

# FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT

---

## PLAN REVIEW APPLICATION AND GUIDELINES



**Warren County  
Health District**

---



**Public Health**  
Prevent. Promote. Protect.

Warren County Health District  
416 S. East Street  
Lebanon, Ohio, 45036  
(513) 695-1220  
[www.warrenchd.com](http://www.warrenchd.com)

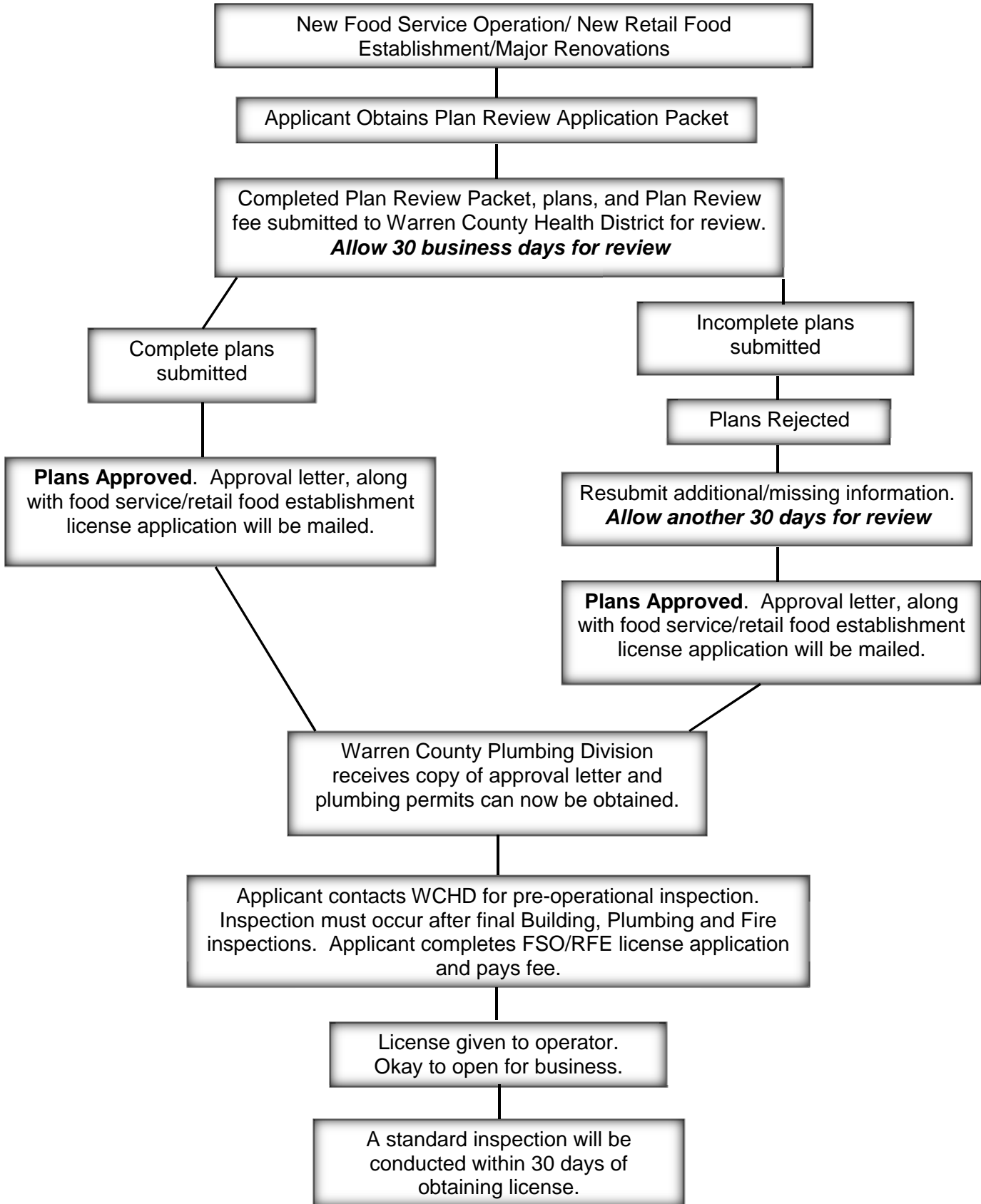
*Working to build healthy communities every day*

## PLAN REVIEW PROCEDURE TO OBTAIN A FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT LICENSE

1. A detailed set of plans must be submitted to this office for review along with the Food Service Operation/Retail Food Establishment Plan Review Application prior to construction of a new food operation. A plan review fee of \$150 must be submitted along with plans.
2. The plans are then reviewed to ensure there are no problems with the flow of food preparation and to ensure compliance with all existing rules and regulations. A plumbing permit cannot be obtained until plan approval through our office is complete. A letter regarding the status of the plans will be sent within thirty (30) days along with a FSO or RFE license application. Following review, the proper risk classification will be determined and the appropriate license fee included in the approval letter.
3. WCHD needs to be contacted for a licensing inspection prior to the opening of the food service operation. The food service operation must be ready to open at time of final inspection. Any issues that must be addressed will be stated on the opening inspection report for further follow-up. Criteria for licensing includes that the operation was constructed according to the approved plans and all equipment in the operation is the same as listed on the plans.
4. Plumbing permits are necessary for any changes or additions to the plumbing system. Contact the Plumbing Division at (513) 695-1476. All plumbing, building, and electrical inspections must be completed before final approval for opening is granted by WCHD.
5. Level one certification in Food Protection is required for each shift manager for any new food service operation or retail food establishment. All risk level 3 and 4 facilities 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 or you may visit [www.warrenchd.com](http://www.warrenchd.com) for our next available course.
6. Plans may be submitted electronically provided they are easily readable. Please email any information regarding plans to Benjamin Ginter at [foodserviceplanreview@wcchd.com](mailto:foodserviceplanreview@wcchd.com) or call (513) 695-3098 with any questions.

**ALL COMPONENTS ABOVE ARE REQUIRED FOR APPROVAL AND ANY INCOMPLETE PLANS WILL BE REJECTED AND MUST BE RESUBMITTED.**

# PLAN REVIEW PROCESS FLOW CHART



## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan, accurately drawn to scale. This is to allow for ease in reading plans. The plans must include the following:

1. The total square footage to be used for the food operation or establishment;
2. 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;
3. 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 systems;
4. Interior and exterior seating areas;
5. Entrances and exits to facility, including any delivery entrances and loading unloading docks;
6. A layout of the facilities showing location of the following:
  - a. All equipment such as cooking equipment, refrigeration equipment, holding equipment, slicers, mixers, etc.;
  - b. All plumbing fixtures, including the location of all hand sinks, ware washing sinks, food preparation sinks, dump sinks, mop 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;
  - c. Location of mop sinks or curbed cleaning facilities with area for hanging wet mops, and any garbage can washing areas;
  - d. Location and purpose of any auxiliary areas such as employee break rooms, dressing rooms, walk-in coolers/freezers, ware washing rooms, dry food storage rooms, chemical storage rooms, garbage storage, and basements. Indicate how food and food-related in these areas;
7. Plumbing schedule including location of floor drains, floor sinks, water supply lines, all wastewater lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line with connections, and grease traps;
8. Lighting schedule:
  - a. At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor and in walk in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
  - b. At least 220 lux (20 foot candles) at the following:
    - i. 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;
    - ii. Inside equipment such as reach-in and under-counter refrigerators;

- iii. At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and,
  - c. At least 540 lux (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;
  - d. All lights in food preparation areas must have a protective shield;
9. An equipment list with the make and model of ALL equipment to be used in the facility. All food equipment must be of a commercial grade and the food equipment schedule must include make, model numbers, and certification status of equipment. Equipment should be certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are NSF, UL Sanitation, ETL Sanitation, and CSA Sanitation;



10. Complete finish schedule for each room, including floors, walls, ceilings, and covered junctures bases. Ceiling tiles used in food preparation rooms, restrooms, and warewashing areas must be vinyl-clad.

**ALL COMPONENTS ABOVE ARE REQUIRED FOR APPROVAL AND ANY INCOMPLETE PLANS WILL BE REJECTED AND MUST BE RESUBMITTED.**

**This page intentionally left blank**



# FSO/RFE PLAN REVIEW APPLICATION

**INTERNAL USE ONLY**

PLAN REVIEW FEE \$150

FSO \_\_\_\_\_

RFE \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

Date: \_\_\_\_\_

## **ESTABLISHMENT INFORMATION**

Food Facility Name: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## **APPLICANT/OWNER INFORMATION**

Applicant's Name: \_\_\_\_\_

Title (Owner, Manager, Architect, etc.) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
CITY STATE ZIP

Phone (best available) \_\_\_\_\_ Email \_\_\_\_\_

## **CONSTRUCTION INFORMATION**

Total Square Footage of Facility: \_\_\_\_\_

Proposed Date for Start of Project: \_\_\_\_\_ Projected Date of Completion: \_\_\_\_\_

Plans Submitted to: Building Dept.  Fire Dept.  Plumbing Division.   
(Check all that apply)

Other Agencies (please list) \_\_\_\_\_

## **ESTABLISHMENT TYPE**

Food Service Operation  *Majority of food is prepared and served on site*  
**OR**

Retail Food Establishment  *Majority of food is prepared and packaged for offsite consumption*

Days and Hours of Operation: \_\_\_\_\_  
(If seasonal, please specify dates of operation)

Type of Service Retail food  Sit-down meals  Carry-out  Delivery  Offsite Catering   
(Check all that apply)

# PHYSICAL FACILITIES

WATER SUPPLY	
Is the water supply public or private?	PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>
If private, has the source been approved by the EPA? <i>Please attach a copy of written approval and/or permit, if applicable.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the hot water tank sized sufficiently, particularly during peak demand times?	YES <input type="checkbox"/> NO <input type="checkbox"/>
SEWAGE DISPOSAL	
Is the building connected to a municipal sewer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, is the building connected to an EPA-approved private treatment system? <i>Please attach a copy of written approval and/or permit if applicable.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are grease traps provided in this facility? <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. Please have your plumber contact The Plumbing Division at the Warren County Health District at 513-695-1476 prior to installing to ensure proper sizing.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Size of grease trap (in gallons per minute)	GPM
Location of grease trap	
PLUMBING FIXTURES	QUANTITY
<b>Hand sink(s)</b> <i>Note: Hand sinks must be conveniently located and in proximity to all food prep and ware washing areas.</i>	
Do all hand sinks have hot and cold running water (at least 100°F), soap, paper towels, a waste basket, and hand washing signage?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Ware washing sink(s)</b>	
Is the 3 compartment sink large enough to accommodate the largest piece of equipment within the facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there drain boards for both dirty and cleaned dishes? <i>Adequate space must be available for proper air drying of dishes.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain:
<b>Mop/Utility sink(s)</b>	
Are there hooks installed for proper mop drying?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Food preparation sink(s), if required</b> <i>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 be indirectly drained with an air gap to prevent backflow.</i>	
<b>Dump sink(s), if required</b> <i>A dump sink is required if beverages (coffee, smoothies, bar drinks) will be routinely emptied.</i>	



<b>OUTER OPENINGS</b>	
Will there be any roll-up doors/windows to the outside? <i>Examples: garage doors, roll up windows</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How will the entry of pests be prevented?	
<b>REFUSE / RECYCLABLES</b>	
Where will the garbage/recyclables be stored within the facility?	
Is there an area designated for garbage can or floor mat cleaning?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will a dumpster be used to store refuse/recyclables outside of the facility? <i>Please ensure location is indicated on plans</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the dumpster installed on smooth pavement, with tight fitting lids, curbed and sloped to drain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>RESTROOMS</b>	
Do all restrooms have trash receptacles with lids? <i>Required for all restrooms used by women.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do any restrooms have self-closing, tight-fitting doors? <i>Required of all restrooms located in kitchen areas.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>CHEMICAL STORAGE AREA</b>	
Is there a separate, dedicated area for all chemicals and toxic materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What kind of chemical sanitizer will be used for food and food contact surfaces? <i>Note: Appropriate test strips must be available for each sanitizer used to ensure effective concentration.</i>	<input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Iodine
<b>DRESSING ROOMS / EMPLOYEE BELONGINGS</b>	
Describe the storage facilities provided for employee's personal belongings and clothing.	
Describe where all soiled linens (if applicable) will be stored.	

## INTERIOR FINISHES

*Note: Floor, wall, and ceiling surfaces in areas where food is prepared, stored or served; areas where dishes are cleaned; as well as restrooms must be smooth and easily cleanable.*

This information is included in the plans

ROOM	FLOORS	WALLS	CEILING	COVING
Food prep areas				
Ware washing area				
Dry food storage				
Chemical storage				
Utility rooms/mop sink				
Restrooms				

## EQUIPMENT

Equipment make and model of ALL equipment and/or specification sheets are attached and/or included in plans

Will all equipment approved by a certified testing agency, such as NSF, ETL Sanitation, UL Sanitation, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Will a dish machine be installed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If so, what type of sanitizing?	CHEMICAL <input type="checkbox"/>	HEAT <input type="checkbox"/>	
Are test strips available?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
If heat sanitizing, will there be a maximum registering thermometer (or 160°F temperature sensitive stickers) on site, as required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>

# FOOD HANDLING PROCESSES QUESTIONNAIRE

The following questions are used to determine the type of activities is conducted within the facility. They are used to determine risk classification.

<b>FOOD SOURCE</b>	
<p>Will all food be purchased from approved sources?</p> <p><i>Approved sources are those processors inspected by a federal food safety regulatory authority (or equivalent), a cottage food production operation (properly labeled), or another licensed food service operation or retail food establishment.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<b>POPULATION</b>	
<p>Does the facility serve mainly a high-risk clientele, including immune-compromised or elderly individuals in a healthcare or assisted living facility?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<b>FOOD HANDLING PROCESSES</b>	
<p>Will any meat or cheese be sliced or ground on site?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>Will produce be processed (washed, cut, and handled) in the establishment?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>Will any food be cooled and reheated?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>What kind of foods?</p>	
<p>What is the method for ensuring foods are cooled rapidly?</p> <p><i>Food MUST be cooled from 135°F to 70°F within 2 hours, and to 41°F or below within an additional 4 hours.</i></p>	
<p>How will foods be reheated?</p> <p><i>All reheated food MUST reach 165°F within 2 hours.</i></p>	
<p>Will any time/temperature controlled for safety (TCS) foods be held without temperature control?</p> <p><i>Example: timing sliced tomatoes instead of maintaining at 41°F or below.</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>If time is used as a public health control for any TCS foods, Please explain process and attach required written procedures.</p>	
<p>Will any foods be served raw or undercooked?</p> <p><i>Example: burgers, eggs, oysters, fish for sushi</i></p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>Will there be a consumer advisory on menu?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>
<p>If fish will be served undercooked, is appropriate documentation for freezing for parasite destruction attached?</p>	<p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>

<b>SPECIALIZED PROCESSES</b>	
Will there be any of the following processes be conducted within the facility? Please check all which apply.	
*Canning/bottling	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Smoking/curing meats for preservation	YES <input type="checkbox"/> NO <input type="checkbox"/>
Packaging fresh pressed-juice	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reduced oxygen packaging (using a vacuum sealer) <i>Defined as the reduction of the amount of oxygen in a package by removing oxygen; displacing oxygen and replacing it with another gas or combination of gases</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cook/chill packaging <i>Defined as food that is hot filled into impermeable bags which have the air expelled and are then sealed or crimped closed. The bagged food is rapidly chilled and refrigerated</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sous vide cooking <i>Defined as raw or partially cooked food vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Acidification of food for preservation (i.e. acidification of sushi rice) <i>HACCP plan required for rice acidification</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Sale of oyster, clams, mussels from a shellfish tank	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Sprouting of seeds	YES <input type="checkbox"/> NO <input type="checkbox"/>
*If any above are marked yes, please attach variance from ODA/ODH and/or required HACCP plan(s).	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>OFFSITE SERVICE</b>	
Will facility be catering? <i>Catering is defined as "an operation where food is prepared for serving at a function or event held at an off-premise site, for a charge determined on a per-function or per-event basis. The charge is contracted for 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>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How will temperatures be maintained during transport? <i>Please include any transportation equipment along with plans</i>	
How will handwashing be conducted at offsite locations?	
Will any food be transported from your operation to be sold/served in other locations (not catering)? <i>Wholesaling requires an additional license from the Ohio Department of Agriculture (614) 728-6250.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, which other locations?	
How will temperatures be maintained during transport?	

<b>CUSTOMER SELF SERVICE</b>	
Will there be any of the following:	
Salad bar/buffet?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bulk foods for customer self-service? <i>Example: donuts, bulk nuts, bulk candies</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, how will contamination from customers be prevented? <i>Example: Sneeze guard, covered containers, use of deli tissue, tongs</i>	
<b>EMPLOYEE HEALTH*</b>	
Is copy of employee health policy attached? <i>A written employee health policy is required. Plan must detail how the facility complies with rule 3717-1-02.1 of the Administrative Code. Plan must be acknowledged by each employee in a verifiable manner.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is copy of vomitus cleanup policy attached? <i>Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the facility. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are test strips with the appropriate range available for chemical sanitizer used in vomitus cleanup policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>EDUCATION REQUIREMENTS</b>	
Will there be a level 2 food safety certified manager? <i>Required of all risk level 3 and 4 food facilities. Please attach copy of certificate(s) if available.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will there be a level 1 food safety certified employee on site at all times? <i>Required of all facilities. Please attach copy of certificate(s) if available.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

\*Note: Sample policies are included.

## PLAN SUBMISSION CHECKLIST

***ALL of following are required components and must be submitted to our office for approval of proposed food service operation and/or retail food establishment. Failure to provide required information will result in the plans being unapproved.***

- Plan Review fee
- Completed Plan Review Application
  - All required policies/procedures
- Proposed menu or list of foods to be served
- Facility floor plan. The floor plans must be drawn reasonably to scale and must include:
  - Square footage of facility
  - Site plan showing location of any outside equipment such as grease traps and dumpsters
  - Location of all entrances and exits, loading docks, etc.
  - Location and layout of all proposed pieces of equipment
  - Location of dry storage and chemical storage
  - Designated area for storage of employee belongings
  - Interior and exterior seating (if applicable)
- Lighting schedule showing the location of all overhead lighting, including inside walk in coolers/freezers
- Finish schedule of floors, walls, and ceilings in all areas
- Manufacturer's make and model of all equipment (all equipment must be commercial-grade, NSF, ETL Sanitation, UL Sanitation, etc.)
- Plumbing
  - 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

**This page intentionally left blank**

# PRELICENSING INSPECTION CHECKLIST

*The following must be completed and/or available for review during the prelicensing inspection. Failure to provide required information may result in a delay in opening.*

## 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

## Construction

- 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

## Equipment

- 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
- Gloves and/or utensils to prevent bare hand contact
- All surfaces have been cleaned & sanitized and are ready to use

## Sinks

- 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

## Chemicals

- Sanitizer on site, with appropriate test strips
- All chemicals properly labeled and stored

## Refuse

- Dumpster is in place, with tight-fitting lid; foundation is paved, curbed and sloped to drain
- Covered receptacle in female restroom(s)

## Administrative

- Consumer advisory on menu (if applicable)
- 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)
- Level 1 Food Handler certified manager (at least one required onsite during all operating hours)
- Signed application and payment for license fee has been submitted