



FOOD FACILITY PLAN REVIEW PACKET

(For all operators of Food Service Operations & Retail Food Establishments)

- **The following items must be completed prior to plan submittal:**
 - Complete plan review application questions packet (*Ensure all questions are answered or marked N/A as appropriate*)
 - If renovating**, request additional submittal information/requirements/documents (required for approval).
 - If remodeling**, request additional submittal information/requirements/documents (required for approval).
 - If catering**, request additional submittal information/requirements/documents (required for approval).
 - Floor plans (location and layout of all proposed pieces of equipment and sinks)
 - Full site plan (Including dumpster and water supply connection areas)
 - Proposed menu
 - Equipment schedule (List of all commercial equipment)
 - Manufacturer specification sheets for each piece of commercial equipment
 - Plan review fee

- **Upon plan approval:**
 - Contact Miami County Public Health (MCPH) to schedule a pre-license inspection
 - At the inspection, the food facility must be ***fully operational*** – meaning utilities and equipment must be connected and properly working. Including, but not limited to: pop machines, coffee machines, frozen drink machine, or any food/drink equipment that requires a water line
 - Food safety knowledge must be demonstrated during the inspection
 - Copies of food protection training certificates for level 1 & 2 courses must be submitted

- **After pre-license inspection:**
 - Body fluid clean-up procedure
 - Signed employee illness policy that is easily accessible
 - Pest control plan
 - Plan for cleaning grease trap(s) (If present)
 - Submit license fee with completed application. Cash, credit cards, and checks are accepted methods of payment. Make checks payable to Miami County Public Health.
 - Upon completion of a satisfactory inspection the food license will be issued.

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FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

(Continuation sheet is attached if more space is needed to answer questions)

Date: _____

Type: FSO ___ RFE ___

Facility Information:

Name of Facility: _____

Name of License Holder: _____

Address of Facility: _____
(City) (State) (Zip Code)

Telephone: _____ Email: _____

Applicant/Owner Information:

Applicant's Name: _____

Title (Owner, Manager, Architect, etc): _____

Mailing Address: _____
(City) (State) (Zip Code)

Telephone: _____ Email: _____

Projected Project Start Date: _____ **Projected Completion Date:** _____

Total Square Footage of Facility (Linear Feet if Micro Market): _____

Days/Hours of Operation: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

If Seasonal, List Month(s) of Operation: _____

Type of Service: Sit Down Meals ___ Take Out ___ Out of Store Catering ___ Catering/Buffets ___ Other ___

Meals To Be Served: Breakfast ___ Lunch ___ Dinner ___ Other ___

If your business does not fit into one of the above categories, please describe below:

Plans Submitted To: Building Dept: ___ Fire Dept: ___ Plumbing Div: ___ Zoning: ___ EPA: ___

Other Agency: _____

Content and Format of Plans and Specifications

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.
2. Include the proposed menu, seating capacity, and projected meal volume for the food operation.
3. Show the proposed location and placement of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule as applicable. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment intended to be used for adequate rapid cooling, including ice baths and refrigeration (as applicable), and hot holding time/temperature for food safety.
5. Label and locate separate food preparation sinks when the menu dictates to prevent contamination and cross-contamination of raw and ready-to-eat foods.
6. Label and locate all dedicated hand and dump sinks. Dedicated dump sinks will be required (i.e. – bars, front portions of convenience stores, etc.) separately from any required hand sinks.
7. Provide clear and accurate drawings identifying the layout of all proposed restroom facilities.
8. Identify any auxiliary areas including but not limited to: storage rooms, garbage rooms/dumpster pads, warewashing rooms, walk-in coolers/freezers, basements, cellars, etc. along with their intended use.
9. Include and provide specifications for:
 - Entrances, exits, loading/unloading areas and docks, etc.
 - Complete finish schedules for each room including the floors, walls and ceilings and covered wall/juncture bases. If ceiling tiles are proposed, vinyl-clad ceiling tiles must be installed in all food preparation rooms, bathrooms, and warewashing areas.
 - Plumbing schedule including the location of all floor drains, floor sinks, water supply lines, all waste/water lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line connections, and grease traps.
 - Lighting schedule:
 - (a) At least 110 lux (10 foot-candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas.
 - (b) At least 220 lux (20 foot-candles) where food is provided for consume self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold or offered for consumptions. Also, in all areas used for handwashing, warewashing, equipment/utensil storage, and in toilet rooms.
 - (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.
 - (d) Shatterproof light bulbs or shields/protectors on fixtures installed in all food preparation and warewashing areas, and where exposed foods are stored in any applicable pieces for equipment for purposed of display, serving, etc.
 - Food Equipment List to include the manufacturer’s name and model numbers and listing of commercial-grade equipment that is certified or classified for sanitation by an ANSI program such as NSF, UL (commercial-grade only), ETL, and CSA.

- A floor-mounted mop sink or curbed cleaning facility along with the capability for hanging wet mops.
- Garbage can washing area.
- Cabinets or shelving appropriate for the storage of toxic chemicals separate from food.
- Dressing rooms, locker rooms, employee rest areas, and/or coat racks.

Food Preparation Review

1. Check the categories of Time/Temperature for Food Safety(TCS) to be handled, prepared and served:

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
a. Thin meats, poultry, fish, eggs (Hamburgers, sliced meats, fillets)	()	()
b. Thick meats, whole poultry (Roast beef, whole turkey, chickens, hams)	()	()
c. Cold processed foods (salads, sandwiches, vegetables)	()	()
d. Hot processed foods (soups, stews, rice/noodles, gravy, casseroles)	()	()
e. Bakery goods (pies, custards, cream fillings, & toppings)	()	()
f. Other:		

2. **Food supplies**

- a. How will dry goods be stored off the floor?

3. **Cold storage**

- a. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked and ready to eat foods? **YES NO** (Please circle)

If yes, how will cross contamination be prevented?

4. Hot / Cold Holding

a. How will hot TCS foods be maintained at 135°F or or greater during holding for service?

b. How will cold TCS foods be maintained at 41°F or below during holding for service?

5. Cooling

How will temperature controlled for safety (TCS) foods be cooled down to 41 °F or below? A **cooling procedure** must be attached for every type of TCS food being cooled.

Is this facility cooling: **YES** **NO** (Please circle)

Is procedure attached: **YES** **NO** (Please circle) **(Proper procedures needed for approval)**

6. Reheating

a. Do you intend on reheating any foods within your facility? **YES** **NO** (Please circle)

b. If **YES**, how will TCS food that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours or less? Please indicate how and where food will be reheated?

7. Preparation

a. Which methods will be used to handle ready to eat foods? Check all that apply.

Gloves _____ Utensils _____ Food-grade paper _____

b. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces, which cannot be submerged in sinks or put through a dish machine, be sanitized? Please describe.

Chemical Type _____ Concentration _____ Test Kit: **YES** **NO** (Please circle)

c. Will all produce be washed on-site prior to use? **YES** **NO** (Please circle)

d. Is there a planned location used for washing produce? **YES** **NO** (Please circle)

Describe where: _____

8. Lighting Schedule

AREA	FOOT CANDLES
Walk in Refrigeration Units	
Dry Food Storage	
Food Preparation Area	
Warewashing Area	
Salad Bar or Buffet	

9. Person-In-Charge (PIC) / Staffing

- a. Will there be a designated PIC at the facility during all times of operation? **YES NO** (Please circle)
- b. Are the PIC's/Managers required to attend formal training? (ie. - Serve Safe?) **YES NO** (Please circle)
- c. Is a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions attached? **YES NO** (Please circle) **(Proper policy needed for approval)**
- d. Is a body fluid clean-up procedure attached? **YES NO** (Please circle) **(Proper procedure needed for approval)**

10. Finish Schedule

- a. Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc) will be used in the following areas:

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Chemical Storage				
Restrooms				
Garbage Storage				
Mop Service Area				
Warewashing Area				
Walk-In Refrigerators/Freezers		Inside: Outside:		
Employee Rooms				

- b. Are there any unfinished ceiling areas? **YES NO** (Please circle)

11. Garbage and Refuse

- a. Where and how will garbage/refuse be stored inside your facility?

- b. Is there an area designated for garbage can or floor mat cleaning? **YES NO** (Please circle)
- c. Will a dumpster be used to collect/store refuse outside the facility? **YES NO** (Please circle)

d. Is there a grease storage receptacle? **YES** **NO** (Please circle)

12. Water Supply

a. Is the water supply PUBLIC () or PRIVATE ()?

If PUBLIC, name of municipality?

If PRIVATE, has the source been approved by EPA? **YES** **NO** (Please circle)

b. Provide the water main backflow prevention device serial number _____
a. If there is no water main backflow prevention device installed, have a licensed plumber obtain a permit through Miami County Public Health to install an ASSE 1013 R2P backflow prevention device, and an expansion tank.

c. Is ice made on the premises () or purchased commercially ()?

d. Is the hot water tank sufficient for all of the needs of this facility, particularly during peak demand periods?

13. Sewage Disposal

a. Is the building connected to a municipal sewer? **YES** **NO** (Please circle)

b. Is the building connected to an approved private disposal system? **YES** **NO** (Please circle)

c. Are grease traps provided in this facility? **YES** **NO** (Please circle)

▪ -> Are the grease trap(s) accessible? **YES** **NO** (Please circle)

▪ -> State the specific location and placement: _____

▪ Was a schedule for the cleaning & maintenance of grease trap provided for review?
YES **NO** (Please circle)

14. Dressing Rooms / Personal Belongings

a. Describe the storage facilities provided for employee's personal belongings (purses, coats, boots, etc) and how items will be stored separate from foods and food contact surfaces?

15. Sinks

a. Is there a floor mounted mop sink present? **YES** **NO** **N/A** (Please circle)

b. If the menu dictates, is a food preparation sink present? **YES** **NO** **N/A** (Please circle)

c. If the menu or facility layout dictates, are there dedicated dump sinks present?
YES **NO** **N/A** (Please circle)

- d. Have you ensured that there are hand sinks located in close proximity to all food preparation and warewashing areas within your facility? **YES** **NO** (Please circle)
- e. Is there a 3-compartment sink with dirty and clean-side drain boards present?
YES **NO** (Please circle)

16. Dishwashing Facilities

- a. Will sinks or a dish machine be provided for warewashing? _____

 High Temp. Machine _____ Booster Heater? **YES** **NO** (Please circle)

 Chemical Machine _____ (Type of sanitizer used)
- b. Does the largest pot and pan fit into each compartment of the pot sink? **YES** **NO** (Please circle)
 If **NO**, then what is the procedure for manually cleaning and sanitizing such food contact surfaces?

- c. What type(s) of sanitizer(s) will be used in this facility? (Check all that apply)

		<u>Test Strips Available?</u>	
Chlorine	()	YES	NO (Please circle)
Quaternary Ammonia	()	YES	NO (Please circle)
Iodine	()	YES	NO (Please circle)
Hot Water	()		

17. General Facility Considerations

- a. Are insecticides/pesticides/toxic chemicals (including medications) stored separately from cleaning/sanitizing agents as well as away from all foods, food preparation, food contact surfaces and multi-use item storage areas? **YES** **NO** (Please circle)
- b. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands? **YES** **NO** (Please circle)
- c. Are covered waste receptacles available in each restroom? **YES** **NO** (Please circle)
- d. Is hot and cold running water under pressure available at each handwashing sink?
YES **NO** (Please circle)
- e. Are all toilet room doors self-closing? **YES** **NO** (Please circle)
- f. Is there a sufficient number of floor drain in the facility? **YES** **NO** (Please circle)
- g. Are floor drains present? **YES** **NO** (Please circle)
- h. Are there any food items being handled or prepared outside the kitchen?
YES **NO** (Please circle)

i. Is a separate water line being installed for a pop machine or beverage area?

YES NO (Please circle)

a. If yes, who will be installing it? _____

18. What risk level do I fall under?

Food facilities are licensed as either a Risk Level **I, II, III, or IV**. Risk levels describe the potential risk that the facility poses to public health as well as the probability of a foodborne illness. As the risk level increases, so too does the number of inspections performed. **I & II** are once per year, and **III & IV** are twice per year.

- **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 sells:
 - 1) Coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages;
 - 2) Pre-packaged refrigerated or frozen potentially hazardous foods;
 - 3) Pre-packaged non-potentially hazardous foods;
 - 4) Baby food or formula.

- **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-potentially hazardous food;
 - 2) Holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received; or
 - 3) Heating individually packaged, commercially processed potentially hazardous 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 potentially hazardous food that is immediately served, held hot or cold, or cooled;
 - 4) Operating a heat treatment dispensing freezer;
 - 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; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immunocompromised 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 potentially hazardous 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 potentially hazardous food more than once every seven days; or
- 2) Caterers or other similar food service operations that transport potentially hazardous food.

19. What are the fees associated with FSOs or RFEs?

Once you have determined your license category and risk level, you can use the chart below to determine your fees. Plan review fees apply to new facilities, altered facilities, and risk level changes. Plan review fees are not annual; license fees are. The license must be renewed by March 1st of every year. Please note that fees are the same for FSOs and RFEs but vary according to risk level and size.

Risk Level	County License Fee	State License Fee	Total Annual License Fee	Plan Review Fee
Level 1 less than 25,000 ft ²	\$145.00	\$28.00	\$173.00	\$99.00
Level 2 less than 25,000 ft ²	\$163.00	\$28.00	\$191.00	\$111.65
Level 3 less than 25,000 ft ²	\$315.00	\$28.00	\$343.00	\$227.15
Level 4 less than 25,000 ft ²	\$399.00	\$28.00	\$427.00	\$282.70
Level 1 more than 25,000 ft ²	\$210.00	\$28.00	\$238.00	\$140.25
Level 2 more than 25,000 ft ²	\$221.00	\$28.00	\$249.00	\$146.30
Level 3 more than 25,000 ft ²	\$791.00	\$28.00	\$819.00	\$542.85
Level 4 more than 25,000 ft ²	\$839.00	\$28.00	\$867.00	\$576.95

20. How long will a plan review take?

According to the Ohio Administrative Code Chapters 3701-21 and 901:3-4, once plans have been submitted to Miami County Public Health, we have 30 days to respond (either with an approval or changes that must be made) to your plans. If Miami County Public Health rejects your plans, any resubmission of modified plans will require another review and may take another 30 days. Therefore, we strongly suggest that you plan ahead as much as possible.

21. What is the procedure for opening, renovating, changing ownership/license holder, or changing the risk level of a food facility?

- a. Determine if your facility has city/municipal water and sewage removal. **If your facility is not connected to municipal water and sewer**, you **must** obtain approval from the Ohio Environmental Protection Agency (OEPA) *Surface Water and Drinking and Ground Water Divisions* (937-285-6357) for your sewage and water systems before continuing the plan review process.
- b. Submit **three** copies of all plans (two for the Plumbing Department, one for Miami County Public Health) (during a change of ownership, license holder, or risk level the facility and equipment must upgraded to comply with all current regulations).
 - *** PDF files are preferred and may be submitted to eh@miamicountyhealth.net ***
- c. Submit a copy of your menu or proposed food list, equipment specification sheets showing

NSF-certifications, and the license application sheet. Submit any other documents that you feel may help Miami County Public Health review the plans.

- d. Submit copies of the food protection course training certificates for each person-in-charge per shift.
- e. Pay plan review fee (based on risk level classification) when you submit the plans and supporting documentation.
- f. Miami County Public Health will either approve or reject the plans within **thirty days**.
- g. Changes or alterations must be submitted in writing to Miami County Public Health. Submit **two** copies of all altered plans (one for the Plumbing Department, one for Miami County Public Health).
- h. After the plans are approved, you may begin work on your facility.
- i. Pay for a food license at Miami County Public Health once construction or alteration is complete (at least ten days prior to the projected opening date).
- j. Schedule and complete a final plumbing inspection with the Plumbing Department.
- k. Obtain an occupancy permit from the Building Department.
- l. Schedule a pre-licensing inspection with Miami County Public Health **before** opening the facility.
- m. Pending compliance with all Uniform Food Code rules and regulations, the license will be mailed following the inspection. An inspection will be performed within 30 days of opening.

Food Equipment Decisions:

All equipment and plumbing fixtures in a food facility must be approved by a food service equipment testing agency.

The following are examples of logos for some of the agencies/companies that are able to approve food service equipment:



PLAN REVIEW PROCESS FLOW CHART



