



## Food Facility Plan Review Application

All new retail food establishments/food service operations as well as existing operations that are making alterations and/or remodeling must complete the plan review process. Alterations include any plumbing, structural, or electrical updates that require a building permit. All questions regarding the plan review process can be directed to our environmental office.

### Getting Started:

#### Step 1: Submit Plans (prior to construction)

1. Submit the completed Food Facility Plan Review Application with applicable fee (see scale below).
2. Submit the entire layout of the facility. This layout must include:
  - The total square footage to be used for the food service operation or retail food establishments;
  - The facility layout must be drawn to scale, be sure to indicate what scale is used for this drawing (1/4" per foot, etc.);
  - All portions of the premises of the food service operation or the retail food establishment, including exterior and dumpster areas;
  - Entrances and exits;
  - Location, number and type of plumbing fixtures;
  - Plan of lighting: show exactly on the plans where light fixtures will be and indicate if the lights are shielded;
  - A floor plan showing all fixtures and equipment;
  - List the floor, wall, ceiling surface materials and floor/wall juncture cove material;
  - List equipment with manufacturers and model numbers;
  - A complete and detailed menu;
  - Aerial map of the facility site
    - Google map or Wood County Auditors website can be used;
  - Plan Review fee must be paid when plans are submitted. The plan review fee is based on the proposed menu which is submitted with the plans.
  - Prints in digital format must be legible and able to be printed on 11X17 paper; if prints are larger than printable range a hard copy of prints are required to be submitted.

(Submissions missing any of the above-mentioned items will be automatically disapproved.)

Plan Review Classifications	Fee
Micromarket	\$100.00
Level 1 & 2 and upgrades	\$200.00
Level 3 & 4	\$400.00
Large $\geq$ 25,000 sq. ft.	\$500.00
Mobile Food Units	No Plan Review Fees

**Step 2: Plan Review Process**

- Within 30 days after completed plans are submitted, Wood County Health Department will review the plans.
- A letter will be sent informing you that the plans have been denied or approved.
- If the plans were denied, the denied items will need to be corrected and resubmitted. Once resubmitted, the inspector has an additional 30 days to review the plans.
- Plan approvals expire one (1) year after approval is issued.

**Step 3: Construction and Preparation for Opening**

- Once the facility is ready to open, contact Wood County Health Department for a pre-license inspection (419) 354-2702. The facility must follow the Ohio Uniform Food Code 3717-1. (<https://www.odh.ohio.gov/en/rules/final/3717-1>)
- Obtain required permits/certificates
  - Certificate of Occupancy
    - Obtained through Wood County Building Inspection 419-354-9190.
  - Food Safety Training Certifications:
    - Person-In-Charge (PIC) Training- (formerly known as Level I certification)
      - One person per shift must obtain PIC training (for all risk levels)
      - Provide a certificate of completion
    - Manager Training – (formerly known as Level II certification)
      - One person per facility must have level two certification in food protection
      - Provide a certificate of completion issued by Ohio Department of Health.

**Step 4: Obtain Food Service Operation/Retail Food Establishment License**

Once your pre-licensing inspection is completed and all necessary work is done, you may purchase your food service license at the Wood County Health Department. License fees are based on risk level. See attached fee schedule.

**Keep this sheet for your information.**



## Food Facility Plan Review Application

Facility Name: \_\_\_\_\_ Project Dates: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
☐Sun. ☐Mon. ☐Tues. ☐Wed. ☐Thurs. ☐Fri. ☐Sat.

Previous Food Operation at this Location? ☐ Yes: Former Name: \_\_\_\_\_ ☐ No

Owner Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

How do you prefer to receive correspondence from our office: ☐ E-mail ☐ US Postal Service

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
**Proceed to page 4**

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### For Office Use Only

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_ Amount Paid \_\_\_\_\_

Were oversize facility blueprints submitted? ☐ Yes ☐ No

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### Sanitarian Use Only

- ☐ Completed Food Plan Review Application
- ☐ Complete Facility Menu, including seasonal and specials
- ☐ Aerial View of Facility, including location of dumpsters
- ☐ Food Protection Certification Documents

- ☐ Facility Floor Plan:
  - ☐ Drawn to scale ☐ Square Footage
  - ☐ Entrances/Exits ☐ Plumbing Locations
  - ☐ Lighting ☐ Surface Finishes
  - ☐ Equipment: Manufacturer/Model

- ☐ Food Service Operation ☐ Retail Food Establishment ☐ Small ( $\leq 25,000$  sq. ft.) ☐ Large ( $> 25,000$  sq. ft.)
- Risk Level: ☐ I ☐ II ☐ III ☐ IV Reason for Risk Level: \_\_\_\_\_

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**Facility operators:** Please write N/A for any sections of the application that do not apply to your facility.

**Type of Service Facility will Offer (check all that apply):**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Dine In           | <input type="checkbox"/> Carryout                   | <input type="checkbox"/> Full Grocery |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Institutional Food Service | <input type="checkbox"/> Catering     |
| <input type="checkbox"/> Drive Thru        | <input type="checkbox"/> Commissary                 | <input type="checkbox"/> Other: _____ |

**Food Safety Training Requirements:**

- Person-In-Charge (PIC) Certification in Food Protection: ALL food facilities must have at least 1 PIC per shift with this level of certification.
  - Name(s) of PIC: \_\_\_\_\_
- Manager Certification in Food Protection: Risk level III and IV operations are required to have at least 1 person per facility. Ohio Department of Health Certificate is required.
  - Name(s) of Manager(s) with Certification: \_\_\_\_\_
- **Certificates of completion MUST be provided prior to issuance of license and available during each inspection.**

**Wood County Building Department must be contacted for proper permits and inspections.**

- Have you contacted the Wood County Building Department? ☐ Yes ☐ No

**Menu:**

- Attach a menu of items that you will be serving/selling and give a brief description of ingredients. Be sure to include seasonal items and specials you plan on serving.
- A consumer advisory must be printed on the menu if you will be serving raw or undercooked animal foods.
- Provide a list of your food suppliers:

_____	_____
_____	_____

## Food Preparation Review

(Check all that apply)

**How will you prepare produce?**

- ☐ No produce will be used or served.
- ☐ All produce will come into the facility pre-washed and pre-cut. (Supply invoice 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.

**How will employees avoid bare-hand contact with ready-to-eat foods?**

- ☐ Disposable Gloves
- ☐ Utensils/Tongs
- ☐ Deli Paper
- ☐ Other \_\_\_\_\_

**Temperature Measuring Devices:**

- ☐ Metal stem thermometer available to check food temperatures
- ☐ Thermometers available in all hot and cold holding equipment
- ☐ Maximum registering thermometer available for high temperature dish machine

**Special Food Process within Facility:**

(These processes require additional paperwork)

- ☐ Time in lieu of temperature
- ☐ Non-Continuous Cooking
- ☐ Variance from food code
- ☐ Sous Vide or Cook/Chill
- ☐ Smoking/Curing
- ☐ Other \_\_\_\_\_

**Cooling of Temperature Controlled for Safety (TCS) food:**

List all foods that will be cooked then cooled. Foods must be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or lower in an additional 4 hours. Please indicate below what foods you will cool and how you will cool them.

☐ Check box if your facility will not cool down temperature controlled for safety (TCS) food.

Food Items	Method of Cooling	Cold Food Storage

**Reheating of Temperature Controlled for Safety (TCS) food:**

List all food items that will be reheated. All temperature controlled for safety (TCS) food must be reheated to a temperature of 165°F for 15 seconds within 2 hours. Please indicate below what foods you will reheat in bulk and how you will reheat them.

☐ Check box if your facility will not reheat temperature controlled for safety (TCS) food.

Food Items	Method of Reheating	Hot Food Storage

## Sanitizing and Cleaning

### Dishwashing:

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

- ☐ 3 compartment sink
  - Manual dishwashing is required at all facilities)
  - Compartments must be large enough to fit your largest item that needs to be washed.
- ☐ High temperature dish machine
- ☐ Low temperature chemical dish machine

**Note:** Dish machines installed after March 1, 2005 must 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 washing and sanitizing cycle.

### Grease Interceptor: (Required for risk level II, III, and IV)

Where is the grease interceptor located?

Who will clean the grease interceptor?

- Wood Co. Building Dept. must be contacted for permitting

### What sanitizer will you be using?

- ☐ Bleach (5.52%, unscented household)
- ☐ Quaternary Ammonia
- ☐ Iodine
- ☐ Lactic acid

### What corresponding sanitizer test strips will you be using?

- ☐ Chlorine (50-100ppm)
- ☐ pHydration QT-10 (200ppm) or QT- 40 (150-400ppm)
- ☐ Iodine (25ppm)
- ☐ Lactic acid test strips
- ☐ High temperature test strips
- ☐ Irreversible registering temperature indicator

### How will sanitizer buckets be set up?

- ☐ Sanitizer bucket with reusable cloth
- ☐ Sanitizer spray bottles with disposable paper towels
- Will all chemicals be stored in an area that is not above food, equipment, utensils, linens, or single-use article and will not cause contamination?
  - ☐ Yes
  - ☐ No

## Physical Facility Information

### Water Supply Source

- ☐ Public
- ☐ Private

### Sewer Source

- ☐ Public
- ☐ Private

Inspection of Private Water and Private Sewer will be required by Wood Co. HD or OEPA

### Hot Water Heater:

\*\*Hot water heater must be large enough to meet peak water demand throughout facility.

- ☐ Gas
- ☐ Electric

Tank Capacity: \_\_\_\_\_gallons

Tank Rating: \_\_\_\_\_BTU/hr

(Information found on the front panel of unit)

### Mop Sink:

- ☐ Mop sink available with proper backflow prevention
- ☐ Hanger/Holder to allow for adequate air drying of mops

**Total Facility Square Footage:** \_\_\_\_\_sq. ft.

### Lighting:

- Facility must have adequate light intensity of:
  - 50 foot candles surfaces where a food employee is working with food.
  - 20 foot candles surfaces at buffets, inside equipment, dishwashing areas, & where packaged foods are sold.
  - 10 foot candles all areas of the walk-in coolers and dry food storage areas.
- Are the facility lights shielded or otherwise shatter resistant?
  - ☐ Yes
  - ☐ No

**Solid Waste Storage/Removal:**

- What type of trash storage will be used?

- ☐ Compactor  
☐ Dumpster with lid  
☐ Cans

- Frequency of trash pick-up? \_\_\_\_\_
- What type of surface will the dumpster(s) be placed on to allow for cleaning? \_\_\_\_\_
- Will covered trash receptacles be available in all women's restrooms?  
☐ Yes      ☐ No

**Room Finish Materials:**

All surfaces must be smooth and easily cleanable. Please explain any abbreviations.

(No rust, no bare wood, no contact paper, no chips or cracks, no tape)

- ☐ Check box if room finish schedules are listed on the plans provided.

Area	Floor Material	Coving Material	Wall Material	Ceiling Material
<i>Example: kitchen</i>	<i>Commercial tile</i>	<i>Rubber base molding</i>	<i>Fiberglass reinforced panel board (FRP)</i>	<i>Vinyl coated ceiling tiles</i>
Cooking				
Dishwashing				
Food Storage				
Preparation				
Restrooms				
Walk-in cooler				
Walk-in freezer				
Janitor closet				
Bar				
Other:				

- Windows and doors which are kept open, must prevent entry of insects and rodents by means of properly maintained mesh screens and/or air curtains.

**Equipment List:**

- Provide the following information for all food equipment you will use in your facility, including but not limited to dish machine and tabletop equipment (such as microwaves, toasters, etc.). A separate list or specification sheets are acceptable.
- All equipment must be commercial grade and approved by a recognized testing agency. Equipment must hold appropriate temperature at the time of pre-licensing inspection.

- ☐ Check box if equipment make and model numbers are listed on the plans provided.

Manufacturer	Model Number	Description	Fixed or Portable

**Applications missing required information will be disapproved.**