



FOOD FACILITY PLAN REVIEW PACKET

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

PLAN REVIEW SUBMISSION

Submit Plans To: Miami County Public Health
510 West Water Street Suite 130
Troy, Ohio 45373



Questions: Phone: 937-573-3504
Email: EH@miamicountyhealth.net

PLAN REVIEW PROCESS

Step 1: Submit Plans

- All required documents shall be supplied
- Plan review fee is required before review of plans may occur

Step 2: Plan Review Process

- Within 30 days of submission, MCPH will review the plans and contact you with an approval or disapproval
- Plans may require additional information or changes; changes must be implemented before approval
- Facility consultation (if requested)

Step 3: Plan Approval

- Upon plan approval, you may begin construction
- The plumbing division will conduct their own review of your plans (Plumbing approval is separate from this approval)
- Ensure all contractors obtain permits as required prior to construction

Step 4: Pre-license Inspection(s)

NOTE: The Certificate of Occupancy is required prior to the final pre-license inspection

- The pre-license inspection is conducted to assess the facility prior to opening
- The facility must be fully operational upon inspection
- Additional changes to the facility may need to be implemented prior to issuance of the food license

Step 5: Pay for Food License

- After a successful pre-license inspection, you will fill out an application and pay for a food license
- Once payment has been processed your facility is approved to operate and the license will be sent in the mail

REQUIRED DOCUMENTATION (The review of plans cannot start without this documentation)

Place a checkmark in the box below to indicate that the required documentation have been included:

- One (1) complete sets of drawings of the facility
- Manufacturer's specification sheets for all commercial equipment
- Menu
- If presently have a food license and the plan is to renovate, please complete the "Food Facility Renovation" packet.

- Proof of communication established:
 - Miami County Building Department
 - Local Zoning Department
 - EPA (if applicable)
 - Plumbing Department

FOOD FACILITY PLAN REVIEW APPLICATION

Date: _____ Name of Facility: _____ Name of Owner/Operator: _____

Address: _____ Telephone: _____ Email: _____

Plan Review Main Contact: _____ Telephone: _____ Email: _____

Hours of Operation (fill out all that apply):

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS							

PLAN REVIEW COMPONENTS

Please verify by checking the appropriate boxes to confirm that each item is included in the plans, or write "N/A" if not applicable:

- Please indicate that your plans are at least 11 x 14 inches in size and include a floor plan layout accurately drawn to a scale of at least 1/4 inch = 1 foot.
- Include the proposed menu, seating capacity, and projected meal volume for the food operation.
- Please indicate the proposed location and placement of all food equipment, ensuring each piece is clearly identified and referenced to the Equipment Schedule as needed.
- Site plan for building; including dumpster and water connection areas
- Backflow preventer installed/certified
- EPA approval of water {if applicable}
- EPA approval of septic {if applicable}
- Lighting plan submitted
- Plumbing plan (indicate all floor drains, floor sinks, and grease trap)
- Interior finish schedule
- Dumpster enclosure (sloped to drain)
- Verifiable employee illness policy
- Plan for cleaning grease trap
- Pest Control Plan
- Bodily fluid cleanup procedure
- Food safety certifications (Person-In-Charge and Manager's Certifications)

■ **Facility Floor Plan, drawn to scale, to include:**

- Location of equipment
- Location of hand sinks
- Location of dump sinks
- Location of 3-compartment sink
- Location of dish machine
- Location of preparation sink
- Menu submitted
 - Consumer advisory (if serving raw and/or undercooked meat/fish)
- Risk level identified (risk level is defined in this packet)

■ **If Risk Level 4 the following items must be submitted:**

- Cooling and reheating procedures
- Time controlled for temperature procedure
- Catering (If yes, please complete the Catering Packet)

INTERIOR FINISHES

Ideal Flooring Finishes: quarry tile, VCT, ceramic tile, poured seamless epoxy

Ideal Wall Finishes: Fiberglass reinforced panels (FRP), stainless steel panels

Ideal Ceiling Finishes: Plastic coated fiberboard, metal clad fiberboard

Note: Walk-in coolers are required to have cove base on the interior if the floor is concrete. Additionally, FRP is not approved as a surface inside of walk-in coolers.

Fill this in: 

Room Name	Floors	Walls	Ceilings	Cove Base

LIGHTING SCHEDULE

Please indicate compliance with the Food Code by checking the corresponding boxes or writing "N/A" if not applicable:

- At least 110 lux (10 foot-candles) at 30 inches above the floor, in walk-in refrigeration units and dry food storage areas.
- A minimum of 220 lux (20 foot-candles) of lighting is required in areas where food is offered for consumer self-service, like buffets and salad bars, or where fresh produce or packaged foods are sold or consumed. Additionally, this lighting level is required in all areas designated for handwashing, warewashing, equipment/utensil storage, and in restrooms.
- At least 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment.

Shatterproof light bulbs or shields/protectors are mandatory for fixtures installed in all food preparation and warewashing areas, as well as in areas where exposed foods are stored in any equipment used for display, serving, etc.

EQUIPMENT REQUIREMENTS

Confirm by marking the following boxes that this facility meets the requirements of the Ohio Administrative Rules or write not applicable (N/A) next to the box:

Per the Ohio Uniform Food Safety Code 3717-1-4.1 (KK), all equipment in the facility must be commercial grade and certified by a recognized testing agency. **No household/residential equipment is permitted for use.**



All facilities are required to have a sufficient number of handwashing sinks. Handwashing sinks are required in the following areas:

1. Dishwashing area
2. Bar area
3. Food prep area(s)
4. Server station(s)
5. Any other location deemed necessary by the reviewer based on the type of activity in that location

Handsinks must be conveniently located and supplied with soap and disposable towels. Handsinks in restrooms will not fulfill the requirements above and are considered separately when determining an appropriate number of handsinks for the facility. Hand-sinks are to be used for hand washing only.

Every facility must install floor-mounted, curbed mop sinks equipped with a faucet (including a vacuum breaker), drain, and mop hangers to ensure proper drying of mop heads. These sinks should be situated on every floor containing food preparation areas. Additionally, fiberglass reinforced plastic (FRP) must be installed on walls directly behind and adjacent to the mop sink.

A food preparation sink is necessary for washing/rinsing produce or thawing food products. It must be equipped with an indirect drain featuring an air gap of at least 3 inches above the inlet to prevent backflow from a sewage system into equipment used for food processing.

In all facilities where utensils/equipment washing is conducted, a 3-compartment sink is mandatory. This sink must include two (2) drain boards. Each compartment should be sufficiently large to fully submerge the largest utensil or piece of equipment.

The food establishment must possess adequate capacity to maintain food at the correct temperatures, meaning it needs an ample number of cold and hot holding units.

All food area floors, walls, and ceilings must be smooth and easy to clean. Surfaces that are absorbent, rough, porous, or difficult to clean are not acceptable.

FOOD PREPARATION REVIEW *(If space is limited, please use the attached continuation sheet for your answer.)*

<input type="checkbox"/> Thin meats, poultry, fish, eggs: (Hamburgers, sliced meats, fillets)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(Please circle)
<input type="checkbox"/> Thick meats, whole poultry: (Roast beef, whole turkey, chickens, hams)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> Cold processed foods: (salads, sandwiches, vegetables)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> Hot processed foods: (soups, stews, rice/noodles, gravy, casseroles)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> Bakery goods: (pies, custards, cream fillings, & toppings)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> Other (please describe):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

- 1) Identify the sources of all food items: _____

- 2) Are you planning to store any items outside the food locations? _____

- 3) Where and how will single-use bulk utensils, such as plates, be managed and stored? _____

4) Describe how dry goods will be stored off the floor: _____

5) If raw meats, poultry, and seafood will be stored in the same refrigerators/freezers as cooked and ready to eat foods, describe how cross contamination will be prevented: _____

6) Describe how hot foods will be maintained at 135°F or above: _____

7) Describe how cold foods will be maintained at 41°F or below: _____

8) Describe how warm foods will be rapidly cooled to 41°F or below (attach procedure to this packet): _____

9) Describe how hot foods will be rapidly reheated to 165°F for 15 seconds: _____

10) If you intend to use time as a safety control measure for TCS (Time/Temperature Control for Safety) foods, what specific method will you utilize, and which types of foods will this method apply to? Additionally, please ensure that the procedure for this plan is included in the review. _____

11) Describe how frozen foods will be thawed: _____

12) If cooling foods, what equipment will be solely designated for this purpose? _____

13) What procedures will be implemented for rinsing and preparing raw vegetables and meats? (This includes the installation of a prep sink.) _____

14) Describe how bare hand contact with ready to eat foods will be prevented: _____

15) Describe any self-cleaning equipment or heat treatment dispensing freezers (ice cream machines): _____

16) What is the capacity of the water heater for the hot water supply? _____

17) How will you date label refrigerated TCS food? _____

18) Describe the sanitizer(s) to be used in the facility (include type, concentration, and availability of test kit): _____

19) Will you be providing catering services? [] Yes [] No (*If yes, please fill out the catering plan review packet and answer below questions*)

- What are the methods and locations for storing the catering equipment? _____

- How will you have the capacity to store any food and cold food in bulk? How will you ensure you have the capacity to store bulk quantities of dry/hot/cold foods? _____

20) Where and how will garbage/refuse be stored inside your facility? _____

21) What is the source of water for the facility? (Public or private? If private, do you have EPA approval documentation?)

22) If present, explain your dish machine (high temp with booster heater, chemical, etc.): _____

23) What are the dimensions of the three-compartment sink? _____

24) Are all food equipment, utensils, and food contact surfaces sized appropriately to fit within the three-compartment sink?

25) Describe the cleaning procedure for items which are too large to clean in the 3-compartment sink or dish machine (clean in place): _____

26) Explain how equipment and utensils are air dried and the space in which you will be air drying (Do you have shelves/space to allow all items washed to air dry?): _____

27) Are there any ceilings above areas where food/drink, or exposed equipment or food contact surfaces are present that are not smooth, easily cleanable and flat? This pertains to situations where there's unfinished ceiling with exposed ventilation, pipes or rafters above the exposed food or clean equipment and utensils. _____

28) Are hand sinks easily accessible in food/drink prep and dishwasher areas? _____

29) Is there a dump sink available in the area where alcohol, coffee or smoothies are served? If not, could you please explain the reason for its absence? _____

30) Are you planning to wholesale food to another licensed facility or mobile unit? **YES** **NO** (Please circle)

a. **If so**, please provide documentation of your communication with the Ohio Department of Agriculture (ODA) or a copy of your ODA registration before beginning any such activities. This documentation should demonstrate your ability to store or prepare food in a facility other than the mobile unit. For questions about this registration, please contact the ODA's Division of Food Safety at (614) 728-6250.

GENERAL FACILITY CONSIDERATIONS

- 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)
- Are hand drying facilities (paper towels, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands? **YES** **NO** (Please circle)
- Are covered waste receptacles available in each restroom? **YES** **NO** (Please circle)
- Is hot and cold running water under pressure available at each handwashing sink? **YES** **NO** (Please circle)
- Are all toilet room doors self-closing? **YES** **NO** (Please circle)
- Are there floor drains in the facility? **YES** **NO** (Please circle)

If yes, number of drains and locations? _____

- Are there any food items being handled or prepared outside the kitchen? **YES** **NO** (Please circle)
- Is there a seating area for customers coming into the facility? **YES** **NO** (Please circle)
If yes, what is the maximum capacity? _____
- What is the projected hourly meal volume at the busiest time of the facility operation? _____ **Orders / Hour**
- Is a separate water line being installed for a pop machine or beverage area? **YES** **NO** (Please circle)
If yes, who will be installing it? _____
- Would you like a meeting on-site at the existing facility (if applicable)? **YES** **NO** (Please circle)

EDUCATION REQUIREMENTS

As an owner of a food service operation (FSO) or retail food establishment (RFE) it is your responsibility to ensure that employees are properly educated in food safety as required. For risk level 1 and 2 facilities, it is required that at least one employee per shift have the Person-In-Charge Certification in Food Safety. For risk level 3 and 4 facilities, it is required that at least one employee in the facility has a Manager's Certification in Food Safety AND while this individual is not on-site, at least one employee per shift must have the Person-In-Charge Certification in Food Safety. Although not directly mandated, it is HIGHLY recommended to have as many employees as possible food safety certified. Every inspection of the facility will require that copies of the applicable food safety certifications be provided for verification.

FACILITY RISK LEVELS

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 does the number of inspections conducted. **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:

- Coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages;
- Pre-packaged refrigerated or frozen potentially hazardous foods;
- Pre-packaged non-potentially hazardous foods;
- 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:

- Handling, heat treating, or preparing non-potentially hazardous food;
- Holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received; or
- 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:

- Handling, cutting, or grinding raw meat products;
- Cutting or slicing ready-to-eat meats and cheeses;
- Assembling/cooking potentially hazardous food that is immediately served, held hot or cold, or cooled;
- Operating a heat treatment dispensing freezer;
- Reheating in individual portions only; or
- 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 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 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:

- Reheating bulk quantities of leftover potentially hazardous food more than once every seven days; or
- Caterers or other similar food service operations that transport potentially hazardous food.

MCPH FEE SCHEDULE

MCPH will determine your license category during the plan review process and pre-license inspection. 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	Local Fee	State Fee	Total Annual License Fee	Plan Review Fee
Level 1 < 25,000 sq. ft.	\$211.00	\$28.00	\$239.00	\$100.00
Level 2 < 25,000 sq. ft.	\$237.00	\$28.00	\$265.00	\$150.00
Level 3 < 25,000 sq. ft.	\$458.00	\$28.00	\$486.00	\$350.00
Level 4 < 25,000 sq. ft.	\$581.00	\$28.00	\$609.00	\$400.00
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Level 1 > 25,000 sq. ft.	\$306.00	\$28.00	\$334.00	\$150.00
Level 2 > 25,000 sq. ft.	\$321.00	\$28.00	\$349.00	\$200.00
Level 3 > 25,000 sq. ft.	\$1,152.00	\$28.00	\$1,180.00	\$450.00
Level 4 > 25,000 sq. ft.	\$1,221.00	\$28.00	\$1,249.00	\$500.00

Continuation Sheet for Questions (if needed):