will be routinely emptied.	□ No

Outer Openings	
Will there be any roll-up doors/windows to the outside?	□ Yes
Examples: garage doors, roll up windows	□ No
How will the entry of pests be prevented? Examples: screen, weather stripping	
Refuse and Recyclables	
Where will the garbage/recyclables be stored within the facility?	
Is there an area designated for garbage can or floor mat cleaning?	□ Yes
	□ No
Will a dumpster be used to store refuse/recyclables outside of the	□ Yes
facility? Ensure location is indicated on site plan.	□ No
Is the dumpster installed on smooth pavement, with tight fitting	□ Yes
lids, curbed and sloped to drain?	□ No
Restrooms	
Do all restrooms have trash receptacles with lids?	□ Yes
Required for all restrooms used by women.	□ No
Do any restrooms have self-closing, tight-fitting doors?	□ Yes
Required of all restrooms located in kitchen areas.	□ No

Chemical Storage Area	
Is there a separate, dedicated area for all chemicals and toxic materials?	□ Yes □ No
What kind of chemical sanitizer will be used for food and food contact surfaces? Note: Appropriate test strips must be available for each sanitizer used to ensure effective concentration.	
Dressing Rooms / Employee Belongings	
Describe the storage facilities provided for employee's personal belongings and clothing.	
Describe where all soiled linens (if applicable) will be stored.	

<u>Interior Finishes</u>
Note: Interior finishes in food preparation areas must be smooth, durable, easily cleanable, and non-absorbent in areas

subject to moisture. Room	Floors	Walls	Ceiling	Coving
TXVVIII	110013	T T GEELLS	Cining	Oving
Food Prep Area				
Ware Washing Area				
<i>β</i>				
Dry Food Storage				
Dry rood Storage				
Cl. 1 C				
Chemical Storage				
Utility Rooms/Mop				
Sink				
Restrooms				
Dining Area				
Other:				
Other:				

Equipment

Note: Equipment make and model of ALL equipment and/or specification sheets must be attached and/or included in plans		
Will all equipment be approved by a certified testing agency,	□ Yes	
such as NSF, ETL Sanitation, UL Sanitation, etc.?	□ No	
Will a dish machine be installed?	□ Yes	
	\Box No	
If yes, what type of sanitizing?		
Are test strips available?	□ Yes	
	\Box No	
If heat sanitizing, will there be a maximum registering thermometer (or 160-degree F temperature sensitive stickers) on	□ Yes	
site, as required?	□ No	
Food Handling Processes		

Food Handling Processes

List Food Sources	
Will all food be purchased from approved sources? Approved sources are those processors inspected by a federal food safety or regulatory authority (or equivalent), a cottage food production operation (properly labeled) or another licensed food service operator or retail food establishment	□ Yes □ No
Population	
Does the facility serve mainly a high-risk clientele, including immune compromised or elderly individuals in a healthcare or assisted living setting?	□ Yes □ No

Food Handling Processes	
Will any meat or cheese be sliced or grounded on site?	□ Yes
Will produce be processed (washed, cut, and handled) in the establishment?	□ Yes
Will any food be cooled and reheated?	□ Yes
If yes, what kinds of foods?	
If yes, what is the method for ensuring foods are cooled rapidly? Foods must be cooled from 135 degrees F to 70 degrees F within 2 hours, and to 41 degrees F or below within an additional 4 hours.	
If yes, how will foods be reheated? All reheated food must reach 165 degrees F within 2 hours.	
Will any time/temperature controlled for safety (TCS) food be held without temperature control? Example: timing sliced tomatoes instead of maintaining at 41 degrees F or below.	□ Yes □ No

If time is used, please explain the process, and attach written procedures.	
Will any foods be served raw or undercooked?	□ Yes
Example: burgers, eggs, oysters, fish or sushi	□ No
If yes, will there be a consumer advisory on the menu?	□ Yes
	□ No
If fish will be served undercooked, is appropriate documentation for freezing for parasite destruction attached?	□ Yes
for freezing for parasite destruction attached:	□ No
Specialized Processes	
Will any of the following processes be conducted within the facility	y? (check all that apply)
Canning/bottling	□ Yes
	□ No
Smoking/curing meats for preservation	□ Yes
	□ No
Reduced oxygen packaging (vacuum sealer)	□ Yes
	□ No
Cook/chill packaging	□ Yes
Food that is hot filled into impermeable bags which have the air expelled and are then sealed. The bag is then rapidly chilled and refrigerated.	□ No

Sous vide cooking	□ Yes
Raw or partially cooked food vacuum packaged into in impermeable bag, cooked in the bag, rapidly chilled, and refrigerated.	□ No
Acidification of food for preservation	□ Yes
HACCP plan required for rice acidification	□ No
Sale of oyster, clams, mussels from a shellfish tank	□ Yes
	□ No
Sprouting of seeds	□ Yes
	□ No
If any of the above are marked yes, please attach variance from Ol	DA/ODH and/or required HACCP plan(s).
Offsite Service	
Will the facility be catering?	□ Yes
Defined as "an operation where food is prepared for serving at a function or event held off-site, for a charge determined on a perfunction or per-event basis. The charge is contracted on the basis of the entire luncheon, banquet, or event and not on the basis of an individual meal or lunch." Carryout or delivery is not catering.	□ No
If yes, how will temperatures be maintained during transport?	
Include any transportation equipment and attach plans.	
If yes, how will handwashing be conducted at off-site locations?	

Will any food be transported from your operation to be sold/served in other locations? (not catering) If yes, wholesale license required from the Ohio Department of Agriculture. If yes, what other locations?	□ Yes □ No
If yes, how will temperatures be maintained during transport?	
Customer Service	
Will there be any of the follow	wing?
Salad bar/buffet?	□ Yes □ No
Bulk foods for customer self-service?	□ Yes □ No
If yes, how will contamination from customers be prevented?	
Employee Health	
1 0	
Is a copy of employee health policy attached?	□ Yes
A written health policy is required. Plan must detail how the facility complies with OAC 3717-1-02.1. Plan must be acknowledged by each employee in a verifiable manner.	□ No

Is a copy of vomitus cleanup procedures attached?	□ Yes	
Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the facility. The procedure shall address the specific actions employees must take to minimize the spread of contamination and exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.	□ No	
Are test strips with appropriate range available for chemical sanitizer uses in vomitus cleanup procedures?	□ Yes □ No	
Education Requirements		
Will there be a level 2 food safety certified manager?	□ Yes	
Required of all risk level 3 and 4 facilities Attach copies of certificate(s).	□ No	

Additional Information

- 1. A detailed set of plans must be submitted to the Tuscarawas County Health Department for review along with this application prior to construction, alteration, or change of ownership. The fee for plan review varies, please contact our office at (330)343-5550 to obtain the appropriate review fee. Plan review can be expedited for an additional \$500.00. Expedited requests will be reviewed within 5 business days of receipt. Please note that this does not mean the plans will be approved within 5 business days.
- 2. Upon receipt of the appropriate payment for review and completed plan application, an environmental health specialist will review the application in its entirety. Notice regarding the status of the plans will be sent within thirty (30) days of receipt. Once the plans are approved, the requestor will be notified, and a pre-licensing inspection will be scheduled.
- 3. The establishment must be ready to fully operate at the time of the pre-licensing inspection. Any issues that must be addressed will be provided to the operator via the opening inspection report. Criteria for licensing includes that the operation was constructed according to the approved plans and all equipment in the operation matches what was provided in the plan.
- 4. All plumbing, building, fire, and electrical inspections must be completed **prior** to final approval for opening is granted by the Health Department.
 - The applicant is responsible for notifying the Tuscarawas County Health Department when occupancy has been granted for the facility.
 - Occupancy is granted by the building department.
 - If the building is an existing structure, the applicant is responsible for verifying in writing that no inspections from the building department of local fire department are necessary.
- 5. Level one certification in food protection is required for each shift manager. All risk level III and IV establishments are required to have at least one manager with an Ohio level two certification. Approved course providers are listed on the Ohio Department of Health's website at www.odh.ohio.gov
- 6. Plans may be submitted electronically provided they are easy to access and read. All information regarding plans should be sent to eh@tchdnow.org.
- 7. Incomplete plans will be rejected, and resubmission will be required. Each time the plan is rejected, the Tuscarawas County Health Department has an additional thirty (30) days to review and respond upon each re-submission.

Plan Submission Checklist for Applicants

Plan review fee	
Completed plan review application	
Proposed menu or list of foods to be served	
Facility floor plan that includes:	
☐ Square footage of facility	
☐ Location of any outside equipment such as grease traps and dumpsters	
☐ Location of all entrances, exits, loading docks, etc	
☐ Location and layout of all proposed equipment	
☐ Location of dry and chemical storage	
☐ Location of designated areas for storage of employee's belongings	
☐ Interior and exterior seating (if applicable)	
Lighting scheduling showing the location of all overhead lighting, including inside the walk-in	
coolers/freezers	
Finish schedule of floors, walls, and ceilings in all areas	
Manufacturers, make, and model of all equipment (commercial grade only)	
Plumbing plan that includes:	
☐ Location of water supply lines to building	
□ Location of all plumbing fixtures including hand sinks, mop sinks, ware washing and food prep	
sinks	
□ Location and size of grease interceptor	
□ Location and capacity of water heater	
☐ Location of wastewater connections	
☐ Location of all backflow preventers	
□ Location of air gaps	
☐ Location of floor drains	
Water sample results if private well	

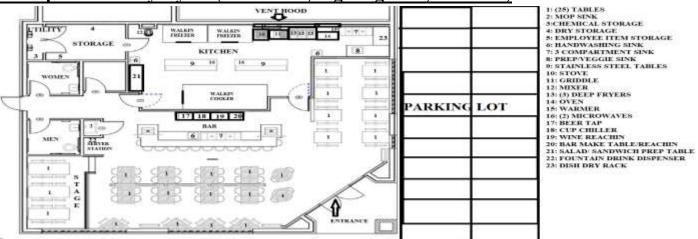
Office Use Only

Pre-Licensing Checklist

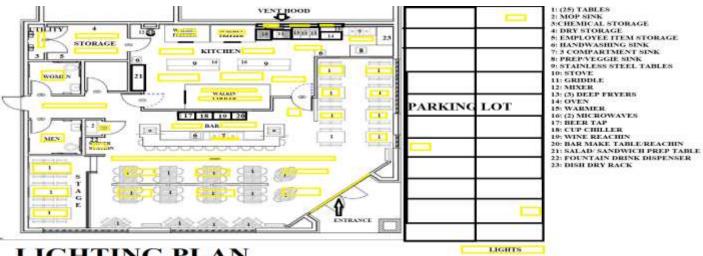
Approvals

	Certificate of occupancy received from city, village, or township Building Department
	Final approval from the Plumbing Division has been obtained
	Fire suppression system, if applicable, has been tested and passed
Const	ruction
	All construction equipment removed, and all work is complete
	The facility is constructed according to the approved plans
	Openings where utility lines pass through cabinets, floors, walls, and ceilings are sealed
Equip	ment
	All equipment is commercial grade, and has been approved by the Board of Health
	All equipment is correctly installed and working properly
	All refrigeration is holding 41°F or below, and all refrigerators have working thermometers
	Dish machine, if installed, properly functioning
	Irreversible, maximum registering thermometer available (if using heat sanitizing dish machine)
	Food safety thermometer is available
	Small-diameter probe required if thin meats are being cooked
	Non-latex gloves and/or utensils to prevent bare hand contact
	All surfaces have been cleaned & sanitized and are ready to use
Sin	nks
	All sinks are secured and sealed to wall
	Hot water is available at all sinks
	All hand sinks are properly stocked with soap, paper towels, garbage can, and handwashing signage
Cł	nemicals
	Sanitizer on site, with appropriate test strips
	All chemicals properly labeled and stored
Re	fuse
	Dumpster is in place, with tight-fitting lid; foundation is paved, curbed, and sloped to drain
	Covered receptacle in female restroom(s)
Ad	Iministrative
	Consumer advisory on menu (if applicable)
П	Written procedures for foods using time as a public health control available for review (if applicable)
	Copy of employee health policy
	Written procedures for vomitus/diarrheal cleanup
	Food safety manager certificates
	Level 2 certified manager (at least one per risk level 3-4; must be completed by 30-day inspection)
П	Level 1 Food Handler certified manager (at least one required onsite during all operating hours)
П	Signed application and payment for license fee has been submitted

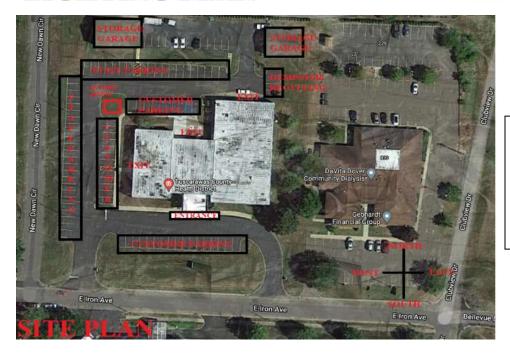
Examples of facility layout (Floor Plan, Lighting Plan, Site Plan)



FLOOR PLAN



LIGHTING PLAN



Example "Site Plan" showing entrances/exits of parking lot, staff/patron parking, outdoor storage, dumpster location, north arrow, etc.