

REQUIREMENTS FOR NEW FOOD SERVICE OPERATION AND RETAIL FOOD ESTABLISHMENTS

The following state and local agencies must be contacted prior to any construction of a building intended to be a food service and/or any building that has never been licensed as a food service:

State Factory and Building: 1-800-822-3208 (Call between 7:30 am – 2:00 pm)

State Plumbing: 1-800-523-3581 or 740-644-3152

Ohio EPA: 740-385-8501 ** If on private sewage and/or water

Belmont County Health Department: for a site inspection

State Fire Marshall: 740-752-8200

After contacting these state and local agencies, the Belmont County Health Department will also need to have the following information submitted:

Detailed floor plan showing the layout of the facility (Drawn to Scale)

List of equipment/utensils to be used (NSF or other testing agency approved)

Detailed menu of items to be served

Note: At the time of the pre-licensing inspection, all State approval signatures from the above mentioned agencies shall be provided. (Signatures on Certificate of Plan Approval)

A plan review fee is charged, which is 30% of the license fee.

RE: Requirements for new FSO & FE

FOOD SUPPLY:

1. How often will the frozen food be delivered? _____

2. How often will refrigeration foods be delivered? _____

How often will dry goods be delivered? _____

Provide information on the amount of space allocated for:

Dry Storage _____,

Refrigeration Storage _____, and

Frozen Storage _____.

Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.)? _____

THAWING FROZEN FOOD:

Thawing Method(s) (check all that apply and indicate where thawing will take place):

____ Under Refrigeration: _____

____ Under running water less than 70°F (21°C): _____

____ Microwave (as part of the cooking process): _____

____ Cooked from frozen state: _____

____ Other (describe): _____

List all foods that will be cooked and served: _____

List all foods that will be hot held prior to service: _____

List all foods that will be cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

HOT/COLD HOLDING:

How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number and location of hot holding units.

2. How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number and location of cold holding units.

REHEATING:

How and where will foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.

WATER SUPPLY

Is the water public () or non-public/private ()?

2. If private, has source been approved? YES () NO ()
Attach copy of written approval and/or permit

3. Is ice made on premises () or purchased commercially ()?
Will there be an ice bagging operation? YES () NO ()

4. What is the capacity and location of the water heater? Provide specifications for the water heater. _____

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4” plastic covered molding, etc.) will be used in the following areas.

| AREA | FLOOR | FLOOR/WALL JUNCTION | WALLS | CEILING |
|--|-------|------------------------|-------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Sink | | | | |
| Warewashing Area | | | | |
| Walk-in Refrigerators and Freezers | | | | |
| Other | | | | |
| Other | | | | |

SEWAGE DISPOSAL:

Is the sewage system public () or non-public/private ()?

If private, has sewage system been approved by Ohio EPA? YES () NO ()

Attach copy of written approval and/or permit.

****ALL FOOD FACILITIES MUST PROVIDE A GREASE TRAP ACCORDING TO THE REQUIREMENTS SET FORTH IN THE OHIO PLUMBING CODE****

REFUSE STORAGE:

Will refuse/garbage be stored inside? If so, where?

Will a dumpster or a compactor be used? _____

Number _____ Size _____ Frequency of pickup _____

Location _____

DISHWASHING FACILITIES:

Manual Dishwashing

Will the largest pot and pan fit into each compartment of the 3-compartment sink?

YES () NO ()

What type of sanitizer will be used? _____

Mechanical Dishwashing

Identify the make and model of the mechanical dishwasher: _____

A warewashing machine installed after March 1, 2005 shall be equipped to :

- a) Automatically dispense detergents and sanitizers and
- b) 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 respective washing and sanitizing cycles.

What type of sanitizer will be used? _____

Break/Locker Rooms:

Describe the location and storage facilities used for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

Other:

Identify the location for the storage of poisonous or toxic materials.

Identify the location of the facilities for cleaning of mops and other equipment.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Authority may nullify final approval.

Signature _____

(Owner or responsible representative)

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 preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Hours of Operation: Sun _____ Thurs _____
Mon _____ Fri _____
Tues _____ Sat _____
Wed _____

Number of Indoor Dining Seats: _____
Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____

Maximum Meals to be Served: Breakfast _____
(Approximate number) Lunch _____
Dinner _____

Type of Service: Sit Down Meals _____
(Check all that apply) Take Out _____
Caterer _____
Single Use Utensils _____
Multi-Use Utensils _____
Other _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Enclose the following documents: (check all that apply)

_____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site and banquet menus)

_____ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services

_____ Equipment schedule including location, plumbing, drain and electrical connections

_____ Manufacturer specification sheets for each piece of equipment to be used in the establishment

_____ Site plan showing location of food establishment location of building on site including alleys, streets; and location of any outside equipment or facilities (dumpsters, well, septic system-if applicable)