



# KENT CITY HEALTH DEPARTMENT

201-G E. ERIE ST., KENT OH 44240 (330) 678-8109 FAX (330) 678-2082

## FOOD FACILITY PLAN REVIEW APPROVAL PROCEDURES

### GETTING STARTED

Ohio Law requires that every food facility be licensed prior to operating in accordance with Ohio Uniform Food Safety Code 3717. New and existing food businesses are required to complete the plan review process. Ohio Administrative Code (OAC) Rule 901:3-4-07 and 3701-21-03 requires alterations to facilities renovations/equipment replacement and/or changing ownership to complete the plan review process before any changes may occur. If you have any questions regarding plan approval or licensing, please contact the Environmental Health Division at 330-678-8109 ext. 5208 or by emailing [justin.smith@kentohio.gov](mailto:justin.smith@kentohio.gov).

**\*A Food Facility Plan Review Application must be submitted and approval received in writing prior to any new construction or renovations. Not complying with this rule may result in delays in licensor approval, costly construction and repurchasing costs. KCHD is not obligated to approval existing facilities or unapproved changes.**

### STEP 1 – CONTACTING PROPER DEPARTMENTS

Applicants will need to contact the following departments:

- Building/Code – **(330) 678-8107** to receive information on permits and inspections.
- Zoning/Community Development – **(330) 678-8108** to receive information on zoning and approvals.
- Fire Prevention Bureau – **(330) 676-7389** to receive information on proper fire prevention steps you will need to take and to make an appointment for inspection.

### STEP 2 – SUBMIT PLANS AND REQUIRED DOCUMENTS

- 1) Complete the attached Plan Review Questionnaire pages 4-13 and submit it to KCHD. The application is to be submitted at least 30 days prior to construction.
- 2) The type of proposed food facility and a Menu or list of foods to be prepared and served or sold.
- 3) Submit a to scale drawing/layout of the facility that includes the following:
  - a) The total square footage to be used for the food service operation or retail food establishment.
  - b) Interior Floor Plan- depicting all equipment, fixtures, general layout of all areas used for food prep, entrances and exists.
  - c) Plumbing Plan- showing all fixtures, types, water heater details, direct/indirect plumbing, backflow prevention devices and air gaps.
  - d) Lighting Plan- showing all natural and artificial light fixture types and locations.
  - e) **Exterior Site Plan - A site plan of your property** showing the property lines and any structures that currently exist on that land and where your proposed construction or addition is to be located. This may include but not be limited to a drawing showing an arrow indicating north, adjacent street names and any easements, the distance between buildings and between buildings and property lines, the dimensions of the existing buildings, additional facilities (outdoor refuse storage) and other appropriate items for the project.
- 4) The building materials and surface finishes to be used; and
- 5) An equipment list with the equipment manufacturer's name and model numbers.

Submit the completed application and plans to the office located at:

**Kent City Health Department, 201 E. Erie St. 2nd Floor SW, Kent OH 44240**

### STEP 3 – PLAN REVIEW AND APPROVAL BY KCHD

The application and information submitted will be reviewed. KCHD has 30 working days to review the application and complete set of plans. A letter will be mailed or emailed to notify of any additional information or changes that are required for approval.

### STEP 4 – PRE-LICENSING INSPECTION

- Prior to opening the establishment or use of altered facilities, it must be inspected by KCHD. Please contact our office at (330) 678-8109 to schedule this Pre-Licensing inspection once all construction is complete and the facility is ready to open. All equipment is to be on and in working order.
- If the facility meets code requirements at the time of pre-licensing inspection and has been approved by all other city departments involved and must submit written documentation that all these inspections have been completed and passed, it will be approved to operate once a completed license application and the License Fee has been received.

## **What Is My Risk Level?**

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 of the food service operation/food establishment in accordance with the following criteria:

(A) 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 serves:

- (1) Coffee, self-service hot beverage dispenser drinks, self-service fountain drinks, prepackaged non-time/temperature controlled for safety beverages;
- (2) Pre-packaged refrigerated or frozen time/temperature controlled for safety foods;
- (3) Fresh, unprocessed fruits and vegetables;
- (4) Pre-packaged non-time/temperature controlled for safety foods; or
- (5) Baby food or formula.

A "food delivery sales operation" as defined in division (H) of section [3717.01](#) of the Revised Code will be classified as a risk level I.

(B) 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-time/temperature controlled for safety food;
- (2) Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
- (3) Heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service; or
- (4) Hand dipping of commercially manufactured ice cream.

(C) 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 the product 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, partially cooking, or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- (4) Operating a soft serve ice cream or frozen yogurt machine;
- (5) Reheating in individual portions only; or
- (6) Heating of a product, from an intact, hermetically sealed package and holding the product hot.

(D) 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. Examples of risk level IV activities include, but are not limited to:

- (1) Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days;
- (2) Operating a heat treatment dispensing freezer;
- (3) Catering as defined in division (G) of section [3717.01](#) of the Revised Code;
- (4) Offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients;
- (5) Using freezing as a means to achieve parasite destruction;
- (6) Preparing food for a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living;
- (7) Using time as a public health control for time/temperature controlled for safety food;
- (8) Non-continuous cooking of raw time/temperature controlled for safety animal food;
- (9) Performing activities requiring a HACCP plan; or
- (10) Activities requiring a variance for the process.

## 2025 FOOD SERVICE PROGRAM FEES

FSO/RFE License Risk Classification	Total License Fee	FSO/RFE License Risk Classification	Total License Fee
Risk Class 1 < 25,000 sq. ft.	\$280.00	Risk Class 1 > 25,000 sq. ft.	\$373.00
Risk Class 2 < 25,000 sq. ft.	\$310.00	Risk Class 2 > 25,000 sq. ft.	\$390.00
Risk Class 3 < 25,000 sq. ft.	\$560.00	Risk Class 3 > 25,000 sq. ft.	\$1278.00
Risk Class 4 < 25,000 sq. ft.	\$690.00	Risk Class 4 > 25,000 sq. ft.	\$1352.00
Late Fee: 25% of the Local Health Fee for Each Classification if found to be operating without a license.			

Plan Review Type	Commercial	Non- Commercial
New Food Facility	\$550.00	\$275.00
Extensive Alteration to Existing Facility	\$280.00	\$140.00
Change of Ownership to Existing Operation	To be determined	To be determined

**New Food Facility** = Construction of New FSO (Food Service Operation) or RFE (Retail Food Establishment). The reopening of FSO or RFE in a facility that has been closed for over 6 months without any alterations to facility, equipment or menu changes. Existing facility may require significant changes to the menu, equipment, and flow of operation to be compliant with Ohio Food Code. Permits and an updated Certificate of Occupancy from the building department are likely required.

**Extensive Alteration to Existing Facility** = An FSO or RFE location that has an existing license that plans to alter the facilities extensively. Relocating existing food preparation equipment, food storage, toilet facilities, sinks, walk-in coolers/freezers, bars, or warewashing to a different area within the facility. Installing additional or new food preparation equipment, food storage, toilet facilities, sinks, walk-in coolers/freezers, bars, or warewashing to a newly constructed area within the facility. Complete replacement of existing equipment in food preparation, toilet facilities, sinks, walk-in coolers/freezers, bars, or warewashing within the facility. Complete replacement of floor, wall, or ceiling surfaces in food preparation, equipment, toilet facilities, sinks walk-in coolers/freezers, bars, or warewashing areas. Installing new food preparation equipment that results in a risk level change/menu update or the installation of an exhaust hood and fire suppression system. Adding retail or storage space to an FSO or food service area to an RFE.

**Change of Ownership to Existing Operation** = Licenses cannot be transferred by the KCHD. For an ownership or licensee/license holder name to be changed, a complete plan review application and provide details regarding proposed changes to the facility/equipment/menu are required. Any changes will require a require additional documentation to be submitted. Once the approval process is completed, a new application for an FSO/RFE license will be issued to the new license holder. The existing license will be placed out of business.

**PLEASE SUBMIT THIS COMPLETED APPLICATION FORM WITH PLANS AND THE FACILITY REVIEW FEE**

**KENT CITY HEALTH DEPARTMENT APPLICATION FOR FOOD FACILITY PLAN REVIEW**

**TYPE OF APPLICATION:**

- ☐ New Food Facility (\$550)  
☐ Extensive Alteration to Existing Facility (\$280)  
☐ Change of Ownership

**ANTICIPATED DATES:**

Projected Start: \_\_\_\_\_  
 Projected Completion: \_\_\_\_\_  
 Opening for Service: \_\_\_\_\_

**FOOD FACILITY INFORMATION**

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: Kent STATE: Ohio ZIP: \_\_\_\_\_

PHONE IF AVAILABLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OWNERSHIP INFORMATION**

NAME OF OWNER: \_\_\_\_\_

NAME OF PARENT COMPANY OR LICENSEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/VILLAGE/TOWNSHIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CONTACT INFORMATION FOR FACILITY REVIEW RESPONSE (e.g., ARCHITECT/ENGINEER)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OPERATIONAL INFORMATION**

**Hours/Days of Operation**

- ☐ Sun: \_\_\_\_\_  
☐ Mon: \_\_\_\_\_  
☐ Tues: \_\_\_\_\_  
☐ Wed: \_\_\_\_\_  
☐ Thurs: \_\_\_\_\_  
☐ Fri: \_\_\_\_\_  
☐ Sat: \_\_\_\_\_

**Seating Capacity**

# of Indoor: \_\_\_\_\_  
 # of Outdoor: \_\_\_\_\_  
 Occupancy: \_\_\_\_\_

**Square Feet of Facility:**

\_\_\_\_\_

**Meals to be served**

- ☐ Breakfast: \_\_\_\_\_  
☐ Lunch: \_\_\_\_\_  
☐ Dinner: \_\_\_\_\_

**Type of Service (check all that apply)**

- ☐ On-site consumption  
☐ Off-site consumption  
☐ Catering  
☐ Single-use utensils  
☐ Multi-use utensils  
☐ Non-Commercial  
☐ Other: \_\_\_\_\_

**Additional License(s)**

- ☐ Liquor Permit  
☐ ODA Wholesale/Bakery  
☐ ODA Processor  
☐ ODA Warehouse  
☐ Mobile Food/Retail  
☐ Tobacco Retailer  
☐ Other: \_\_\_\_\_

**SELECT THE RISK LEVEL CATEGORY PER DESCRIPTIONS (details on page 2)**

- ☐ **LEVEL 1:** Selling of commercially prepackaged non-time and temperature controlled for food safety (TCS) foods and beverages. Micro Market \*Need not fill out whole application packet. Please refer to page 2 for submission requirements.  
☐ **LEVEL 2:** Satellite facility, cooking or baking non-TCS foods and beverages.  
☐ **LEVEL 3:** Preparing, cooking, reheating, or serving food, reheating in individual portions only.  
☐ **LEVEL 4:** Reheating foods in bulk portions, off premise caterer, service high risk clientele (i.e. nursing home, hospital), variance required, offering raw ready to eat TCS animal foods items like sushi

**Indicate which one of the following licenses you have or will be applying for:**

- ☐ Food Service Operation (FSO) – Primary business is the on-site preparation and/or consumption of ready to eat foods in individual portions.  
☐ Retail Food Establishment (RFE) – Primary business is the sale of food in bulk portions for off premise consumption and/or preparation.

\*Primary business is defined by sales volume. If you operate as both an FSO and RFE, whichever portion of your business has the greater sales volume determines your designation (either FSO or RFE)

- ☐ **REQUIRED FOOD FACILITY REVIEW FEE SUBMITTED WITH APPLICATION**  
 \$ \_\_\_\_\_

Plan Review Type	Commercial	Non- Commercial
New Food Facility	\$550.00	\$275.00
Extensive Alteration to Existing Facility	\$280.00	\$140.00
Change of Ownership to Existing Operation		

- ☐ **COMPLETE PLANS SUBMITTED WITH APPLICATION**

\*License Fee will only be accepted once the facility has passed the final pre-licensing inspection and has provided written documentation that all final applicable inspections have been completed. List of License Fees can be found on page 3.

Please answer all the questions in the first column and return form with plans - Leave the right two columns blank		
<b><u>FOOD PROTECTION AND STORAGE</u></b>	SHOWN ON PLANS	PRESENT ON FINAL
Will a person-in-charge with applicable knowledge of the risks of foodborne illness inherent to the operation, foodborne disease prevention, and application of Hazard Analysis Critical Control Point (HACCP) principles be present during all hours of operation? Yes ( ) No ( )		
<b>Risk Level 3 and 4 facilities Only:</b> Will at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service obtain an ODH managers certification in Food Protection? Yes ( ) No ( )		
Will at least one Person In Charge (PIC) be Present at all times of operation? Yes ( ) No ( )		
Will each refrigerator or freezer have a thermometer? Yes ( ) No ( )		
Will each warming cabinet have a thermometer? Yes ( ) No ( ) N/A ( )		
Will food shields be used to protect foods on display? Yes ( ) No ( ) N/A ( )		
Will metal stem type thermometers with a range of (0-220°F) be available? Yes ( ) No ( )		
Will shelving space available for dry goods storage be a minimum of 72 sq. ft.? Yes ( ) No ( )		
Will ice bins hold only ice; not beverage chill plates? Yes ( ) No ( ) N/A ( )		
Will containers of food be stored at least 6 inches above the floor on NSF or like approved storage/dunnage racks? Yes ( ) No ( )		
Will food be stored/processed off site? If yes, provide details on Ohio Department of Agriculture permits:		
Will the facility be used to supply other operations with food or ingredients? Yes ( ) No ( )		
<b><u>EQUIPMENT/UTENSILS</u></b>		
Will all equipment and utensils be listed by a recognized equipment testing agency (such as NSF) for commercial food service use? Yes ( ) No ( )		
Is the required equipment list with the manufacturer's name and model number enclosed? Yes ( ) No ( )		
To provide for easy cleaning; will equipment be installed with casters ( ), gas quick disconnects ( ), a seal at the wall and floor ( ), or sufficient open space?		
If produce is washed or frozen foods are thawed in a sink will the required dedicated food prep sink with indirect drain be provided? Yes ( ) No ( ) N/A ( ),		
If this operation performs a food handling process that will require a variance for the process according to rules (i.e. – reduced oxygen packaging, acidification of sushi rice for holding between 41°F and 135°F, smoking for preservation, or bottling/canning of food product), is the required written HACCP plan enclosed? Yes ( ) No ( ) N/A ( )		
<b><u>WAREWASHING</u></b>		
What method of ware washing will be used, mechanical ( ), manual ( ), or both ( )?		
The specifications for the primary hot water generator are _____ BTU/hr., or _____ KWH or _____ gallons per minute for tankless water heaters. Existing facilities? Yes ( ) No ( )		
<b><u>MECHANICAL WAREWASHING</u></b>		
What type of sanitization will be used? High Temperature Rinse 180° F water ( ) chemical ( )		
Capacity is _____ racks per hour. Final rinse water usage is _____ gph.		
Will a pre-scrapping or pre-rinse for dishes facility be provided? Yes ( ) No ( )		
Will the required drain-boards be provided on both sides of the machine? Yes ( ) No ( )		
Will the ware washing machine be installed in a way that allows proper cleaning of facilities (installed on casters or elevated 6 inches above floor)? Yes ( ) No ( ) N/A ( )		
Will the ware washing machine be provided, will the required sanitizer and detergent level indicator or audible or visual alarm be provided? Yes ( ) No ( ) N/A ( )		
If there is a high temperature dish machine, will a measuring device that indicates the temperature of the water in each wash, rinse tank, and as the water enters the hot water sanitizing final rinse manifold be provided? Yes ( ) No ( ) N/A ( )		
Will a maximum registering thermometer or an irreversible registering temperature indicator strip be provided? Yes ( ) No ( ) N/A ( )		

<b>MANUAL WAREWASHING</b>	<b>SHOWN ON PLANS</b>	<b>PRESENT ON FINAL</b>
The dimensions of each compartment in the 3-compartment sink will be: <b>_____ inches long _____ inches wide _____ inches deep.</b> Existing facilities? Yes ( ) No ( )		
Will the required drain-boards be provided on both ends of the three-compartment sink? Yes ( ) No ( )		
Will the dimensions of the largest pot or bowl allow it to be completely submerged in the compartments of your sinks? Yes ( ) No ( ) N/A ( ) If not, provide documentation on how equipment that is unable to fit in sinks will be washed.		
Will the hot water temperature delivered to the sink be 120°-140° F? Yes ( ) No ( )		
What type of sanitizer will be utilized? Chlorine ( ) Quaternary Ammonia ( ) Other: _____		
Will test papers be available to check the sanitizer concentration? Yes ( ) No ( )		
<b>PLUMBING</b>		
Will all plumbing work be done under a permit from the plumbing authority? Yes ( ) No ( ) N/A ( ) Existing facilities/no building permits? Yes ( ) No ( )		
Will the grease interceptor be sized and located by the plumbing inspector? Yes ( ) No ( ) If exempted, has the exemption letter has been issued by the City Service Director? Yes ( ) No ( )		
Will the facility be provided with commercial garbage disposal? Yes ( ) No ( )		
Will a required mop sink be provided on each floor? Yes ( ) No ( )		
Will the required mop hanger be provided at the mop sink? Yes ( ) No ( )		
If the mop sink is in the food preparation or ware washing areas will there be a partition to protect food and equipment from possible contamination? Yes ( ) No ( ) N/A ( )		
Will the drains of the following potable equipment be provided with at least a <b>two-inch air gap</b> ? Ice Machine Yes ( ) No ( ) N/A ( ) Ice Storage Bins Yes ( ) No ( ) N/A ( ) Food Processing Sinks Yes ( ) No ( ) N/A ( ) Dish Machine Yes ( ) No ( ) N/A ( ) Steam Tables Yes ( ) No ( ) N/A ( ) Dipper Wells Yes ( ) No ( ) N/A ( ) Steam Kettles and Ovens Yes ( ) No ( ) N/A ( ) Other: _____ Yes ( ) No ( ) N/A ( )		
Will all air gap locations and floor drains be provided on plans? Yes ( ) No ( ) N/A ( )		
Will the potable water supply be protected from cross-contamination? Indicate where applicable:  <div style="display: flex; justify-content: space-between;"> <div> <b>ASSE Backflow Prevention Device</b> </div> <div> <b><u>Air Gap</u></b> </div> <div> <b><u>N/A</u></b> </div> </div> Ice Machine ( ) ( ) ( ) Ware washing hoses ( ) ( ) ( ) Dish Machine Water line ( ) ( ) ( ) Kettle Filler ( ) ( ) ( ) Urn Filler ( ) ( ) ( ) Coffee Brew Equip ( ) ( ) ( ) Steam Table ( ) ( ) ( ) Cleaning Hoses ( ) ( ) ( ) Dipper Well ( ) ( ) ( ) Flush Trough ( ) ( ) ( ) Other: _____ ( ) ( ) ( )		
Will all backflow prevention device locations be provided on plans? Yes ( ) No ( ) N/A ( )		
Will all equipment drain lines, exposed utility service lines and soda/beer lines be installed so as not to interfere with floor and wall cleaning? Yes ( ) No ( )		
Will only the designated hand washing sinks be provided hand washing aids? Yes ( ) No ( )		
<b>WATER SUPPLY AND SEWAGE DISPOSAL</b>		
Will your water be provided by a public authority ( ) or a private well ( )? If a private well, attach the Ohio EPA approval documentation.		
Is the building connected to a municipal sewer ( ) or private disposal system ( )? If there is a private system, attach the Ohio EPA approval documentation.		
Will the proprietor agree to comply with the City of KENT FOG STANDARDS (915.08)? Yes ( ) No ( )		



<b>HANDWASHING FACILITIES</b>					SHOWN ON PLANS	PRESENT ON FINAL
Will there be a dedicated hand sink available within 20 ft. of any food handling, ware washing area, toilet facility or server area without going around any corners or going through any doorways? Yes ( ) No ( )      Total number of handwashing sinks including toilet rooms ( )						
Will all hand sinks be equipped with the required: Hand drying facilities? Yes ( ) No ( ) Covered Waste receptacles? Yes ( ) No ( ) Mixing hot/cold faucet? Yes ( ) No ( ) Water under pressure, not exceeding 120°? Yes ( ) No ( ) Employees Must Wash Hands sign? Yes ( ) No ( )						
<b>TOILET FACILITIES</b>						
Will public toilet rooms be accessible without passing through food preparation or ware washing areas? Yes ( ) No ( ) N/A ( ) Will all toilet rooms be equipped with the required: Toilet tissue dispensers? Yes ( ) No ( ) Mechanical exhaust fan or screened, operable windows? Yes ( ) No ( ) Self-closing room doors? Yes ( ) No ( ) Will there be an employee only toilet room? Yes ( ) No ( )						
In the men's toilet room: There are _____ # water closets There are _____ # urinals There are _____ # hand sinks There are _____ # covered waste receptacle		In the women's toilet room: There are _____ # water closets There are _____ # hand sinks There are _____ # covered waste receptacle				
<b>REFUSE STORAGE AND DISPOSAL</b>						
Will all the outdoor refuse receptacles be placed on the required graded and paved surface? Yes ( ) No ( ) N/A ( ) Will this area be shared with other operations? Yes ( ) No ( ) Has the location been provided on the Exterior Site Plan? Yes ( ) No ( ) N/A ( )						
Will indoor and outdoor refuse receptacles have the required lids and drain plugs? Yes ( ) No ( )						
Will spent cooking fat be stored in a covered, tight container? Yes ( ) No ( )						
Will there be an area to store returnable damaged goods? Yes ( ) No ( ) Where: _____						
<b>ROOM FINISHES</b>						
All room surface finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject food splash/vapors, food /wet bars, buffet lines, drink dispensing areas, mop sinks/service sinks, steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to water. FRP, tiles, stainless steel or other similar materials (with prior approval by the licensor), are required. These finishes must start at the top of the cove base and extend past any of the above-mentioned areas a minimum of 18 inches in all directions. Will the final facility room finishes comply? Yes ( ) No ( ) Room Finishes found in plans on page ( ) If not provided on plans, complete the schedule below to indicate proposed finished materials						
ROOM/AREA	FLOORING	FLOOR/WALL JUNCTURE	WALL	CEILING		
Food Preparation						
Ware washing						
Dry Storage						
Cold Storage						
Other Storage						
Toilet Rooms						
Mop Room						
Bar Area						
Refuse Area						
Employee Room						
Other:						
Identify the finishes of cabinets, countertops, and shelving:						
Are there plans to install any wood-based cabinetry, counter tops, flooring, etc. Yes ( ) No ( )						

<b>LIGHTING</b>	<b>SHOWN ON PLANS</b>	<b>PRESENT ON FINAL</b>
Will at least 50 foot-candles of light be provided at: Food preparation surfaces? Yes ( ) No ( ) N/A ( ) Areas where employees work with utensils or equipment? Yes ( ) No ( ) N/A ( )		
Will at least 20 foot-candles of light be provided at: Consumer self-service areas? Yes ( ) No ( ) N/A ( ) Inside equipment? Yes ( ) No ( ) N/A ( ) Areas used for hand washing, ware washing, storage, and in toilet rooms? Yes ( ) No ( ) N/A ( )		
Will at least 10 foot-candles of light be provided at: Walk-in coolers and freezers? Yes ( ) No ( ) N/A ( ) Dry storage areas? Yes ( ) No ( ) N/A ( ) All areas when cleaning? Yes ( ) No ( ) N/A ( )		
Will the required shielding or shatter-resistant lamps be provided for light fixtures in food and beverage preparation areas and utensil storage areas including bars? Yes ( ) No ( )		
Will the lighting be considered existing, meaning there will be no changes made? Yes ( ) No ( )		
<b>VENTILATION</b>		
Will a commercial exhaust hood be provided to service cooking appliances producing grease-laden vapors? Yes ( ) No ( ) N/A ( )		
Will the canopy hoods completely cover the cooking equipment, by extending a minimum horizontal distance of 6 inches beyond the edge of the cooking surface on all open sides? Yes ( ) No ( ) N/A ( )		
Will a commercial exhaust hood be provided to service 180-degree dishwashing machine? Yes ( ) No ( ) N/A ( )		
Will make-up air be supplied during the operation of the exhaust hood? Yes ( ) No ( ) N/A ( )		
<b>MISCELLANEOUS</b>		
Will a separate storage area be provided for employees' personal belongings? (i.e. coats, boots, purses, and medications)? Yes ( ) No ( )		
<b>Is the required menu enclosed?</b> Yes ( ) No ( )		
Will all toxic chemicals be stored away from food preparation and storage areas? Yes ( ) No ( ) Where will cleaning tools be stored? _____		
Will laundry facilities be located on the premises? Yes ( ) No ( ) N/A ( ) Will a laundry dryer be available? Yes ( ) No ( ) N/A ( ) What will be laundered? _____		
Will screens be provided for all entrances left open to the outside? Yes ( ) No ( ) N/A ( ) Will all openable windows have a minimum #16 mesh screening? Yes ( ) No ( ) N/A ( ) Will all exterior doors be self-closing, tight fitting and rodent proof? Yes ( ) No ( ) Will all openings to the exterior be designed to keep out rodents and insects? Yes ( ) No ( ) Will all insect control devices? Yes ( ) No ( ) N/A ( ) If yes, where? _____ Will air curtains be used? Yes ( ) No ( ) N/A ( ) If yes, where? _____		
Will animals other than service animals be permitted with in the FSO/RFE? Yes ( ) No ( )		
Will a patio or outdoor eating area be provided? Yes ( ) No ( ) If yes, will dogs be permitted on the patio? Yes ( ) No ( ) If yes, are the owner and managers willing to comply with 3717-1-08.5? Yes ( ) No ( )		
Will the FSO/RFE have written procedures for employees to follow when responding to vomiting or diarrheal events? Yes ( ) No ( ) Will corresponding supplies or a body fluid clean-up kit be present? Yes ( ) No ( )		
<b>Is the required site plan enclosed with the materials submitted?</b> A site plan of your property showing the property lines and any structures that currently exist on that land and where your proposed construction or addition is to be located. This may include but not be limited to a drawing showing an arrow indicating north, adjacent street names and any easements, the distance between buildings and between buildings and property lines, the dimensions of the existing buildings and other appropriate items for your project. Yes ( ) No ( )		



# REGULATORY COMPLIANCE REVIEW LIST

## FOOD PREPARATION PROCEDURES

### FOOD DELIVERY

How often will the frozen food be delivered? ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_

How often will the refrigerated food be delivered? ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_

How often will dry foods or supplies be delivered? ☐ Daily ☐ Weekly ☐ Other: \_\_\_\_\_

**FOOD STORAGE\*** - Identify amount of space (in cubic feet) allocated for:

Dry Storage \_\_\_\_\_; Refrigerated Storage (41°F) \_\_\_\_\_; Frozen Storage \_\_\_\_\_; Utensil Storage \_\_\_\_\_

\* Identify location of storage on plans.

**INSTRUCTIONS:** Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT	MEETS CRITERIA (Licensor to Complete)
<b>Washing</b> FDA Food Code §3-302.15			YES/NO
<b>Thawing</b> FDA Food Code §3-501.13			YES/NO
<b>Cooking</b> FDA Food Code §3-401			YES/NO
<b>Hot Holding</b> Hot food held at 135°F			YES/NO
<b>Cooling</b> Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours			YES/NO
<b>Reheating</b> Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

## MENU REVIEW

Attach a menu of items that you will be serving or selling and give a brief description of ingredients.

*Example: Grilled Chicken Sandwich – chicken breast with Applewood smoked bacon, fresh sliced tomato, lettuce, Swiss cheese, and honey-mustard*

Complete the MENU REVIEW SHEET

Attach a list of how bulk ingredients will be received and where they will be stored.

*Example: Ground Beef – Walk-in Freezer/Cooler Chili – Canned-Dry Storage*

*Green Peppers – 2 doors reach-in cooler Potatoes – Dry Storage*

*Raw Chicken – Walk-in Cooler Lettuce – 2 doors reach-in cooler*

*Pre-Cooked Chicken – Walk-in Cooler*

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

Provide a list of your food suppliers and proposed frequency of delivery. Example: SYSCO Foods – twice a week.

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Will your facility cater for events? ☐ Yes ☐ No

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

List of menu items to be catered:

--

How will hot food be held at proper temperature during transportation and at the remote serving location?

--

How will cold food be held at proper temperature during transportation and at the remote serving location?

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Note: Caterers are not permitted to prepare or cook food outside of their licensed kitchen.

# MENU REVIEW SHEET

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

[illegible]

For items that will be prepared onsite/from scratch, please provide additional information on the various preparation steps and procedures:

## EQUIPMENT LIST

**Please provide the following information for all the equipment provided in proposed food facility. All equipment MUST be approved by the Health Department before it may be used. All equipment must be commercial grade and certified by a recognized testing agency (ex. NSF, UL-EPH, ETL-Sanitation, etc.) Provide spec sheets for each piece of equipment. If you need more space, please use the back of this sheet or additional paper.**

**Will the equipment list information be provided on the plans?** Yes ( ) No ( ) Location in Plans: \_\_\_\_\_

**Will Specification Sheets be provided?** Yes ( ) No ( )

[illegible]

# FINAL PLAN REVIEW CHECKLIST

The following information must be included as part of the plan review to help expedite the approval process. Please verify all components that have been provided, complete the checklist and submit it with the application.

Please indicate if you have included the listed components in your plan or if a component is not applicable to application.

REQUIRED COMPONENTS	YES, ITS IS INCLUDED	NOT APPLICABLE
Site Plan – includes refuse storage and any additional locations to be used		
Floor Plan, drawn to scale		
Location of Entrances and Exits		
Grease trap location		
Food Preparation Sink with indirect drain (air gap is present)		
Ventilation Hoods		
ANSI fire suppression system over grease producing equipment		
Location of all hand sinks (inclusive of restrooms)		
Location of all equipment (refrigerators, freezers, and hot holding equipment)		
Location of the 3-compartment sink		
Location of the dish machine		
Location of the mop sink		
Dry storage location(s)		
Chemical storage location(s)		
Location of Washer and Dryer		
Completed Equipment List		
Completed Interior Finishes List		
Self-Closing Restroom Doors		
Menu		

**According to the Ohio Administrative Code chapters 3701-21-03 and 901:3-4-07:**

No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation/retail food establishment until the facility layout and equipment specifications have been submitted to and approved in writing by the licenser. When the facility layout and equipment specifications are submitted to the licenser, they shall be acted upon within thirty days after date of receipt. The licenser 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 food facility plan review application submitted to be 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: \_\_\_\_\_