

Tuscarawas County Health Department

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



Public Health
Prevent. Promote. Protect.

**Tuscarawas County
Health Department**

Tuscarawas County Health Department Plan Review Application

Instructions

1. Complete all applicable sections.
2. Sign and date the application.
3. Make check or money order for the appropriate fee payable to: Tuscarawas County Health Department, 897 East Iron Ave, Dover, Ohio 44622 (*call 330-343-5550 for current fee*).
4. Return the application with appropriate fee and enclose all supporting documentation (please refer to the checklist on page 16).

Please Circle: NEW FACILITY REMODEL CHANGE OF OWNERSHIP

Establishment Information

Name of Establishment: _____

Address of Establishment: _____

Phone for Establishment: _____ Email address: _____

Name of License Holder(s): _____

Mailing Address: _____

Telephone: _____ Email address: _____

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: _____ Email address: _____

I attest that the information contained in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Building Information

Total Square Footage of Facility: _____

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

Establishment Type (Select 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 Service (Check all that apply)

- Retail Food
- Sit-Down Meals
- Carry-Out
- Delivery
- Offsite Catering

Days and Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

Is this a seasonal business (operating 6 months or less)? Y/N _____

If yes, which months will the facility be in operation? _____

Is this a non-profit organization? Y/N - If yes, a copy of your 501(c)(3) documentation must be included.

Facility Risk Classification

Please review the following options below and mark which best describes your facility and daily operations.

Risk level I poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or serves:

1. Coffee, self-service hot beverage dispenser drinks, self-service fountain drinks, prepackaged non-time/temperature controlled for safety beverages;
2. Pre-packaged refrigerated or frozen time/temperature controlled for safety foods;
3. Fresh, unprocessed fruits and vegetables;
4. Pre-packaged non-time/temperature controlled for safety foods; or
5. Baby food or formula.

A "food delivery sales operation" as defined in division (H) of section 3717.01 of the Revised Code will be classified as a risk level I.

Risk level II poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

1. Handling, heat treating, or preparing non-time/temperature controlled for safety food;
2. Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
3. Heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service; or
4. Hand dipping of commercially manufactured ice cream.

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 the product 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, partially cooking, or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
4. Operating a soft serve ice cream or frozen yogurt machine;
5. Reheating in individual portions only; or
6. 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. 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;
2. Operating a heat treatment dispensing freezer;
3. Catering as defined in 3717.01 (G) of the Revised Code;
4. Offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients;
5. Using freezing as a means to achieve parasite destruction;
6. Preparing food for a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living;
7. Using time as a public health control for time/temperature controlled for safety food;
8. Non-continuous cooking of raw time/temperature controlled for safety animal food;
9. Performing activities requiring a HACCP plan; or
10. Activities requiring a variance for the process.

For Office Use Only

Risk Level: _____ Sq. Footage: _____ FSO or RFE: _____

Fee: _____ Date of payment: _____ Expedited: Yes No Receipt #: _____

Commercial Non-Commercial 501(c)(3) Copy Received

Assigned to: _____ on _____

Content and Format Specifications for Plans (see last two pages 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 ¼ 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 number of ALL equipment to be used in the facility. All food equipment must be commercially certified. **Equipment must be certified or classified for sanitation by an ANSI accredited certification program. Accreditations accepted include NSF, UL Sanitation, ETL Sanitation, CSA Sanitation, BISSC, and NAMA Listed:**



5. Plumbing schedule, including location of floor drains, floor sinks, water supply lines (hot and cold), all wastewater lines with connections, hot 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	
<p>Is the water supply public or private?</p> <p><i>If private well, attach water sample results obtained from an Ohio EPA certified lab.</i></p>	
<p>If private, has the source been approved by the EPA?</p> <p><i>Attach a copy of the approval and/or permit.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is the hot water tank sized sufficiently, particularly during peak demand times?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Sewage Disposal	
<p>Is the building connected to a municipal sewer?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If no, is the building connected to an EPA approved sewage treatment system?</p> <p><i>Attach a copy of the approval and/or permit.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are grease traps provided in the facility?</p> <p><i>Grease traps are required if facility is preparing any grease-bearing foods. Grease traps must be properly sized according to size of 3-compartment sinks.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, size of grease traps (in gallons per minute)</p>	
<p>If yes, location of grease traps</p> <p><i>Ensure location is indicated on facility floor plan/site plan.</i></p>	
Plumbing Fixtures	
<p>Hand Sinks</p> <p><i>Note: hand sinks must be conveniently located in proximity to all food prep and ware washing areas. The handwashing sink is only for washing of hands and no other use.</i></p>	
<p>Do all hand sinks have hot and cold running water (at least 100 degrees F), soap, paper towels, a waste basket, and hand washing signage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 No

Are there drain boards for both dirty and cleaned dishes?

Yes No

If no, explain:

Mop and Utility Sink(s); if required

Are there hooks installed for proper mop drying?

Yes No

Food Preparation Sink(s); if required

Are there food preparation sink(s); if required?

Yes No

*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.*

Dump Sink(s); if required

Are there dump sink(s); if required?

Yes No

*A dump sink is **required** if beverages will be routinely emptied.*

Outer Openings

Will there be any roll-up doors/windows to the outside?

Yes No

Examples: garage doors, roll up windows

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a dumpster be used to store refuse/recyclables outside of the facility? <i>Ensure location is indicated on site plan.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the dumpster installed on smooth pavement, with tight fitting lids, curbed and sloped to drain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restrooms	
Do all restrooms have trash receptacles with lids? <i>Required for all restrooms used by women</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any restrooms have self-closing, tight-fitting doors? <i>Required of all restrooms located in kitchen areas</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Storage Area	
Is there a separate, dedicated area for all chemicals and toxic materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What kind of chemical sanitizer will be used for food contact surfaces? <i>Note: Appropriate test strips must be available for each sanitizer used to ensure effective concentration.</i>	
Dressing Rooms / Employee Belongings	
Describe the storage facilities provided for employees' personal belongings and clothing.	
Describe where all soiled linens (if applicable) will be stored.	

Interior Finishes

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
Food Prep Area				
Ware Washing Area				
Dry Food Storage				
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, such as NSF, ETL Sanitation, UL Sanitation, etc.? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will a dish machine be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of sanitizing?	
Are test strips available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If heat sanitizing, will there be a maximum registering thermometer (or 160-degree F temperature sensitive stickers) on site, as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Food Handling Processes

List Food Sources	
Will all food be purchased from approved sources? <i>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. *Include a list of food suppliers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Population	
Does the facility serve mainly a high-risk clientele, including immune compromised or elderly individuals in a healthcare or assisted living setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Handling Processes	
Will any meat or cheese be sliced or grounded on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will produce be processed (washed, cut, and handled) in the establishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Will any food be cooled and reheated?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, what kinds of foods?</p>	
<p>If yes, what is the method for ensuring foods are cooled rapidly?</p> <p><i>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.</i></p>	
<p>If yes, how will foods be reheated?</p> <p><i>All reheated food must reach 165 degrees F within 2 hours.</i></p>	
<p>Will any time/temperature controlled for safety (TCS) food be held without temperature control?</p> <p><i>Example: timing sliced tomatoes instead of maintaining at 41 degrees F or below</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If time is used, please explain the process, and attach written procedures.</p>	
<p>Will any foods be served raw or undercooked?</p> <p><i>Example: burgers, eggs, oysters, fish, or sushi</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, will there be a consumer advisory on the menu?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If fish will be served undercooked, is appropriate documentation for freezing for parasite destruction attached?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Specialized Processes	
Will any of the following processes be conducted within the facility? (check all that apply)	
Canning/bottling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking/curing meats for preservation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reduced oxygen packaging (vacuum sealer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cook/chill packaging <i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sous vide cooking <i>Raw or partially cooked food vacuum packaged into in impermeable bag, cooked in the bag, rapidly chilled, and refrigerated.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acidification of food for preservation <i>HACCP plan required for rice acidification</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sale of oyster, clams, mussels from a shellfish tank	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprouting of seeds	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If any of the above specialized processes are marked yes, please attach variance from ODA/ODH and/or required HACCP plan(s).	
Offsite Service	
Will the facility be catering? <i>Defined as “an operation where food is prepared for serving at a function or event held off-site, for a charge determined on a per-function 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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If yes, how will temperatures be maintained during transport? <i>Include any transportation equipment and attach plans.</i></p>	
<p>If yes, how will handwashing be conducted at off-site locations?</p>	
<p>Will any food be transported from your operation to be sold/served in other locations? (not catering) <i>If yes, wholesale license required from the Ohio Department of Agriculture.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, what other locations?</p>	
<p>If yes, how will temperatures be maintained during transport?</p>	
<p>Customer Service</p>	
<p style="text-align: center;">Will there be any of the following?</p>	
<p>Salad bar/buffet?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Bulk foods for customer self-service?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, how will contamination from customers be prevented?</p>	

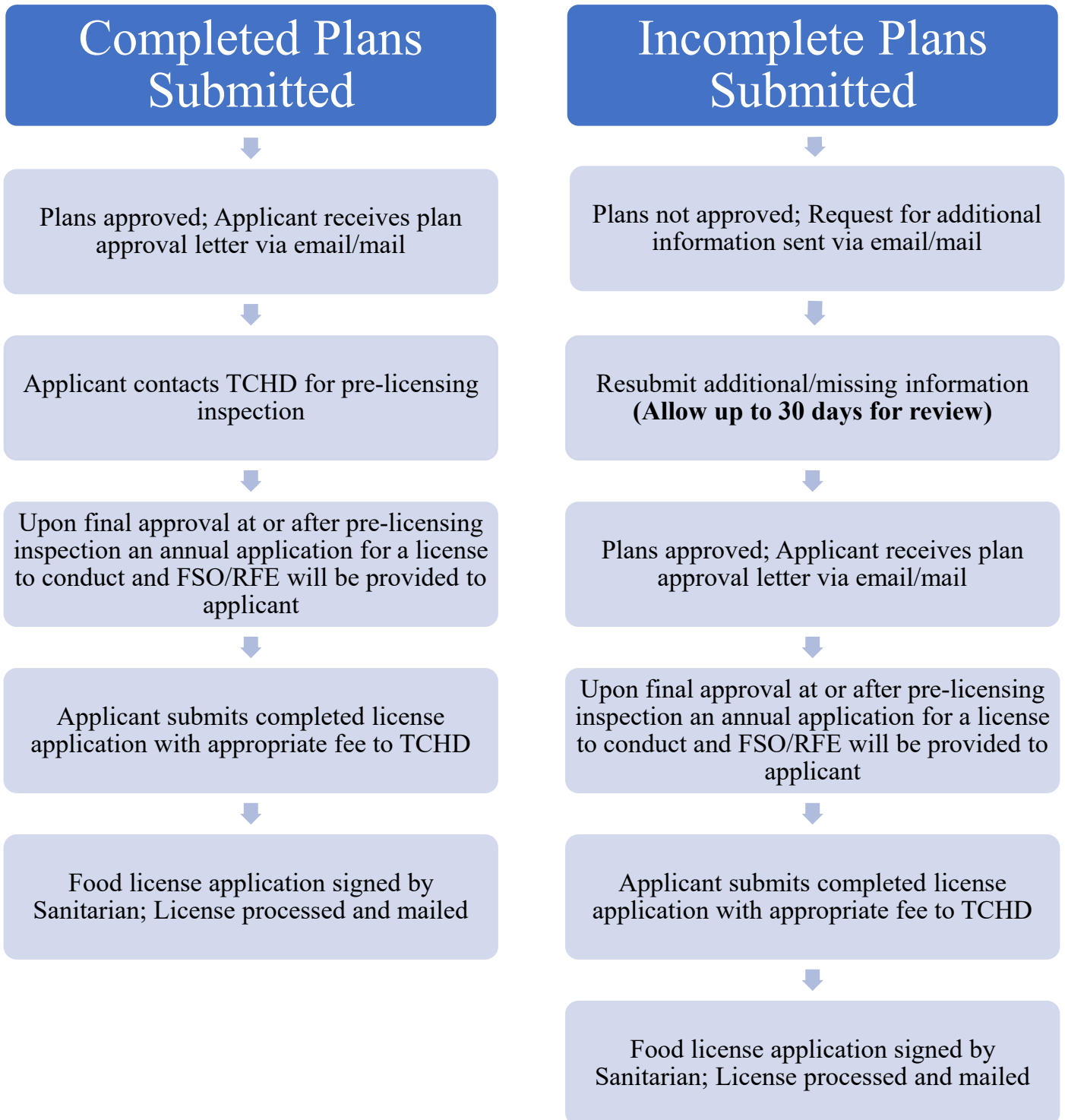
Employee Health	
<p>Is a copy of employee health policy attached?</p> <p><i>A written health policy is required. Plan must detail how the facility complies with OAC 3717-1-02.1. Plan must be acknowledged by each employee in a verifiable manner.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is a copy of vomitus cleanup procedures attached?</p> <p><i>Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the facility are required. 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.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are test strips with appropriate range available for chemical sanitizer uses in vomitus cleanup procedures?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Requirements	
<p>**Will there be a level 2 food safety certified manager?</p> <p><i>Required for all risk level 3 and 4 facilities. Provide at least one employee per facility with the Level II Manager Certification in Food Protection. Attach copies of certificate(s).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>**Will there be a level 1 food safety certified manager during each shift?</p> <p><i>Required for all facilities regardless of risk level. Provide at least one employee per shift with Level 1 Person in Charge training. Attach copies of certificate(s).</i></p> <p><i>**Approved course providers can be found at the Ohio Department of Health's website odh.ohio.gov</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
2. Upon receipt of the appropriate payment for review and completed plan review 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 can be scheduled.
 - 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).
3. Plans may be submitted electronically provided they are easy to access and read. All information regarding plans should be sent to eh@tchdnow.org. Any submissions become the property of Tuscarawas County Health Department. Please make copies accordingly. Please note that plans will not be reviewed until the appropriate payment is made.
4. Incomplete plans will not be approved, and resubmission of additional information will be required. Each time a new submission is received, the Tuscarawas County Health Department has an additional thirty (30) days to review and respond. Failure to respond within thirty (30) days may result in the project being denied by TCHD and the applicant must submit a new packet, and a new fee will be required.
5. 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 pre-licensing inspection report. Criteria for licensing includes that the operation is constructed according to the approved plans and all equipment in the operation matches what was provided in the plans.
6. A plan approval granted by the Tuscarawas County Health Department covers only the portions of the plans required by Ohio Administrative Code 3717-1, under which this agency has jurisdiction, as it applies to the acquisition and maintenance of a FSO or RFE license. **Any outstanding items or inspections required for the facility which are outside of the scope of this agency are the responsibility of the facility owner to obtain and maintain accordingly.**
7. Once final approval is granted at or after pre-licensing inspection, an application to obtain the FSO/RFE license will be provided to the owner. This application and appropriate fee must be received by Tuscarawas County Health Department prior to operating. Permits must be renewed on an annual basis by March 1st of each calendar year to avoid a 25% late fee.
8. If you have any questions, please contact the Bureau of Environmental Health Services at (330) 343-5550.

Please see the following flow chart outlining Tuscarawas County Health Department's (TCHD) food service operation (FSO)/Retail Food Establishment (RFE) plan review process:

Initial review and response will occur within 30 days of plan submission and payment.

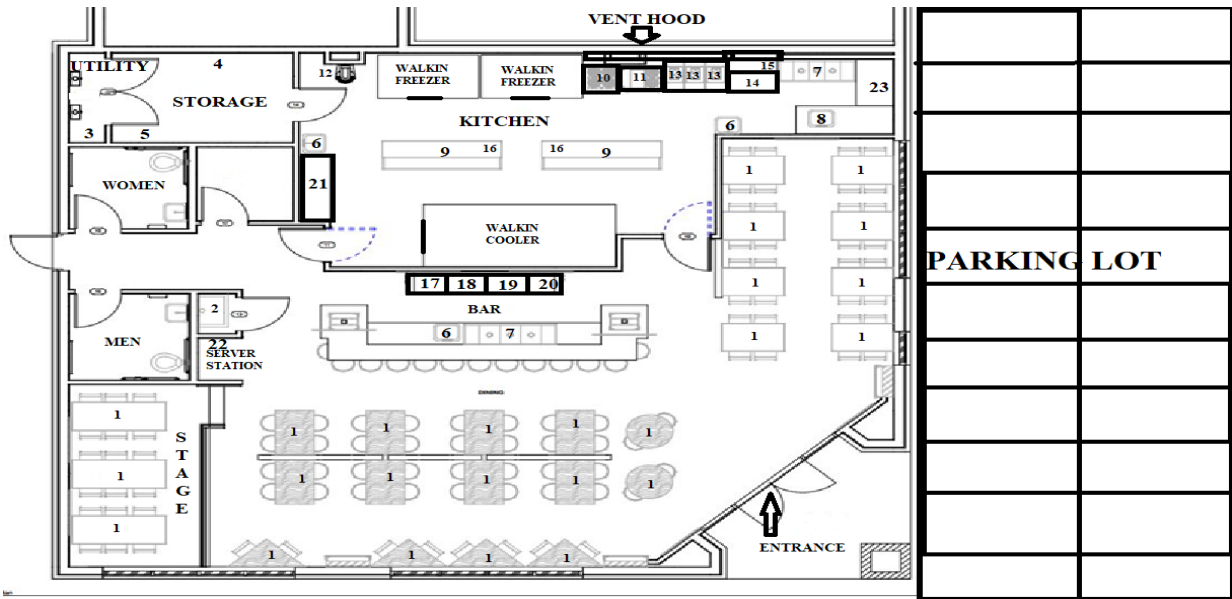


Plan Submission Checklist for Applicants

- Plan review fee
- Completed plan review application
- Proposed menu or list of foods to be served
- List of food suppliers
- ODA/ODH/HACCP required variances (if applicable)
- Copy of written employee health policy
- Copy of vomit/fecal cleanup policy
- Food Safety Certification(s)
- 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
- EPA water supply permit (if applicable)
- EPA sewage treatment system permit (if applicable)

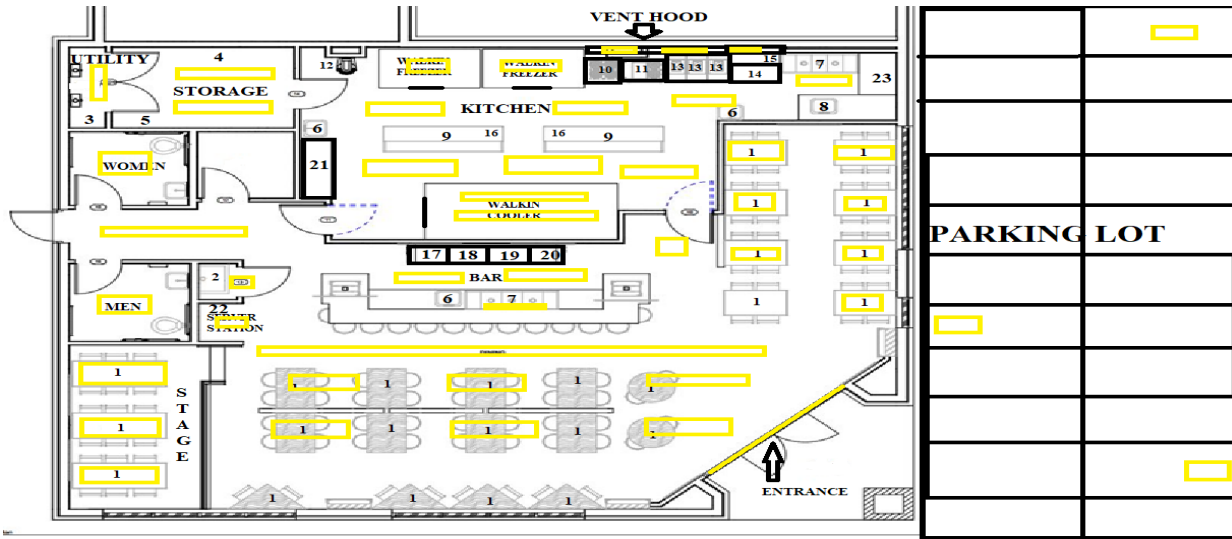
***Failure to submit all items on this checklist will prolong the plan review process. ***

Examples of Facility Layout (Floor Plan, Lighting Plan, Plumbing Plan, Site Plan)



- 1: (25) TABLES
- 2: MOP SINK
- 3: CHEMICAL STORAGE
- 4: DRY STORAGE
- 5: EMPLOYEE ITEM STORAGE
- 6: HANDWASHING SINK
- 7: 3 COMPARTMENT SINK
- 8: PREP/VEGGIE SINK
- 9: STAINLESS STEEL TABLES
- 10: STOVE
- 11: GRIDDLE
- 12: MIXER
- 13: (3) DEEP FRYERS
- 14: OVEN
- 15: WARMER
- 16: (2) MICROWAVES
- 17: BEER TAP
- 18: CUP CHILLER
- 19: WINE REACHIN
- 20: BAR MAKE TABLE/REACHIN
- 21: SALAD/ SANDWICH PREP TABLE
- 22: FOUNTAIN DRINK DISPENSER
- 23: DISH DRY RACK

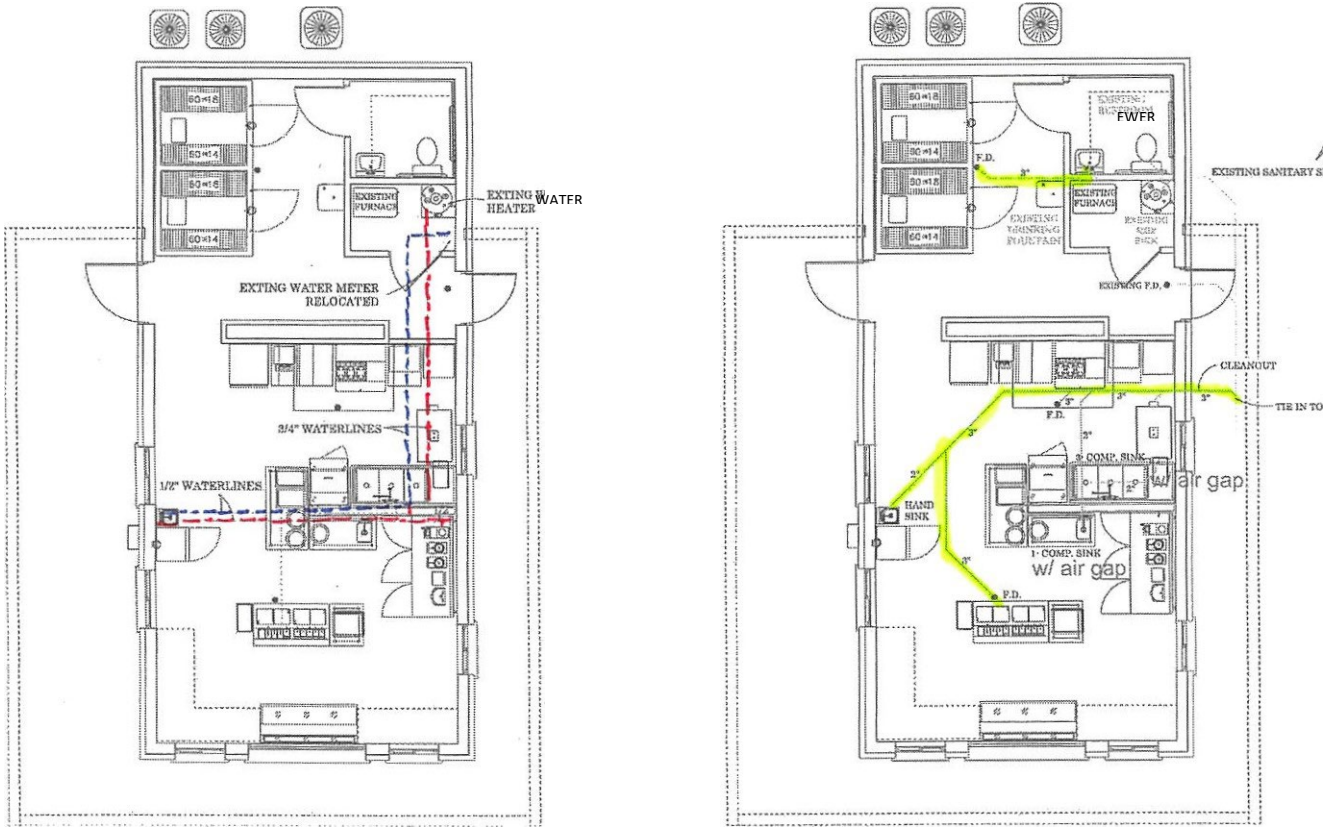
FLOOR PLAN



- 1: (25) TABLES
- 2: MOP SINK
- 3: CHEMICAL STORAGE
- 4: DRY STORAGE
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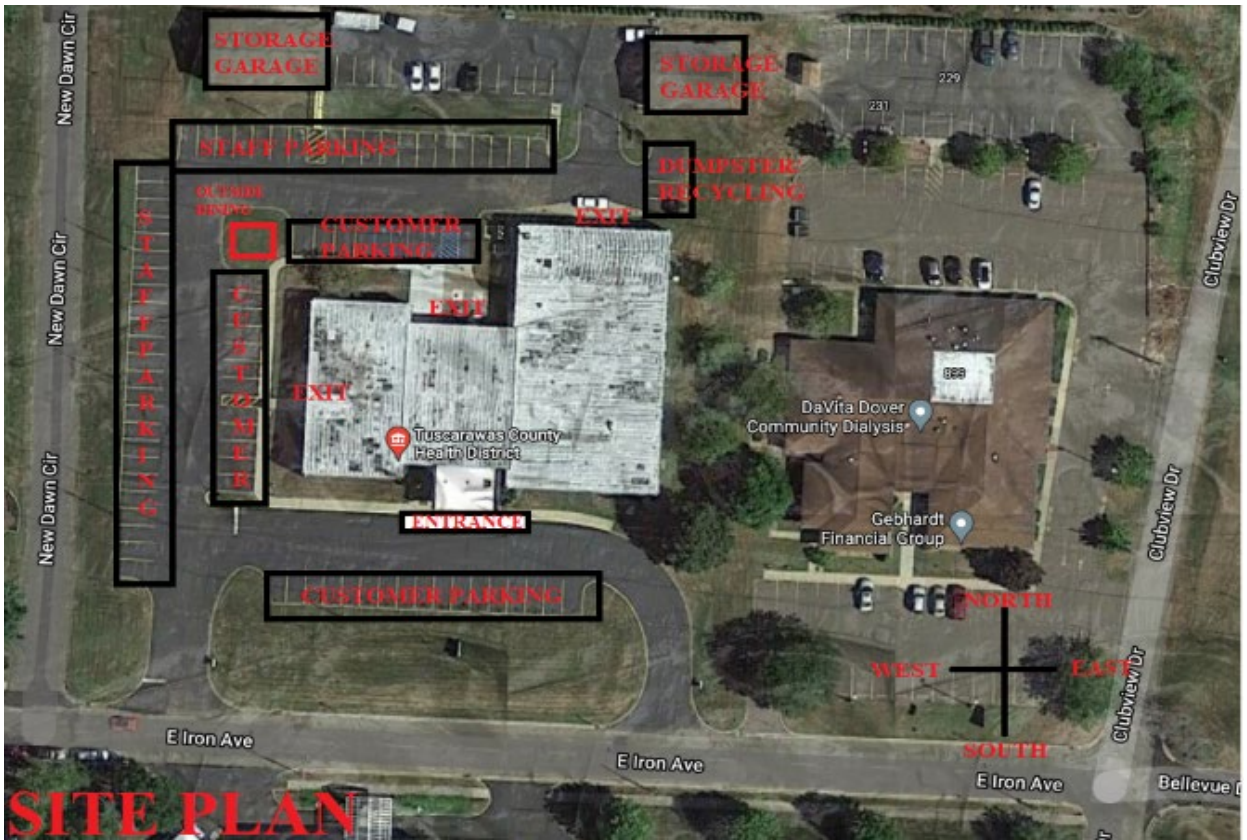
LIGHTING PLAN

LIGHTS



Waterline and Plumbing Plan

F.D.- Floor Drain Yellow- Wastewater Red- Hot Water Blue- Cold Water



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