PLAN REVIEW APPLICATION PACKET

Food Service Operation & Retail Food Establishments

Public Health
Prevent. Promote. Protect.
Greene County

Greene County Public Health
360 Wilson Drive
Xenia, OH 45385
(937) 374-5600 / (937) 374-5607
www.greenecophoh.gov

Submit Completed Application Packet, 1 Set of Plans,
Related Documents and $400.00 Plan Review Fee

Rev. 01/26

CONTENT AND FORMAT REQUIREMENTS

The facility layout and equipment specifications submitted for approval to Greene County Public Health (GCPH) must meet all of the requirements of Chapter 3717-1 of the Ohio Administrative Code. All new food operations, as well as those performing alterations or remodeling, must complete the plan review process. The submitted plans and associated documentation must include:

1. The type of operation or establishment proposed – food service operation vs. retail food establishment.
2. The proposed menu / listing of foods to be prepared, served and sold.
3. Total square footage to be used for the food service operation / retail food establishment.
4. A site plan that includes the following:
   - Drawing showing the location of a North arrow;
   - Location of the business in a building such as a shopping mall or stadium;
   - Location of building onsite, including alleys and cross-streets, garbage and grease dumpsters, well casing (if private water), sewage treatment system (if private sewer); and,
   - Interior and exterior seating areas.
5. All entrances, exits, and docks.
6. Plumbing plan showing location, number and types of plumbing fixtures, including all water supply facilities and grease trap interceptor.
7. Plan of lighting, including all locations and types of light (e.g. - track, fluorescent, LED, spot).
8. Floor plan showing the fixtures, equipment and identification of all rooms.
9. Floor, wall, ceiling surface finishes and coved/wall juncture bases.
10. An equipment list with equipment manufacturer's name, make and model numbers.

ADDITIONAL KEY INFORMATION

Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to public health and are based on the highest risk level activity the FSO/RFE performs. You may visit the following link to assess your potential risk level: https://www.greenecophoh.gov/environmental-health/food-safety/food-services-inspection.

Additionally, Rule 3717-1-02.4 requires that at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall obtain the Manager Certification in Food Protection, according to Rule 3701-21-25 of the Ohio Administrative Code. **NOTE:** The Manager Certification in Food Protection course must be an Ohio-approved course as determined by the Ohio Department of Health and applies to all Risk Class III and IV food operations. All Risk Class I – IV facilities must still have a Person-in-Charge (PIC) at all times of operation that has at least the PIC Certification in food protection training (except at micro-markets).

GCPH teaches both the PIC and ServSafe Manager Certification classes. GCPH can serve all of your food training needs and is an ODH-approved provider for the required food training courses. Please visit the following link regarding class availability, class schedule, associated costs, course materials, etc.: https://www.greenecophoh.gov/environmental-health/food-safety/education-and-training.

IMPORTANT NOTES

- The layout of the floor plan must be legible and accurately drawn to scale to allow for ease in reading plans. The electronic submission of plans is encouraged to be submitted to: ehpermits@greenecophoh.gov.

- Show the proposed location of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule. This includes any self-service buffets with sneeze shields, self- service beverage centers and shelving in pantries/walk-in units. All food equipment must be commercial grade. GCPH accepts NSF, Commercial UL, ETL, CSA and EU tested equipment. **NOTE:** If the unit label indicates "Household Use Only" or similar verbiage, the item will not be permitted for use in your facility.

- Handwashing: There must be dedicated handwashing sinks available within **20-feet** of any food handling or warewashing area without going around a corner or through a doorway. Hand sinks must also be installed in a manner that prevent splash contamination to food and food contact surfaces. Hand sinks without a minimum of 12-inches clearance on each side will require installation of splashguards. If splashguards are necessary, show their proposed location.

- Show and label the proposed location of all plumbing fixtures (e.g. – dish machine, warewashing sink, pre-rinse station, food preparation sink, dump sink, hand sink, utility or mop sink, water heater, water softener and fill spouts). A utility or mop sink and hanger for wet mops must be provided (floor-mounted utility sinks are required, unless there are extenuating circumstances which must be approved by GCPH). All equipment drain lines, exposed utility service lines and soda/beer lines must be installed as to not interfere with cleaning (e.g. - off the walls/floor, within walls, etc.). All food-prep. sinks must have indirect drains. Dedicated dump sinks may be required (e.g. – at bars and coffee counter). Dual-use sinks are not permitted.

- Identify each space such as storage rooms, warewashing rooms, restrooms, walk-ins, basements, offices.

- Provide finish schedules for each room including the floors, walls and ceilings and coved wall/juncture bases. **NOTE:** If ceiling tiles are proposed, vinyl-clad constructed ceiling tiles must be installed in all food preparation areas, restrooms, warewashing areas, bars and service counters.

- Provide separate cabinets or shelving for the storage of chemicals and cleaning supplies. Indicate where employees will store their personal items (e.g. - purses, coats, cell phones).

- Provide a lighting and reflective ceiling schedule:
  - Minimum of 10-foot-candles (108 lux) at a distance of 30-inches above the floor in walk-in coolers/ freezers and dry food storage areas and in other areas/rooms during periods of cleaning. **(NOTE: *GCPH recommends a minimum of 40-foot-candles (440 lux) in all walk-in coolers/freezers in order to provide sufficient illumination for cleaning after the units are filled with food items*).**
  - Minimum of 20-foot-candles (215 lux) where food is provided for consumer self-service such as drink stations, buffets/salad bars, retail areas, restrooms, and all areas used for handwashing, warewashing, equipment/utensil storage.
  - Minimum of 50-foot-candles (540 lux) at a surface where a food employee is preparing food and/or working with equipment such as knives, slicers, grills, fryers, grinders and band saws. **NOTE:** Light bulbs must be shielded, coated or shatter-resistant in areas where there is exposed food, clean equipment, utensils, linens and unwrapped single service items (most LED lights are now shatterproof).

PLAN SUBMISSION PACKAGE CHECKLIST

Please verify each of the following are included with your Plan Submission Package:

☐ Plan Review Fee of **$400.00**. Checks must be made out to the GCPH. Electronic payment is available. Contact our Office Support Specialist at 937-374-5607.

☐ Completed Plan Review Application Packet. Ensure all questions are answered.

☐ Proposed Menu (include seasonal, off-site and catering menus).

☐ Manufacturer's name, make and model number for each piece of food service equipment shown on the submitted Floor Plan. *To expedite your plan review, it is highly recommended that manufacturer's cut / specification sheets be provided.*

☐ **1 set** of Complete Floor Plans drawn to scale of the food or retail establishment. Submission is accepted digitally. Send to ehpermits@greenecophoh.gov.

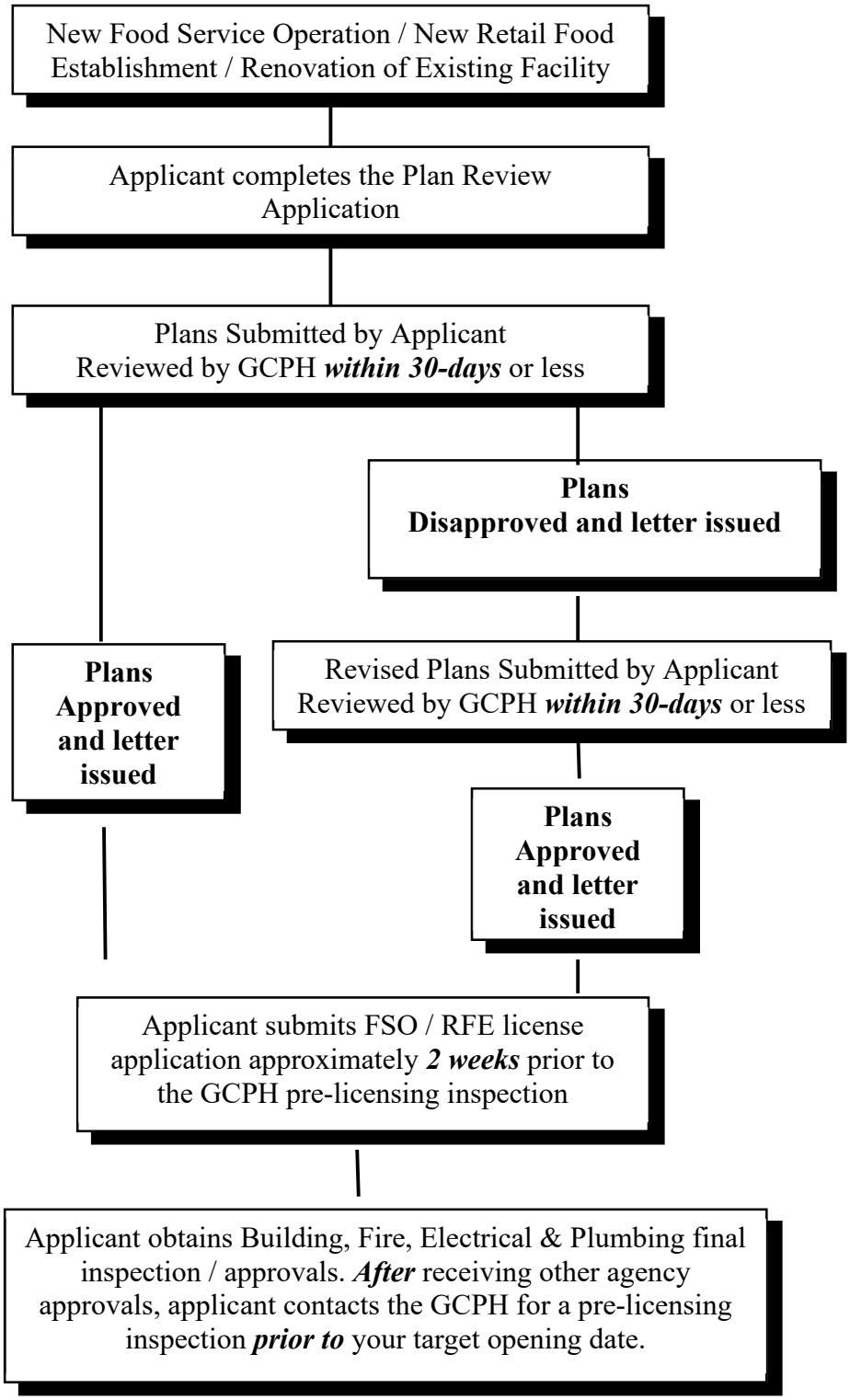
- ✓ Location of the business in a building such as a shopping mall or stadium
- ✓ Location of building on site, including alleys, streets and location of any outside support infra-structure, dumpsters, potable water source, sewage treatment system
- ✓ The location of all proposed pieces of equipment and sinks including interior and exterior seating areas
- ✓ Total square footage to be used for the food service operation / retail food establishment
- ✓ All entrances, exits, loading/unloading areas and docks, etc.
- ✓ All lighting, including inside hood systems and walk-in coolers/freezers

☐ Finish Schedule (include materials to be used and the proposed final finishes)

☐ Plumbing Plan

☐ Lighting and Reflective Ceiling Plan

PLAN REVIEW PROCESS FLOW CHART



PLAN REVIEW APPLICATION
(Rev. 1/26)

Greene County Public Health
Food Safety Program
Plan Review Application

OFFICE USE ONLY

Date received: _____

Receipt #: _____

Received by:_____

Risk Level _____determined by licensee

Date: _____

Remodel with same owner ☐ **Renovation with new owner** ☐ **New Construction** ☐

Food Service Operation ☐ **Retail Food Est.** ☐ **Catering** ☐ **Seasonal (< 6 months)** ☐

Water supply: Municipal ☐ **Private** ☐ **Sewage disposal: Municipal** ☐ **Private** ☐

Facility Information:

Name of Facility: _____

Address: _____

City:_____ Zip: _____ Township or Village: _____

Owner Information:

Name/Company: _____ E-mail_____

Address: _____ City:_____

State: _____ Zip: _____ Telephone: _____

Contact Person for Plan Review Response: _____

Title:_____ Telephone: _____

Address: _____ E-mail: _____

City:_____ State:_____ Zip: _____

Est. Project Start date: _____ **Est. Project Completion date:** _____

Plans Submitted To: Building Department: Y ☐ N ☐ N/A ☐ Fire Department: Y ☐ N ☐ N/A ☐

Plumbing Department: Y ☐ N ☐ N/A ☐ Ohio EPA (private water/sewage): Y ☐ N ☐ N/A ☐

- **IF ONLY NON-TCS PRE-PACKAGED FOODS ARE TO BE SOLD, *OR***
- **IF THIS IS A MINOR REMODEL OF AN EXISTING FACILITY ONLY *AND* NO MENU / EQUIPMENT CHANGES WILL OCCUR. . . .**

PROCEED TO PAGE 5 OF THE PLAN REVIEW APPLICATION, SIGN THE PLAN REVIEW SUBMISSION PAGE, AND SUBMIT YOUR APPLICATION WITH PROPER PAYMENT TO THE HEALTH DISTRICT.

Check the types of foods to be handled/prepared/served:

	(YES)	(NO)
a. Raw poultry, beef, pork, fish, or eggs	☐	☑
b. Acidified rice or raw fish for consumption, or shellfish	☐	☐
c. Cold ready to eat foods (Salads, sandwiches, lunchmeat, fruits, vegetables)	☐	☐
d. Hot foods (Soups, refried beans, vegetables, rice, pizza)	☐	☐
e. Bakery goods	☐	☐
f. Cappuccino and lattes	☐	☐
g. Smoothies or frozen drinks	☐	☐
h. Bar drinks (beer or mixed drinks)	☐	☐

i. Other: _____

b. **Food Supplies:**

a. Where will foods be purchased from? _____

c. **Hot / Cold Holding:**

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

_____

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

_____

d. **Washing / rinsing / thawing produce, seafood or pasta**:
   a. List types of produce, seafood, pasta or other foods that need to be washed, rinsed or thawed in a preparation sink:

   _____

   _____

e. **Time-in-lieu of Temperature Processes:**
   a. Do you intend to use time as a control in lieu of hot or cold holding TCS foods? **YES** ☐ **NO** ☐

   If YES, which time-in-lieu of temperature procedure are you using? **4 hour** ☐ **6 hour** ☐ **N/A** ☐
   (If YES, please attach your written time-in-lieu of temperature procedures for items using this process)

f. **Cooling:**
   a. Do you intend to cool leftover TCS foods for further preparation/reheating? **YES** ☐ **NO** ☐ **N/A** ☐

g. **Reheating:**
   a. Will you reheat leftover foods in bulk within your facility? **YES** ☐ **NO** ☐ **N/A** ☐

h. **Cook-Chill / Sous Vide Processes:**
   a. Will cook-chill/sous vide processes be used with (TCS) foods? **YES** ☐ **NO** ☐ **N/A** ☐

   Ensure equipment specification sheets are included for all equipment being used (e.g. – vacuum food sealers, thermal immersion circulators, sous vide cooking controllers, thermal water baths, etc.).

   b. Provide a written explanation of the specific steps/procedures you will be using for your cook-chill/sous vide food processes as well as your HACCP plan as per 3717-1-3.4(K) of the OAC.

i. **Acidified White Rice / Sushi:**
   a. Will you be preparing acidified rice or serving Sushi or Sashimi? **YES** ☐ **NO** ☐ **N/A** ☐
   If YES, a HACCP plan must be submitted for review ***or*** you must provide a description on how you intend to handle acidified white rice.

   Will you be performing on-site parasite destruction for your sashimi? **YES** ☐ **NO** ☐ **N/A** ☐
   If NO, written vendor certification/documentation that your sashimi has undergone proper parasite destruction will be required.

j. **Warewashing Area:**
   a. The Plumbing code requires a grease trap be installed at all 3-compartment sinks and dish machines. A 3-compartment sink must be provided at all facilities that have equipment and utensils that require washing, rinsing and sanitizing. Drainboards or additional shelving will be required, as well as sufficient shelving space to permit proper air drying of washed/sanitized multi-use kitchenware items.

Type of approved sanitizer at 3-compartment warewashing sink: _____

b. Will a dish machine be provided? **YES** ☐ **NO** ☐ **N/A** ☐ **If YES**: Single tank ☐ Conveyor ☐ High Temp. ☐ Low Temp. ☐

Type of approved sanitizer dish machine: _____

k. **Catering:**

Will the establishment cater foods to another location? **YES** ☐ **NO** ☐ **N/A** ☐

If YES, provide description of foods to be catered, how TCS foods will be maintained at proper temperatures during transport, type(s) of vehicles to be used for transport, types of food protection devices to be used (e.g. – sneeze guards), how handwashing will be accomplished and how/where will food equipment be washed/sanitized at the conclusion of the event.

FAILURE TO PROVIDE ALL OF THE INFORMATION AND/OR NECESSARY DOCUMENTATION MAY RESULT IN A DELAY OF YOUR PLAN APPROVAL

Plan Review Submission

This application is complete and accurate to the best of my knowledge. I understand that an incomplete application and submittal may delay the plan review process through disapproval and resubmission until the information is complete. I understand that any deviation from the initial submittal without prior approval from GCPH may nullify final approval and/or delay your project.

Signature of applicant: _____

Printed Name: _____

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-licensing inspection of the establishment with equipment in place & operational will be necessary to determine if the food business complies with the local and state laws governing food operations. Any deviations observed at that time must be corrected prior to license issuance.

(Preferred*) Digital plans/links can be submitted to: ehpermits@greenecophoh.gov

Submit paper plans and/or payment and application to:

Greene County Public Health
360 Wilson Drive
Xenia, Ohio 45385

Questions: Food Safety Program
Phone: (937) 374-5607
www.greenecophoh.gov

Greene County Building & Plumbing Departments

Greene County Building Department
667 Dayton-Xenia Rd. / Xenia, OH 45485
937-562-7420

Fairborn City Building Department
National Inspection Corporation
414 W. Hebble Ave. / Fairborn, OH 45324
937-433-4642

Village of Yellow Springs Building Department
National Inspection Corporation
100 Dayton Street / Yellow Springs, OH 45387
937-433-4642

Greene County Plumbing Division
360 Wilson Dr. / Xenia, OH 45385
937-374-5600

PRE-LICENSING / COURTESY WALK-THROUGH INSPECTION CHECKLIST

Please use this checklist ***prior*** to contacting the GCPH to assist in preparation for your pre-licensing / courtesy walk-through inspection. This checklist will assist you and help to avoid delays in opening your food business. **NOTE:** Some items ***may*** be permitted to be addressed at the time of your first 30-day inspection after opening for business:

- ☐ The facility is constructed according to the submitted plans and conditions noted on the plan approval letter.
- ☐ Received final approval from the Plumbing Department.
- ☐ Received final approval from the Fire Department.
- ☐ Received final approval from the Building Department (Certificate of Occupancy or Temporary Certificate of Occupancy – ***public must be permitted to enter the structure***).
- ☐ All surfaces are clean and ready to use; facility is totally clean and free of construction debris/materials.
- ☐ All equipment is commercial-grade and installed according to the submitted plans.
- ☐ All refrigeration equipment is operating, holding at proper temperatures, and supplied with thermometers.
- ☐ All hand sinks have soap, disposable towels (hand dryer, if using) and hand washing signs are posted.
- ☐ Hot and cold water is available at all sinks. Must have a minimum of 100° F at all employee hand sinks.
- ☐ Sanitizer, test strips, thermometers readily available; an irreversible registering temperature indicator (e.g. – maximum registering thermometer, Thermolabels, etc.) for hot water mechanical warewashing operations.
- ☐ A probe stem food thermometer is available (must provide a thin-probe thermometer, as required).
- ☐ All restrooms stocked with necessary supplies. A covered receptacle in each stall of the women's restroom for disposal of feminine hygiene products
- ☐ Dish machine is functioning properly (if applicable). (Reference above re: irreversible temp. indicator).
- ☐ All cabinetry is fully enclosed and sealed.
- ☐ All gaps are fully sealed using caulking and/or trim pieces.
- ☐ All final finishes are smooth and easily cleanable. All bare wood is rendered non-absorbent.
- ☐ Escutcheons, rubber grommets, etc. are installed around pipes where they penetrate the wall and/or ceiling. The escutcheons must be flush against the wall/ceiling/floor and silicone caulked around them.
- ☐ A body fluid clean-up "kit" with written instructions is provided and available.
- ☐ Person-in-Charge (PIC) Certification in Food Protection Training for Risk Level I-IV facilities for all shifts; at least ***one*** Manager Certification in Food Protection Training with management responsibility for Risk Level III & IV facilities – make certificates available during inspection. ***These requirements may be permitted to be presented to the GCPH at your 30-day inspection after opening for business.***