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NEW FOOD FACILITY PLAN REVIEW PACKET

STEP BY STEP GUIDE

Obtaining a new license for a food facility is required by all new owners, new businesses and food facilities that are remodeling. Remodeling can include expansion, significant change in layout, equipment and menu.

In Putnam County food licenses are non-transferable. A change in ownership requires a new food license and the facility must be in compliance with current codes. An approved plan review is required prior to a license being issued.

The Ohio Food Safety Code, forms, and educational materials can be viewed and/or downloaded from our website at www.putnamhealth.com. If you would like any of these materials mailed to you or have any questions please contact the Environmental Health division at 419-523-5608.

STEPS TO OBTAIN A NEW FOOD FACILITY LICENSE

1. **Plan Review Application.** Receive and complete the Plan Review Application for new food facility. (Pages 7 -12 of this document)
2. **Contact Agencies.** Contact the necessary agencies listed on page 2 of this document and ask what is required for you to open your facility.
3. **Submit Completed Plan Review Application and Fee.** Submit the completed Plan Review and fee of \$150.00 to our office. Once we receive the completed application our office has 30 days to review the plan. It is best to submit the application as soon as possible to avoid any delays with licensing and your plans to open. Please make sure that all items on the check list are included or the application may be considered incomplete and will cause delays.
4. **Menu.** Please provide a menu for your facility.
5. **Schedule a visit.** Once your plan has been reviewed the sanitarian will contact you to schedule and on-site consultation will be completed where the layout, finish schedule, and lighting will be observed. Any issues noted will be discussed with you at that time.
6. **Sign-offs.** Submit all required approval documents from the agencies on page 2.
7. **Pre-licensing inspection.** Contact the Environmental Health division once your Plan Review has been approved to schedule a pre-licensing inspection. If no issues are identified by the sanitarian proceed to the next step. Any issues identified by the sanitarian will be discussed with you and a follow-up inspection will be conducted.
8. **Food License Application.** Request and complete the Food License Application. Return to our office the completed and signed application with the required fee in person or by mail.
9. **License.** Our office will issue your food license. Once you receive your food license, you can begin operation.

Agency Contact Information

You may need to contact other agencies to ensure that all appropriate steps are taken and that the necessary permits are received. Contacting the agencies in advance will help you to stay on track and on time. Contact these agencies, even if you are purchasing an existing facility. All necessary permits must be obtained before the Health Department can issue a food license.

| Office | Service | Phone Number | Website |
|---|--|---|---|
| Putnam County Health Department | Facility layout & Equipment Review / Food License, Private Water Systems | 419-523-5608 | www.putnamhealth.com |
| Ohio Department of Commerce – Division of Industrial Compliance | Plan Review, Building Code Compliance, Certificate of Occupancy, ADA and Restrooms | 614-644-2223 | www.com.ohio.gov |
| Ohio State Fire Marshall | Fire Safety, Ventilation Hoods and Extinguishing Systems | 614-752-7126 | www.com.ohio.gov |
| Local Fire Department | Fire Safety, Ventilation Hoods and Extinguishing Systems | Contact local fire department | http://www.firedepartment.net/directory/ohio/putnam-county |
| Ohio EPA – Northwest District Office | On-Site Sewage Treatment Systems, Storm Water and Public Water Systems | 419-352-8461 | epa.state.ohio.us |
| Division of Liquor Control | Liquor License | 614-644-2431 | www.com.ohio.gov |
| Ohio Department of Agriculture | Wholesale Food Production, Farm Markets, Meat Inspection and Home Bakeries | 614-728-6250 | www.agri.ohio.gov |
| Township Zoning | Zoning | Contact zoning inspection is appropriate township | www.putnamcountyohio.gov |
| Putnam County Auditor | Vendor License Cigarette License | 419-523-6686 | www.putnamcountyohio.gov |

Facility & Equipment Requirements

The following are general guidelines

1. LIGHTING- Intensity Requirements

This will be measured during the on-site consultation and pre-licensing inspection.

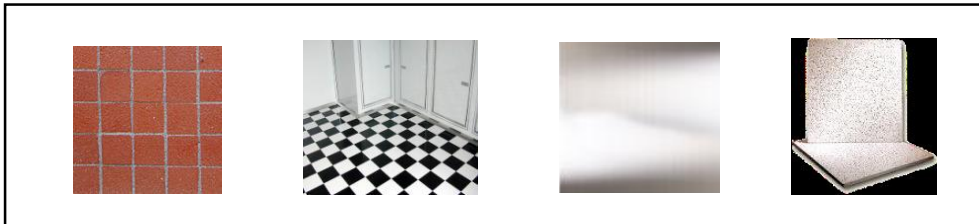
| | |
|--------------------------------|----------------|
| Preparation & Cooking Surfaces | 50 Footcandles |
| Salad Bars & Buffets | 20 Footcandles |
| Dishwashing & Handwashing | 20 Footcandles |
| Inside Equipment | 20 Footcandles |
| Dry Storage | 10 Footcandles |

Shielding requirements for food preparation and storage area:

- Shatterproof Bulbs (proof must be provided)
- Full Shields
- Plastic Tubes with endcaps

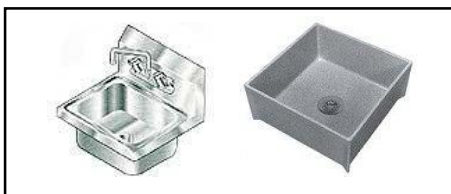
2. FLOORS, WALLS & CELINGS

Surfaces must be smooth, non-absorbent and cleanable. The following are acceptable.



3. SINKS

The following sinks are required for all facilities.



- * Hand washing sink and a mop sink are required in all facilities.
- * They must be in a convenient location and accessible.
- * The hand sink must be visible from any food area and may not be separated by a door.
- * More than one hand sink may be required.

The following may be required depending on licensing level.

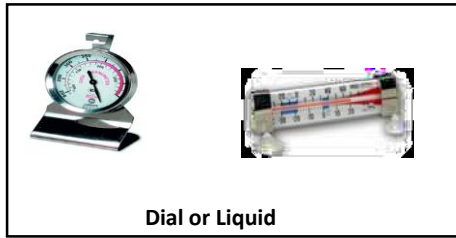


- * A 3-compartment sink is required for in any facility using dishes or utensils. The 3 compartment sink must have 2 drainboards, one on each end.
- * Rules do not allow food processing in a hand sink or dishwashing sink. A separate sink is required for processing food.

4. THERMOMETERS

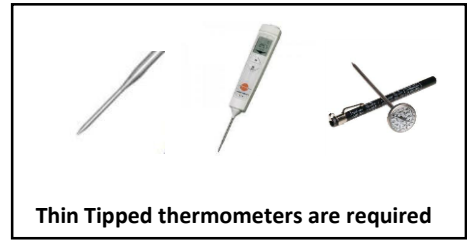
All facilities are required to have thermometers.

Thermometers for inside the refrigerators and freezers.



Dial or Liquid

Thermometers for checking food temperatures.



Thin Tipped thermometers are required

5. SANITIZERS and TEST STRIPS

All facilities are required to have sanitizer and test strips to measure sanitizer concentration. Ensure that you have the correct test strips for the sanitizer being used.



Sanitizers



Test Strips

6. EQUIPMENT

All facilities are required to have commercial grade equipment certified by an approved agency.

The following labels indicate the equipment is certified and approved for use



If the equipment does not have any of these exact labels it may not be approved. You may send a copy of the logo or spec sheet prior to purchase for our staff to review.

Putnam County Health Department issues licenses to food operations and establishments in Putnam County through the Ohio Department of Health and Ohio Department of Agriculture. Food rules and laws have been developed and written into the Ohio Revised Code and the Ohio Administrative Code. These rules and laws apply to licensed food facilities in the state of Ohio.

The Putnam County Health Department works directly with our licensed facilities to educate and enforce Ohio rules and regulations to ensure public health is being protected. The Environmental Health division, will be happy to assist you with this application process. This application is required for remodels, new facilities and change of ownership.

Below is a check list of all items required for submission of the Plan Review.

- Completed Plan Review Application (Pages 7-12)
- Plan Review Fee
- Layout of Facility
 - Entrances, exits & windows
 - Room size
 - Location of all equipment
 - Location of each lighting fixture
 - Location of ventilation system (hoods & other ventilation)
 - Location of plumbing, all lines, fixtures and equipment
 - Sinks (label with intended use)
 - Floor drains and floor sinks
 - Water and wastewater lines
 - Mop sink
 - Hot water generating equipment
 - Grease trap
 - Backflow prevention devices
 - Dishwater (not required)
 - Auxiliary rooms showing any equipment in them
 - Storage rooms
 - Garbage room
 - Restrooms
 - Basement
 - Dressing rooms
 - Locker areas
 - Employee break room and coat rack or hook
 - Personal item storage
 - Location of building outside including:
 - Alleys/streets
 - Well or septic if applicable
 - Dumpsters
 - Parking
 - All outside storage (including sheds, garage, coolers, freezers, etc)
- Approved Sewage Treatment System and Water System
- Menu (a list of all items that are prepared by the employees. This does not include items that are sold in the same unopened package it was received in.)
- Equipment List with Manufacturer, Make, and Model number
- Finish Schedule (Flooring, ceiling, wall and shelving material including finish)
- Sign-offs of appropriate agencies
- Level 1 Certification for all persons in charge (Person In Charge is required during all hours of operation)

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PLAN REVIEW APPLICATION

Facility Information

Name of Facility _____

Name of License Holder (Legal Owner) _____

Location Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Mailing address IF different than facility information

Name _____

Location Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Contact Person

Name of Contact Person (if not license holder) _____

Phone _____ Cell _____ Email _____

Expected date of opening _____

Hours of Operation

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Planned Hours of Operation | | | | | | | |

Type of Application

- Remodel**- Existing Facility/Same Owner **New Facility**- New Business or New License

*** Note*** Putnam County Health Department does not transfer licenses.

Types of Food Service or Retail Establishments (check all that apply)

- | | | | | |
|--|--------------------------------------|--|--|--|
| <input type="checkbox"/> Table Service | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Take-out Menu | <input type="checkbox"/> Catering | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Buffet | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Drive Thru / In | <input type="checkbox"/> Bar w/ Food | <input type="checkbox"/> Fountain Drink/Coffee |
| <input type="checkbox"/> Grocery | <input type="checkbox"/> Fresh Meat | <input type="checkbox"/> Deli | <input type="checkbox"/> Seafood/Fish | <input type="checkbox"/> Ice Production |
| <input type="checkbox"/> Smoking Fish | <input type="checkbox"/> Bulk Water | <input type="checkbox"/> Smoked Meat | <input type="checkbox"/> Wholesale Foods | <input type="checkbox"/> Produce |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | | |

Sewage and Water

CHOOSE ONE:

- I am utilizing a private water system for this facility.** A private water system is a water system that is privately owned, such as a well, cistern, or hauled water tank. These private water system must be permitted and approved by the Ohio Environmental Protection Agency (EPA) because the system will now be utilized to serve a public food facility.

I am connected to private water. I contacted OEPA on (Date) _____

I spoke with _____

- I am utilizing a public water system for this facility.** A public water system is a water system that is operated and by a public agency, such as a city or village supply.

CHOOSE ONE:

- I am utilizing a private sewage treatment system (STS) for this facility.** A private sewage treatment system is a sewage treatment system that is privately owned, such as a septic tank, mound, etc. These sewage treatment system must be permitted and approved by the Ohio Environmental Protection Agency (EPA) because the system will now be utilized to serve a public food facility.

I am connected to private STS. I contacted OEPA on (Date) _____

I spoke with _____

- I am utilizing a public sewage system for this facility.** A public sewage system is a sewage system that is operated by a public agency, such as a city or village.

Licensing Levels

The following common activities are listed to help give you an understanding of what licensing level you will be operating under. It is required by the Ohio Revised Code that you operate at the level that you are licensed under, so carefully consider what activities you will be conducting at your facility now and in the future. You may change levels at the time of each annual license renewal if you wish to expand or lessen your activities. Annual food license renewal is due on March 1 of each year.

Please check mark all activities that will take place at your facility.

Level 1 Activities;

- Selling pre-packaged non-hazardous foods
Ex. Chips, candy, pop, beer, snacks
- Selling prepackaged potentially hazardous foods (refrigerated or frozen)
Ex. Sandwiches, packaged ice cream
- Having self-serve beverages
Ex. Coffee, fountain pop
- Selling over-the-counter medications

Level 2 Activities (includes Level 1 & also includes);

- Handling, heat treating, or preparing non-potentially hazardous food
Ex. Slicing apples, making popcorn
- Having bulk display of unwrapped, non-potentially hazardous foods
Ex. Self-serve doughnuts, self-serve beef jerky
- Receiving HOT or COLD held bulk food and **keeping it at receiving temperature**
Ex. Receiving cold foods at 41°F or lower and hot foods at 135°F or higher
(Foods may not be cooked, re-heated or cooled)
- Hand dipping of yogurt or ice cream

Level 3 Activities (includes Level 1, 2 & also includes);

- Handling, cutting, grinding of raw meat products
Ex. Making sausage or hamburger, cutting meats for sale
- Handling, pouring, cutting or slicing ready-to-eat products
Ex. Pouring milk, slicing cheese & deli meats, making sandwiches, making salads
- Cooking food
Ex. Cooking hot dogs, pizza, chicken, soup, etc.
- Cooling of food
Ex. Cooling foods for cold service or cold holding
- Reheating of foods in individual portions only (reheating one person's order at a time)
Ex. Heating one cup of leftover soup in microwave when ordered by customer
- Operating a heat treatment dispensing freezer

Level 4 Activities (includes Level 1, 2, 3 & also includes)

- Using Time in Lieu of Temperature as a method of control of foodborne pathogens
Ex. Keeping food at room temperature and disposing after 4 hours.
- Serving food to a highly susceptible population
Ex. Hospital, nursing home, pre-school
- Reheating food in bulk
Ex. Re-heating pan of leftover soup, leftover meatloaf, leftover meatballs, leftover roasts, etc.
- Reheating food as a new ingredient
Ex. Leftover chicken halves used in next day's soup.
- Catering
Ex. Transporting food in carriers and keeping food at proper temperature.
- Offering foods that fall under the Consumer Advisory
Ex. Offering hamburgers or steaks undercooked "rare", using homemade Caesar dressing, etc.
- Freezing of fish under special procedures to kill parasites

| | |
|---|--|
| The facility will be a (Check one): | |
| <input type="checkbox"/> | Food Service Operation – The majority of food sales are expected to be through the preparation and sale of individual meal portions. |
| <input type="checkbox"/> | Retail Food Establishment – The majority of food sales are expected to be through the sale of prepackaged foods or portions serving more than one individual. |
| Will the facility be Seasonal : Operates six or fewer months a year <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| Equipment washing method – check all that apply: | |
| <input type="checkbox"/> | Three Compartment Sink with drain boards |
| <input type="checkbox"/> | High Temperature Dish Machine (sanitizes with water temperature of 180°F or above. |
| <input type="checkbox"/> | Low Temperature Dish Machine (chemical sanitizer) |

| YES | NO | Processes which may require submission of additional plans or records. |
|-----|----|--|
| | | Will the facility have a soft serve ice cream / frozen yogurt machine? Will it be a heat treatment dispensing freezer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Will the facility offer for sale in a ready-to-eat form: raw or undercooked meats, dairy, eggs (i.e. eggs cooked to order, fish (such as sushi), poultry or shellfish (such as oysters)? |
| | | Will the facility cook, cool, and reheat bulk quantities of food more than once per week? |
| | | Will the facility use Time as a public health control for temperature controlled foods? |
| | | Will the facility freeze fish to destroy parasites? |
| | | Will the facility offer Off-Site catering? |
| | | Will the facility prepare food for resale at another location? |
| | | Will the facility display for consumer self-service, unpackaged ready-to-eat foods? |
| | | Will the facility repack bulk quantities of food for retail or wholesale? |
| | | Will the facility have a bulk water dispenser or manufacture packaged ice? |
| | | Will the facility <u>only</u> sell prepackaged foods from an approved source? |

| YES | NO | Processes which may require a variance under 3717-1-3.4 (J) |
|-----|----|--|
| | | Will the facility use smoke <u>or</u> curing agents (i.e. nitrates) to preserve foods? |
| | | Will the facility use additives for food preservation or to render food Non-Potentially hazardous (i.e. acidified rice)? |
| | | Will the facility process foods using Reduced Oxygen Packaging (i.e. Cryovac®)? |
| | | Will the facility operate a molluscan shellfish life-support system tank to store and display shellfish (i.e. oysters) that are offered for human consumption? |
| | | Will the facility custom process animals that are for personal use as food and not for sale or service in a food service operation or retail food establishment? |
| | | Will the facility produce canned or bottled food or drinks? |
| | | Will the facility press or bottle fruit or vegetable juices? |
| | | Will the facility engage in any other process that requires a variance? |

1. **Do you have one person-in-charge per shift trained in an accredited food safety course?** Yes No
If YES, provide a copy of certificates with application packet.

2. **What type of hair restraints will you be using?** *Check all that apply.*
 Hat Hairnet Visor with Hairnet Other _____

3. **How will raw meats/fish/poultry be stored to prevent cross-contamination?** *Check all that apply.*
 Not Applicable Separate Shelves in Proper Order Separate Holding units
 Same Shelf with barriers Other _____

4. **Are your hand sinks equipped with the following?** *Check all that apply.*
 Soap dispenser Paper towels Air dryer/blower Hot water Handwashing sign
 Trash can Other _____

5. **Will you sell food that requires date marking?** Yes No
If YES, answer all the following;
 *TSC is Time/Temperature Controlled for Safety Foods.
 - a. **What Date Marking policy/system will you be using for *TCS food items? (i.e. Stickers)**

 - b. **What date will you be marking on these *TCS foods?**

 - c. **According to the Ohio Food Safety Code, how long can you *cold hold* these *TSC foods?** _____
 - d. **According to the Ohio Food Safety Code, what temperature do you *cold hold* *TSC foods?** _____

6. **What method(s) will you use to thaw foods?** *Check all that apply.*
 Not Applicable Under refrigeration Under cold running water Cooking from frozen
 Microwave as part of the cooking process Other _____

7. **What type of thermometers do you have?** *Check all that apply.*
 Not applicable Digital Probe with thin tip Probe with thick tip Infrared
 Thermocouple

8. **How will and when you sanitize your thermometers?**

9. **Are you cooling foods (to reheat at a later date)?** Yes No
If YES, how long do you have to properly cool foods:
 From 135°F to 70°F _____ Hours
 From 70°F to 41°F _____ Hours

10. **How will you prevent bare hand contact with ready-to-eat foods?**

11. **Will you use any of the following pieces of equipment?** *Check all that apply.*
 None Cutting Boards Meat Grinder Meat Slicer

12. Where will you be placing clean dishes to properly air dry?

13. Does your largest piece of equipment fit in your sink? Yes No

If NO, how will the equipment be washed, rinsed & sanitized _____

14. What type of sanitizer will be used in the three compartment sink? _____

15. What type of sanitizer will be used for surfaces? _____

16. Is your facility using ice? Yes No

If YES, how will the scoop be stored? _____

17. Are your restrooms equipped with self-closing doors? Yes No

18. Are all outside doors self-closing, tight-fitting, and rodent proof? Yes No

19. Will you have a dumpster available? Yes No

If YES, what type of surface will the dumpster be located on? _____

Additional information to consider

Dry storage space: Adequate space must be planned for storage of food, dishes and equipment. All food items must be stored at least 6” off the floor, both in walk-in coolers or freezers and on storage shelving. ***NOTE*** Bins for bulk items must be made of food grade material and marked with the type of food inside. Trash cans and non-food grade containers cannot be used for food storage.

Chemical storage: Chemicals must be stored below and/or away from food items, equipment and utensils to prevent contamination of these items. Chemicals cannot be stored above the dishwashing sink or on the floor.

Employee area: There must be a designated area provided only for employee belongings. Personal belongings cannot be kept in food areas.

Smooth and cleanable surfaces: All floors, walls and ceilings in food areas (service, storage or preparation) must be smooth and easily cleanable.

Acceptable surfaces which are commonly used:

FLOORS: quarry tiles, commercial grade VCT, ceramic tile, sealed concrete, poured epoxy.

WALLS: stainless steel, FRP, glossy painted drywall, painted concrete block

CEILING: vinyl coated ACT (drop ceiling), glossy painted drywall

BASE COVING: tile, rubber

Walls and floors in areas with high heat equipment like grills and deep fryers need to be non-flammable and heat resistant such as aluminum, stainless, quarry tile, etc.

Ventilation hoods: A ventilation hood is required at a grill line, or where other cooking equipment and high temperature dish machine are located, to prevent the accumulation of grease, heat, condensation, smoke and vapors.

Installation of a ventilation hood may require a permit and/or inspection. Contact Division of Industrial Compliance on page 2 with questions.

NOTE Ventilation is always required for gas equipment.

Fire suppression system: If a ventilation hood is required because of the use of grease producing equipment, a Type I Hood with fire suppression is required. If a hood is required for heat, condensation or gas only, a Type II Hood might be acceptable. Verify this information with the Division of Industrial Compliance.

Grease interceptor (grease trap): A grease trap is a device that is attached to sinks and/or drains to collect fats, oil and grease in order to prevent accumulation in a sewer system. Grease traps are connected to dishwashing sinks, some floor drains and some dishwashers. Grease traps must be cleaned periodically to keep them working properly.

Food safety training: As of March 1, 2010 the Ohio Revised Code requires that at least one person in charge per shift of a food service operation or retail food establishment have attended an Ohio Department of Health approved Level One Certification in Food Protection course or an equivalent approved training prior to the business being licensed.

A list of providers including web based courses can be found at:

<http://www.odh.ohio.gov/odhprograms/eh/foods/cert/cert.aspx>

The Person In Charge (PIC) must understand basic food safety concepts, and will need to demonstrate knowledge by compliance with the food code. This person must make sure that safe food handling practices are followed to lower the risk of foodborne illness.

Example of a written Food Employee Health Policy

Employees are required by law to report any illness to the owner/general manager, or other person in charge (PIC). If you are diagnosed with any of the following illnesses or experience any of the following symptoms, you must report it immediately to the person in charge.

1. Food employee is diagnosed by a *healthcare provider* as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:
 - ❖ Norovirus
 - ❖ Salmonella spp.
 - ❖ Salmonella Typhi
 - ❖ Shigella spp.
 - ❖ Hepatitis A virus
 - ❖ Entamoeba histolytica
 - ❖ Campylobacter
 - ❖ Vibrio cholerae
 - ❖ Cryptosporidium
 - ❖ Cyclospora
 - ❖ Giardia
 - ❖ Yersinia
 - ❖ Enterhemorrhagic or shiga toxin-producing Escherichia coli

2. Has symptoms caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as:
 - ❖ Diarrhea
 - ❖ Vomiting
 - ❖ Jaundice
 - ❖ Sore throat with fever
 - ❖ Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part.

3. In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:
 - ❖ Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses.
 - ❖ A member of their household is diagnosed with any of the above illnesses.
 - ❖ A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses.

Printed Name: _____

Signature: _____

Person-In-Charge: _____

Date: _____