



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. All new food businesses and those performing extensive facility renovations/equipment replacement and/or changing ownership must complete the plan review process. If you have any questions regarding plan approval or licensing, please contact the Environmental Health Division at 330-678-8109 or by emailing justin.smith@kentohio.gov.

Facility plans must be submitted and approved prior to any new facility operating or renovations.

STEP 1 – CONTACTING PROPER DEPARTMENTS

You 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 also to make an appointment for inspection.

STEP 2 – SUBMIT PLANS AND REQUIRED DOCUMENTS

- 1) Complete the attached Plan Review Questionnaire pages 5-12 and submit to the KCHD. Your application should be submitted at least 30 days prior to construction.
- 2) The type of food operation or food establishment proposed 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, direct/indirect plumbing.
 - 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 and other appropriate items for your project.
- 4) The building materials and surface finishes to be used; and
- 5) An equipment list with 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

Your application and information submitted will be reviewed by KCHD. KCHD has 30 days to review the complete set of plans. A letter will be mailed or emailed informing you of any additional information or changes that are required to meet Food code requirements.

STEP 4 – PRE-LICENSING INSPECTION

- Prior to opening your establishment, 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 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 of these inspections have been completed and passed, it will be approved to operate once a completed license application and the License Fee has received.
- KCHD will not schedule a pre-license inspection until a Certificate of Occupancy is issued by the local building authority.

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:

Risk level I: poses potential risk to the public in terms of sanitation, food labeling, and 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 sells:

- (1) coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages;
- (2) pre-packaged refrigerated or frozen potentially hazardous foods;
- (3) pre-packaged non-potentially hazardous foods;
- (4) baby food or formula
- (5) food delivery sales operations

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-potentially hazardous food;
- 2) holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received;
- 3) heating individually packaged commercially processed potentially hazardous foods for immediate service;

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 it 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 or cooking potentially hazardous food that is immediately served, held hot or cold, or cooled;
- (4) operating a heat treatment dispensing freezer;
- (5) reheating in individual portions only; or
- (6) heating of a product, from an intact, hermetically sealed package and holding it hot;

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; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for potentially hazardous food. Examples of risk level IV activities include, but are not limited to:

- (1) reheating bulk quantities of leftover potentially hazardous food more than once every seven days; or
- (2) caterers or other similar food service operations that transport potentially hazardous food;

Risk level IV: also includes operations that perform a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules adopted pursuant to section 3717.05 of the revised code. These facilities will need to have a written HACCP plan for these activities. Examples of these risk level IV variance activities include, but are not limited to:

- (1) reduced oxygen packaging;
- (2) smoking for preservation

2023 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.	\$260.00	Risk Class 1 > 25,000 sq. ft.	\$363.00
Risk Class 2 < 25,000 sq. ft.	\$290.00	Risk Class 2 > 25,000 sq. ft.	\$380.00
Risk Class 3 < 25,000 sq. ft.	\$525.00	Risk Class 3 > 25,000 sq. ft.	\$1268.00
Risk Class 4 < 25,000 sq. ft.	\$655.00	Risk Class 4 > 25,000 sq. ft.	\$1342.00
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 Operation/Establishment	\$550.00	\$275.00
Extensive Alteration to Existing Facility	\$280.00	\$140.00
Change of Ownership to Existing Operation	\$280.00	\$140.00

New Operation/Establishment = Construction of New FSO (Food Service Operation) or RFE (Retail Food Establishment). Reopening of FSO or RFE in a location that has been closed for over 6 months. New operations may require significant changes to menu, equipment and flow of operation to be compliant with Ohio Food Code. Permits from building department are usually required.

Extensive Alteration to Existing Facility = An FSO or RFE location that has an existing license that plans or has altered 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 without Health Board approval. For an ownership or licensee/license holder name to be changed, a complete plan application and plans are required. Once the process is completed, a new FSO/RFE license will be issued to the new license holder.

Expedited = If an FSO or RFE is found to be extensively altering an existing facility without obtaining licenser (KCHD) approval. If a new FSO or RFE plans to open and has failed to submit a plan review application for a license before 30 days of the planned opening. When a change of ownership of an FSO or RFE has occurred, and the new owner has failed to contact the licenser before the expiration of the existing license. When an FSO or RFE has been found to be operating without a license.

PLEASE SUBMIT THIS COMPLETED FORM AND YOUR FACILITY REVIEW FEE WITH YOUR PLANS

KENT CITY HEALTH DEPARTMENT APPLICATION FOR FOOD FACILITY PLAN REVIEW			
OPERATION NAME:			
ADDRESS:			
CITY: Kent		STATE: Ohio ZIP:	
PHONE IF AVAILABLE:		REQUIRED EMAIL:	
NAME OF OPERATOR: <small style="text-align: center;">Be sure this is the same name as appears on your liquor license; usually a person or corporation.</small>			
NAME OF PARENT COMPANY OR OWNER:			
MAILING ADDRESS FOR LICENSE RENEWAL:			
CITY/VILLAGE/TOWNSHIP:		STATE: ZIP:	
REQUIRED PHONE:		REQUIRED EMAIL:	
CONTACT INFORMATION FOR FACILITY REVIEW APPROVAL RESPONSE			
NAME:			
PHONE:		REQUIRED EMAIL:	
ADDRESS:			
CITY:		STATE: ZIP:	
(1) Seating capacity is	(2) Total Occupancy	(3) Total size of operation	sq. ft.
Anticipated date for: Starting Construction:		Completion:	Opening:
PLEASE CIRCLE ALL THAT APPLY			
TYPE OF PLAN REVIEW			
<div style="display: flex; justify-content: space-between;"> NEW FACILITY ALTERATION TO EXISTING FACILITY CHANGE OF OWNERSHIP EXPEDITED </div>			
TYPE OF SERVICES PROVIDED			
<div style="display: flex; justify-content: space-between;"> SCHOOL DAY CARE DRIVE-THRU ASSISSTED LIVING FACILITY CATERING CONVENIENCE STORE </div>			
<div style="display: flex; justify-content: space-between;"> BAR DINE-IN CARRY-OUT GAS STATION GROCERY STORE MICRO MARKET OTHER: _____ </div>			
NON-COMMERCIAL YES NO (schools, governmental, tax-exempt number: _____)			
SELECT THE RISK LEVEL PER DESCRIPTIONS (details on page 2)			
<input type="checkbox"/> LEVEL 1: Selling of commercially prepackaged non-time and temperature controlled for food safety (TCS) foods and beverages *Need not to fill out whole application packet. Please refer to page 2 for submission requirements.			
<input type="checkbox"/> LEVEL 2: Satellite facility, cooking or baking non-TCS foods and beverages.			
<input type="checkbox"/> LEVEL 3: Preparing, cooking, reheating, or serving food, reheating in individual portions only.			
<input type="checkbox"/> LEVEL 4: Reheating foods in bulk portions, off premise caterer, service high risk clientele (i.e. nursing home, hospital), variance required, offering for sale raw TCS food items like sushi			
Indicate which one of the following licenses you have or will be applying for:			
<input type="checkbox"/> Food Service Operation (FSO) – Primary business is the on-site preparation and/or consumption of ready to eat foods in individual portions.			
<input type="checkbox"/> 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 through 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)			
FOOD FACILITY REVIEW FEE: \$_____ (To be determined by KCHD staff upon submittal and must be paid in full to be considered a complete submittal) KCHD Staff Initials _____			
<small>*License Fee will only be accepted once 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.</small>			

Please answer all the questions in the first column and return form with plans - Leave the right two columns blank		
FOOD PROTECTION AND STORAGE	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 ()		
Risk Level 3 and 4 facilities Only: Will at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service obtain a Level Two Certification in Food Protection? 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: _____		
EQUIPMENT/UTENSILS		
Will all equipment and utensils be listed by a recognized equipment-testing agency (such as NSF) for commercial 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 utensils used with moist food such as ice cream, mashed potatoes or steamed rice are not stored in the product, will the a dipper well 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 ()		
WAREWASHING		
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 tank-less water heaters. Existing facilities? Yes () No ()		
MECHANICAL WAREWASHING		
What type of sanitization will be used? 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 ()		
If a chemical ware washing machine is used, will the required sanitizer level indicator (audible or visual alarm when empty) be provided? Yes () No () N/A ()		
If 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 ()		

MANUAL WAREWASHING	SHOWN ON PLANS	PRESENT ON FINAL																																																
The dimensions of each compartment in the 3-compartment sink will be: ___ inches long ___ inches wide ___ inches deep. 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 no, 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 ()																																																		
PLUMBING																																																		
Will all plumbing work be done under 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 () N/A ()																																																		
Will the facility be provided with a 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 located in the food prep or ware washing areas will there be a partition to protect food and equipment from splash? Yes () No () N/A ()																																																		
Will the drains of the following potable equipment be provided with at least a two-inch air gap ?																																																		
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 the potable water supply be protected from cross-contamination? Indicate where applicable:																																																		
<table border="0"> <thead> <tr> <th></th> <th>ASSE Backflow Prevention Device</th> <th>Air Gap</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Ice Machine</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Ware washing hoses</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Dish Machine Water line</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Kettle Filler</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Urn Filler</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Coffee Brew Equip</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Steam Table</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Cleaning Hoses</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Dipper Well</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Flush Trough</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Other: _____</td> <td>()</td> <td>()</td> <td>()</td> </tr> </tbody> </table>		ASSE Backflow Prevention Device	Air Gap	N/A	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: _____	()	()	()		
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Other: _____	()	()	()																																															
Will all equipment drain lines, exposed utility service lines and soda/beer lines be installed so as not to interfere with floor cleaning? Yes () No ()																																																		
Will your facility be in compliance with the requirement that any sinks used for food preparation, utensil washing or mop sinks may not be provided with hand washing aids and devices? Yes () No ()																																																		
WATER SUPPLY AND SEWAGE DISPOSAL																																																		
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 a private system, attach the Ohio EPA approval documentation.																																																		

HANDWASHING FACILITIES				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 () 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 ()					
TOILET FACILITIES					
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		In the women's toilet room: There are _____ # water closets There are _____ # hand sinks There are _____ # covered waste receptacle			
REFUSE STORAGE AND DISPOSAL					
Will all the outdoor refuse receptacles be placed on the required graded and paved surface? Yes () No () N/A () Will this Service be shared with other operations? Yes () No () Has the location been provided on the Exterior Site Plan? Yes () No () N/A ()					
Will all the 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 while waiting for recycling? Yes () No () N/A ()					
ROOM FINISHES					
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, tile, stainless steel or other similar materials (with prior approval by the health department), is needed. These finishes must start at the top of the cove base and extend past any of the above referenced areas a minimum of 18 inches in all directions. Will your facility comply? Yes () No () See Plans ()					
Complete the schedule showing the finish materials used, where applicable					
AREA	FLOORING	COVING	WALL	CEILING	
Food Prep.					
Warewashing/ Dishwashing					
Dry Storage					
Cold Storage					
Other Storage					
Toilet Rooms					
Mop Room					
Bars					
Refuse Storage					
Employee Room					
Other:					

LIGHTING	SHOWN ON PLANS	PRESENT ON FINAL
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 or equipment and utensil 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 utensil areas including bars? Yes () No ()		
Shall the lighting be considered existing, meaning there will be no changes made? Yes () No ()		
VENTILATION		
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 ()		
MISCELLANEOUS		
Will a separate storage area be provided for employee's personal belongings? (I.e. coats, boots, purses, and medications)? Yes () No ()		
Is the required menu enclosed? 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 premises? Yes () No () N/A () Will a laundry dryer be available? Yes () No () N/A () What will be laundered?		
If the kitchen is not air-conditioned, will all exterior kitchen doors be screened or be provided with an air curtains? Yes () No () N/A ()		
Will all exterior kitchen doors be self-closing and tight fitting? Yes () No ()		
Will all openings to the exterior be designed to keep out rodents and insects? Yes () No ()		
Will all insect control devices used to electrocute or stun flying insects be designed to retain the insect within the device as required? Yes () No () N/A ()		
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 () N/A () 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 must be present? Yes () No ()		
Is the required site plan enclosed with the materials submitted? 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 ()		

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 your 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 frequency of delivery. Example: SYSCO Foods – twice a week.

Will your facility cater events? Yes No

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

List 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?

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.

FOOD/MENU ITEM	HOW WILL THE FOOD BE PREPARED		
	HOMEMADE/ SCRATCH COOKING/IN HOUSE PREP	PURCHASED PERMADE/FROZEN	PURCHASED PREMADE REFRIGERATED
Example: Coleslaw	X		
Example: Chili sauce			X

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 equipment you will provide in your establishment. All equipment must be approved by the Health Department before it can 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 ()

MANUFACTURER	MODEL NUMBER	DESCRIPTION	NEW	USED	OFFICE USE: APP/DISAP
Example: 123 Makers	J-ABC-36T	Reach-in Cooler	X		Approved

FINAL PLAN REVIEW CHECKLIST

The following information must be included as part of your plan review to expedite the approval process. Please verify all components 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 your establishment.

REQUIRED COMPONENTS	YES, ITS IS INCLUDED	NOT APPLICABLE
Site Plan		
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 Chapter 3701-21-03:

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: _____