FOOD FACILITY PLANNING APPLICATION

Toledo-Lucas County Health Department
635 North Erie Street
Toledo, Ohio 43604
Phone: (419) 213-4100 ext. 3
Fax: (419) 213-4141

In order to submit plans the following must be completed:

1. Plans will only be accepted by a sanitarian. Contact this department to set up a date and time to drop off plans.
2. Submit the completed PLAN REVIEW APPLICATION.
3. Submit the entire layout of the facility.
4. Submit a layout of all food serving, preparing and storage areas, this includes basements if used for storage including pop/beverage storage.
5. The drawing must include the exact layout of all equipment (example: show sinks, coolers, tables, storage areas, etc.).
6. The plans must be drawn to scale (¼ inch = 1 foot).
7. The plans and drawings must be clear and legible.
8. Submit a complete menu.
9. Plan Review fee must be paid when the plans are submitted. Cash, check and money order are accepted. Make checks payable to: Toledo-Lucas County Health Department.
   The plan review fee is based on the proposed menu which is submitted with the plans.

   2013 Plan review fee Schedule
   Risk level I – $200.00
   Risk level II – $200.00
   Risk level III – $300.00
   Risk level IV – $300.00
   Remodel - $100.00
10. All materials turned into the department become the property of the Health Department. You are responsible for making your own copies of the material submitted.
11. **All food service operations and retail food establishments must have at least one person-in-charge per shift that is certified in Level One Basic Food Training. The facility can not be licensed until successful completion of at least a Level One Basic Food Training Course. The facility may sign up to attend one of the courses taught by this department or attend any of the Ohio Department of Health certified food safety courses**

Contact this department to set up an appointment with a sanitarian. Only complete plans will be accepted for plan review. By law this department has 30 days to review the complete set of plans. If you make any changes to the set of plans including equipment, you are required to contact your inspector for approval. At the time of your prelicense inspection, if your equipment or layout differs from the set of plans that have been approved, it may delay licensing of your facility. If you have any questions or concerns during the plan review process, please contact this department to speak to a sanitarian.

Your inspector is _____ Phone Number:_____
Plan review meeting is set on _____ at _____

If you cannot make the appointment, please contact the inspector to reschedule.

FOOD FACILITY PLANNING APPLICATION

Facility Name: _____

Address, City, Zip: _____

Facility Phone Number: _____ FSO ____ (or) RFE ____

☐ **OWNER** Name:_____ Address: _____ City, State: _____ Zip: _____ Phone: _____ Fax:_____	☐ **FOOD SERVICE EQUIPMENT SUPPLY CO.** Name:_____ Address: _____ City, State: _____ Zip: _____ Phone: _____ Fax: _____
☐ **ARCHITECT** Name:_____ Address: _____ City, State: _____ Zip: _____ Phone: _____ Fax: _____	☐ **GENERAL CONTRACTOR** Name:_____ Address: _____ City, State: _____ Zip: _____ Phone: _____ Fax: _____

Check (☑) the box, (☐) for the primary contact

Please circle which contact all information should be sent to
Owner Architect General Contractor

Proposed construction start date: _____ Proposed opening date: _____

GENERAL INFORMATION

Hours of Operation: _____

Seating Capacity (including bar): _____ **Facility Size (Square Feet)** _____

These plans are for a: (check ☑ one of the following)

☐ New Facility ☐ Remodel

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)? ☐ Yes ☐ No
If yes, explain: _____

What type of water will be supplied? ☐ Public Water ☐ Private/Well Water

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Type of Operation (check all that apply)

A. Food Facility (Restaurant) Related

☐ Sit down meals	☐ Commissary	☐ Buffet or salad bar
☐ Counter	☐ Church	☐ Tableside/ display cooking
☐ Cafeteria	☐ Take out menu	☐ Hospital
☐ Fast Food	☐ Catering	☐ Sushi
☐ Bar with food prep	☐ Mobile vendor	☐ Other _____

B. Food Establishment (Grocery Store, Retail Store) Related

☐ Grocery/ Retail Store	☐ Produce	☐ Ice production/ packing
☐ Fresh Meat	☐ Deli	☐ Water bottling
☐ Seafood/ fish	☐ Self-service bulk items	☐ Smoking or curing meats
☐ Bakery	☐ Self-service bake goods	☐ Repackaging of commercially processed products
☐ Reduced Oxygen Packaging (Vacuum Packaging)	☐ Processing Wild Game	☐ Sushi
☐ Other _____	☐	☐

Please summarize the proposed project.

_____
_____
_____
_____
_____

1. Person In Charge

A facility must have a person in charge that demonstrates knowledge in food safety by compliance of the food code, by having no critical violations during the current inspection, has the ability to answer the inspector's questions or by being certified in food protection as specified in the Administrative Code. *OAC 3717-1-2.4 (B)*

Please describe who will be the person in charge (PIC) during operation hours at your facility. List any current food safety training courses PIC has passed.

_____
_____
_____

FOOD PREPARATION REVIEW

2. HOW WILL YOU PREPARE PRODUCE? (Check all that apply)

☐	No produce will be used or served
☐	All produce will come into the facility pre-washed and pre-cut. (Supply invoices on request)
☐	All produce will be prepared in a food preparation sink that has at least a 2-inch air gap to the sewer line.

Comments:

3. HOW WILL POTENTIALLY HAZARDOUS FOOD BE THAWED? (Check all that apply)

Thawing Method	Foods less than 1-inch thick	Foods more than 1-inch thick
Under Refrigeration		
Under Running Cold Water (less than 70° F) in an air gapped preparation sink		
Cook from frozen		
Microwave as part of the cooking process		
Other:		

Comments:

4. COOKING POTENTIALLY HAZARDOUS FOOD

List all cooking equipment and check all applicable boxes. Use back of this sheet or additional paper if needed.

Equipment Name	New	Used	NSF Approved or Equivalent
Example: Manufacturer Name, Gas Grill Model 25 S	X		NSF Approved

Comments:

5. HOT HOLDING OF POTENTIALLY HAZARDOUS FOOD

List all hot holding equipment and check all applicable boxes. Use back of this sheet or an additional paper if needed. All potentially hazardous food must be held at a temperature of 135° F or higher.

Equipment Name	New	Used	NSF Approved or Equivalent
Example: Manufacturer Name, Electric Stem Well Model 35 TU	X		NSF Approved

Comments:

6. COLD HOLDING OF POTENTIALLY HAZARDOUS FOOD

List all cold holding equipment and check all applicable boxes. Use the back of this sheet or additional paper if needed. All potentially hazardous food must be held at an internal temperature of 41° F or lower.

Equipment Name	**New**	**Used**	**NSF Approved or Equivalent**
Example: Custom Made Walk-in Cooler by ABC Manufacturing	X		NSF Approved

Comments:

7. COOLING OF POTENTIALLY HAZARDOUS FOOD

List **ALL** foods that will be cooled using each of the following methods. Foods must be cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or lower in additional 4 hours. More than one method may be used. Use the back of this sheet or an additional paper if needed.

☐ Check box if your facility will not cool down potentially hazardous food

Example:

COOLING METHOD	**LIST OF FOOD ITEMS**
Shallow pans in walk-in cooler	Rice, soup

COOLING METHOD	**LIST OF FOOD ITEMS**
Shallow pans in a walk-in cooler	
Ice baths	
Reducing large quantity into smaller quantities (i.e. dividing up a large pot of soup into 2-3 smaller pans)	
Ice Wands	
Rapid chill devices (i.e. blast freezers)	
Other:	

Comments:

8. REHEATING OF POTENTIALLY HAZARDOUS FOOD

List **ALL** food items that will be reheated and check the applicable boxes. All potentially hazardous food must be reheated by a direct heat source to a temperature of 165° F for 15 seconds within 2 hours. Use the back of this sheet or additional paper if needed.

☐ Check box if your facility will not reheat potentially hazardous food

Food Item	**Method**
Example: Chili	Gas Stove Top

9. How will employees avoid bare-hand contact with ready-to-eat foods? Check all that apply.

☐ Disposable gloves	☐ Utensils with a handle
☐ Deli Tissue	☐ Other:

Comments:

10. Date Marking

When potentially hazardous food is opened, cooked, or prepared it must be refrigerated at 41°F or less and date marked if not used within 24 hours. Describe how you will date mark these items or provide a copy of your standard operating procedures. **Example**: Day dots will be marked with the date made and 7 day discard date

_____

_____

_____

Comments:

11. WAREWASHING

Check the method(s) your facility will use for warewashing

- ☐ 3-Compartment Sink
- ☐ Warewashing Machine (please circle one: High temperature sanitizing or chemical sanitizing)

Check the appropriate box for the type of sanitizer that will be supplied. (Provide the appropriate testing kit for your sanitizer)

☐ Chlorine (regular bleach) ☐ Quaternary ammonium ☐ Iodine

☞ **Grease Trap**: Contact the appropriate building inspection department regarding grease trap requirements.

The largest item that must be washed and sanitized must be able to fit in either your dishmachine or your 3-compartment sink.

☞ Warewashing machines installed **after** March 1, 2005, shall be equipped to:

(1) Automatically dispense detergents and sanitizers; and
(2) Incorporate a visual means to verify that detergents and sanitizers are delivered (or) a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the warewashing and sanitizing cycle. *OAC 3717-1-4.1 (DD)*

☞**Please note**: If you **only** have a dishmachine, and no 3-compartment sink you will be required to close if your dishmachine is not working properly.

Comments:

GENERAL

12. Hot water demand of the water heater
Hot water tank is circle one: Gas (or) Electric
What is capacity in gallons of your hot water tank? _____
What is the BTU per hour the hot water tank is capable of? _____
(See the front panel of your hot water tank for this information)

13. Will employee dressing rooms be provided? ☐ Yes ☐ No

☞ **Note**: You must supply a place for employee's belongings away from food and utensil storage to prevent cross contamination.

14. Where will chemicals be stored? Note: Chemicals must be stored away from food and chemicals to prevent cross contamination._____

15. Does your facility have a dry stock storage room for can goods, and bulk food items?
☐ Yes ☐ No If No, where will you store these items? _____

16. Check if one of the following will be on site: ☐ Washer ☐ Dryer

17. Where is your mop sink located? _____

18. Have you provided a place to hang your mops?_____ Where?_____

ROOM FINISH MATERIALS

☞ Please note that all surfaces must be smooth and easily cleanable. List the material that will be used to provide a smooth, rounded and cleanable surface. Please explain abbreviations.

□ Check the box if room finish schedules are listed on your plans

Area	Floor Material	Coving Material	Wall Material	Ceiling Material
Example: Kitchen	Commercial tile	Rubber base molding	Painted dry wall/stainless behind cook line	Vinyl coated ceiling tiles
19. Preparation				
20. Cooking				
21. Dishwashing/ Warewashing				
22. Food Storage				
23. Bar				
24. Dining				
25. Employee Restrooms				
26. Dressing Rooms				
27. Walk-in Cooler				
28. Walk-in Freezer				
29. Garbage Room				
30. Janitor Closet				
Other:				

Comments:

LIGHTING

☞ At least 50 foot candles of light must be available on all food preparation surfaces and in all utensil washing areas. Indicate type of lighting that will be used in the facility on the plans. Lights must be shielded with light tubes and end caps or with shatter proof bulbs in the following areas :

⌘ food storage areas ⌘ food preparation areas ⌘ display areas
⌘ utensil and equipment cleaning areas ⌘ storage areas

Comments:

INSECT AND RODENT CONTROL

31. Pesticides can only be applied by a licensed commercial applicator. *OAC 3717-1-7.1 (C)(3)*

How often will the company come out to provide pest control measures?_____

32. Are all outside door tight fitting to prevent the entry of insects and pests?

☐ Yes ☐ No

33. Are all openable windows screened?

☐ Yes ☐ No ☐ N/A

34. If you want to open an outside door it must be supplied with a tight fitting screen that meets both building and fire code. Have you supplied tight fitting screen doors that meet both fire and building codes?

☐ Yes ☐ No ☐ Will not prop open outside doors

Comments:

SOLID WASTE STORAGE

35. What type of storage will be used?

☐ Compactor ☐ Dumpster ☐ Cans

36. What is the frequency of trash pick-up? _____

37. Have you provided covered trash cans for all women's restrooms?

☐ Yes ☐ No

☞ Note: All dumpster lids must be kept shut to prevent trash from blowing around your property. We recommend that you place locks on your dumpsters. Your facility is responsible for keeping the property cleaned free of liter and weeds.

Comments:

MENU

38. Attach a menu of items that you will be serving or selling

39. Complete the MENU REVIEW SHEET

40. Does your menu have a consumer advisory printed on it? (See *OAC 3717-1-3.5* for details on when a consumer advisory is needed and how it must be worded on your menu.)

    ☐ Yes ☐ No

41. Provide a list of your food suppliers.

_____ _____ _____

_____ _____ _____

_____ _____ _____

42. Will your facility cater events?

    ☐ Yes ☐ No

    If yes, catered events will be (circle one): on premises (or) off premises

If yes, the CATERING WORKSHEET must be completed. Contact this department for the worksheet.

OTHER

43. The plans must show the nearest cross streets, lot lines, type of water supply, type of sewage disposal, placement of dumpsters and zoning information.

44. Plans must show type of ventilation over cooking equipment such as fryers and grills, in restrooms, and over dishwashing areas to remove moisture and heat.

45. All utility wires and pipes must be enclosed within walls and columns. Pipes and wires should never be located on the floor, but can be secured to the wall ate least 6-inches off the floor.

☞ **Please be advised that according to the Ohio Administrative Code Chapter 3701-21-03, Facility layout and equipment specifications:**

No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after date of receipt. The licensor shall use the facility layout and equipment specifications criteria set forth in rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications.

I certify that the plan review application package submitted is accurate to the best of my knowledge and all the required materials have been provided.

☞**Signature of owner or representative** _____ **Date**: _____

☞**Please print name and title here:** _____

EQUIPMENT LIST

Please provide the following information for all equipment you will provide in your establishment. All equipment must be approved by the Health Department before it can be used. If you need more space, please use the back of this sheet or additional paper.

☐ Check box if equipment list information is printed on the plans provided.

MANUFACTURER	MODEL NUMBER	DESCRIPTION	NEW	USED	OFFICE USE: APP/DISAP
Example: ABC Manufacturing	A-125-RT	Convection oven	X		

MENU REVIEW SHEET

Please provide the following information for all items to be sold in your facility.

	HOW FOOD WILL BE PREPARED:		
FOOD ITEM	HOMEMADE/ SCRATCH COOKING	PREMADE FROZEN	PREMADE REFRIGERATED
Example: Chili	X		
Example: Potato Salad			X

Please provide more information on various cooking steps:

_____
_____
_____
_____
_____
_____