STARK COUNTY HEALTH DEPARTMENT

FOOD PLAN REVIEW SUBMITTAL CHECKLIST

Facility Name:_____

Facility Address:_____

SUBMITTED YES	NO
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

All of the following requirements must be submitted before plans can be reviewed:
****NOTE: ALL DRAWINGS MUST BE LEGIBLE AND DRAWN TO SCALE****

1. PLAN REVIEW APPLICATION

2. SITE PLAN DRAWING SHOWING:
   - The total area to be used for the operation
   - The location of the building showing alleys, streets, dumpster areas, private water sources, sewage treatment systems, etc.

3. FLOOR PLAN DRAWING SHOWING:
   - All fixtures and equipment
   - All interior and exterior seating
   - Entrances and exits

4. PLUMBING PLAN DRAWING SHOWING:
   - The number and types of fixtures
   - The water supply facilities, water heaters, treatment systems

5. LIGHTING PLAN DRAWING SHOWING:
   - Plan of lighting, both natural and artificial
   - Indicate location of windows
   - Indicate foot-candles of light for the following areas:
     - Food prep. (min. 50 ft. candles)
     - Dishwashing (min. 50 ft. candles)
     - Food storage (min. 20 ft. candles)
     - Toilet rooms (min. 20 ft. candles)

6. COMPLETE MENU

7. EQUIPMENT LIST
   - Must contain Manufacturer's Name and Model Number(s)

8. PLAN REVIEW FEE
   - Fee is based on facility Risk Level

NOTES: *-In accordance with Ohio Food Code, the Stark County Health Department has **30 days** in which to complete the initial review of the plans.*
-To expedite the review process, please submit only the plan drawings that are required. Drawings not required will be recycled.

STARK COUNTY HEALTH DEPARTMENT

FOOD PLAN REVIEW APPLICATION

INSTRUCTIONS: Complete all sections of this application and sign and date at the end of this application.

FACILITY NAME: _____ **FACILITY PHONE NUMBER:** _____

FACILITY ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

TOWNSHIP OR VILLAGE: _____

OWNER(S) NAME: (CORPORATE NAME AND PRESIDENT): _____

_____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL:** _____

CONTACT NAME/TITLE: _____ **COMPANY NAME:** _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL:** _____

CELL PHONE NUMBER: _____

ANTICIPATED START OF CONSTRUCTION DATE: _____

- ☐ Facility is completely new or never operated as a food service operation
- ☐ Facility will have extensive changes in structure of the kitchen, equipment and/or menu
- ☐ Facility is being transferred – Previous facility name: _____

BUSINESS DESCRIPTION: _____

_____

_____

ADDITIONAL PERMITS APPLIED FOR: (Check all that apply)

☐ Zoning ☐ Plumbing ☐ Fire ☐ Building ☐ Regional Planning

NOTE – An inspection must be conducted by this department prior to operating in newly remodeled or extensively changed space. All construction and work permits must be completed before health inspection.

MENU: Is a complete menu provided with a detailed list of all food and beverages? Yes ☐ No ☐

PLANS:

The following Plan Drawings are ***REQUIRED***:

- Is a List of equipment submitted showing manufacturers and model numbers? Yes ☐ No ☐
- Is a Site Plan submitted showing the entire facility including curbed rubbish disposal? Yes ☐ No ☐
- Is an Equipment/Floor Plan submitted showing the location of all equipment and appliances? Yes ☐ No ☐
- Is a Plumbing Plan submitted showing all fixtures, types, and water heater? Yes ☐ No ☐
- Is a Lighting Plan submitted showing all fixtures, types and foot candles? Yes ☐ No ☐
  - Do food preparation areas have 50-foot candles of light? Yes ☐ No ☐
  - Do Food storage areas have 20-foot candles of light? Yes ☐ No ☐
  - Are lights shielded over food storage, preparation, display or service areas? Yes ☐ No ☐

WATER SUPPLY:

Source of water supply: Municipal ☐ Water Well ☐

Water Heater Capacity (Gallons): _____ BTU's or Kw: _____ Water Temperature: _____

PLEASE NOTE: If the system is a water well, the system must be inspected and approved prior to issuance of a license. Please contact the Ohio EPA at (330) 963-1200.

SEWAGE DISPOSAL:

Type of sewerage: Municipal ☐ Private System ☐

PLEASE NOTE: If there is a private sewage treatment system, the system must be inspected and approved prior to issuance of a license. Please contact the Ohio EPA at (330) 963-1200.

GREASE TRAP:

Size of Grease Trap (Gallons): _____ Location: _____

***NOTE -** *All new facilities, or existing facilities that will be expanded or renovated, shall be designed to operate and maintain a grease interceptor (**minimum 750-gallon outdoor grease trap**). In instances where it is physically impossible to install an outdoor grease trap, a letter must be submitted to the Stark County Health Department stating the reasons it cannot be installed, and then a general review by the Health Department will follow to verify the validity of the claim. (It is the responsibility of the generator and their contractors to ensure that the wastewater discharged from their facility is in compliance with the State Plumbing Code and Local Sanitary Sewer Code.)*

RESTROOMS:

Are separate and dedicated employee restrooms provided? Yes ☐ No ☐

Is adequate ventilation provided in all restrooms? Yes ☐ No ☐

HANDWASHING FACILITIES:

Are handwashing facilities provided in EACH food preparation and ware washing areas? Yes ☐ No ☐

Will soap, paper towels, trash receptacles, and sign promoting hand washing be provided? Yes ☐ No ☐

Will hand washing sinks be installed in a manner that prevents splash from contaminating food and food preparation areas? Yes ☐ No ☐

Will *ALL* sinks have hot and cold running water supplied through a mixing valve or combination faucet? Yes ☐ No ☐

STARK COUNTY HEALTH DEPARTMENT

UTENSILS AND EQUIPMENT:

Will *ALL* equipment be commercial-grade? Yes ____ No ____

No residential equipment is permitted unless approved by the Stark County Health Department

EXAMPLES OF ACCEPTABLE FOOD EQUIPMENT TESTING AGENCY SYMBOLS:

Are equipment specifications provided? Yes☐ No☐

Does three compartment sink(s) have drain boards? Yes ☐ No ☐

Will a dish machine be used? Yes☐ No ☐

Dish machine sanitization type:

- Chemical☐
- High Temperature☐

Note: High temperature dish machines must be properly ventilated

DRY STORAGE:

Is sufficient space provided for the storage of food, equipment, and utensils? Yes☐ No☐

Total number of cubic feet to be used for dry storage? _____

REFRIGERATION:

Is adequate refrigeration space provided? Yes☐ No☐

Number of cubic feet to be used for refrigeration? _____

Number of cubic feet to be used for freezer space? _____

Will accurate thermometers be provided? Yes☐ No☐

PLEASE NOTE:

- ***Ice CANNOT be used to hold time and temperature controlled for safety foods (for example: sliced tomatoes, cheese, etc.)***
- ***Commercial mechanical refrigeration must be provided.***

HOT HOLDING:

Will NSF hot-holding equipment be used? Yes☐ No☐

Specify type of hot holding equipment: _____

COOLING AND REHEATING:

Will foods be cooled down for later use? Yes☐ No☐

Specify types of food _____

How will these foods be cooled? _____

_____

Will there be food that is reheated? Yes☐ No☐

Specify types of food _____

Will these foods be reheated **in bulk for hot-holding** ☐ OR in **a single portion on a per-order basis** ☐

How will these foods be reheated? _____

_____

STARK COUNTY HEALTH DEPARTMENT

FOOD PREPARATION:

Will there be a designated food preparation sink? Yes☐ No☐ N/A☐
If "No" please explain the proposed process _____

_____

Does the operation perform a food handling process that is not addressed or deviates from the Ohio Uniform Food Safety Code, such as canning or smoking foods for preservation? Yes ____ No ____

PLEASE NOTE: If "Yes", these processes need a variance from either the Ohio Department of Agriculture or the Ohio Department of Health.

Will Reduce Oxygen packaging be done? Yes☐ No☐

PLEASE NOTE: If "Yes", a HACCP plan will need to be provided, please contact our office at (330) 493-9904.

VENTILATION:

Will a commercial exhaust hood with an approved fire suppression system be provided to service cooking equipment producing grease-laden vapors? Yes ____ No ____

Size of Hood:

- Length: _____
- Width: _____
- Overhang: _____

Exit for Exhausted Air:

Roof: _____ Side of Building: _____

EMPLOYEE HEALTH:

Is there a written policy to exclude or restrict food workers who are sick or have open cuts or lesions? Yes☐ No☐
Is there a written policy for employees to follow when responding to vomit or fecal accidents? Yes☐ No☐

****If no, please contact our office for guidance: 330.493.9904****

REFUSE:

Is the outdoor refuse area enclosed? Yes☐ No☐
Name of waste hauler: _____
Frequency of pickup: _____

PLEASE NOTE: Refuse must be shown on the site plan. Outdoor refuse receptacles must be rodent and leak proof with tight-fitting lids. They must be on a graded and paved surface.

GENERAL PREMISES:

- Is a mop sink provided for filling and emptying of mop buckets? Yes☐ No☐
- Is there an area to hang up cleaning equipment? Yes☐ No☐
- Is there adequate storage for employee belongings available separate from food preparation and food storage areas? Yes☐ No☐
- Will laundry facilities be provided on the premises? Yes☐ No☐
- Are exterior doors and openings properly screened and tight fitting? Yes☐ No☐
- Is there a separate area from food to store toxic chemicals? Yes☐ No☐
- Will there be a pest management program instituted? Yes☐ No☐

STARK COUNTY HEALTH DEPARTMENT

SURFACE FINISHES:

Please complete the following chart indicating all interior finishes:

	FLOOR	COVING	WALLS	CEILING
EXAMPLE	***QUARRY TILE***	***FRP***	***VINYL***	***VINYL COATED TILE***
KITCHEN				
FOOD STORAGE				
BAR				
TOILET ROOM				
MOP SINK AREA				
WARE WASHING AREA				
WALK-IN COOLERS AND FREEZERS				

FOOD SAFETY EDUCATION REQUIREMENTS:

- **Ohio Person-In-Charge Certification**: As of March 1, 2010, the Ohio Revised Code requires any new food service operations and retail food establishments to have at least **one person per shift** with the Ohio Person-In-Charge certification in food protection.
- **Ohio Manager Certification in Food Protection:** As of March 1, 2017, each risk level III and IV food service operation and retail food establishment must have at least one management or supervisory employee that has obtained manager certification in food protection according to rule 3707-21-25 of the Administrative Code. This certification is obtained through the Ohio Department of Health after completing an approved course and passing a comprehensive exam.

> ***PLEASE NOTE: Per Ohio Uniform Food Code, 3717-1-02.4(A)(1), "The license holder may be the person in charge or shall designate a person or persons in charge and shall ensure that a person in charge with applicable knowledge is present at the food service operation or retail food establishment during all hours of operation."***

Name(s) of staff certified in food safety: _____

_____

HOURS OF OPERATION: _____

NUMBER OF STAFF: _____

SEATING CAPACITY: _____

TOTAL SQUARE FEET OF FACILITY: _____

*If a micro market, provide total *linear* feet instead of total square feet

STARK COUNTY HEALTH DEPARTMENT

TYPES OF FOOD ESTABLISHMENTS

PLEASE NOTE: Primary business is defined through sales volume. If your facility operates as both a food service operation (FSO) and retail food establishment (RFE), whichever portion of your business has the greater sales volume (51% or more) determines your food establishment type.

- **Food Service Operation (FSO)**
  - Primary business is the on-site preparation and/or consumption of ready to eat foods in individual portions.
    - For example:
      - Restaurants
      - Caterers
        - **Per Section 3717.01 of the Ohio Revised Code, a "…'catering food service operation' means a food service operation where food is prepared for serving at a function or event held at an off-premises site, for a charge determined on a per-function or per-event basis."*
      - Carry-outs preparing individual meals
      - Fast food operations
      - Nursing homes
      - Day cares
      - Schools
      - Hospitals

- **Retail Food Establishment (RFE)**
  - Primary business is the sale of food in bulk portions for off premise consumption and/or preparation.
    - For example:
      - Grocery stores
      - Bakeries
      - Drive-thrus
      - Carry-outs
      - Pizza shops
      - Gas stations
      - Micro-markets

FACILITY FOOD ESTABLISHMENT TYPE

- Is this facility a **FOOD SERVICE OPERATION** ☐ or a **RETAIL FOOD ESTABLISHMENT** ☐

GUIDANCE FOR DETERMINING RISK LEVEL

PLEASE NOTE: Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels are based on the highest risk level activity of the food service operation/retail food establishment in accordance with the below criteria.

- **Risk Level I**
  - 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 the following:
    - Self-serving coffee, self-serving fountain drinks, prepackaged non-time/temperature controlled for safety food beverages
    - Pre-packaged refrigerated or frozen time/temperature controlled for safety food
    - Pre-packaged non-time/temperature controlled for safety food
    - Baby food or formula
    - Micro-markets

- **Risk Level II**
  - 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 the following:
    - Handling, heat-treating, or preparing non-time/temperature controlled for safety food
    - Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received
    - Heating individually packaged, commercially processed time/temperature controlled for safety food for immediate service
- **Risk Level III**
  - 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
    - 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 the following:
    - Handling, cutting, or grinding raw meat products
    - Cutting or slicing ready-to-eat meats and cheeses
    - Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled
    - Operating a heat treatment dispensing freezer
    - Reheating in individual portions only
    - Heating of a product from an intact hermetically sealed package and holding it hot
- **Risk Level IV**
  - Risk Level IV poses a higher potential risk to the public than Risk Level III because of the following concerns:
    - Handing 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, 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 immune-compromised or elderly individuals in a facility that provides either health care or assisted living
    - 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 the following:
    - Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days
    - Caterers or other similar food service operations that transport time/temperature controlled for safety food
    - Non-Continuous cooking
    - Performing 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 Ohio 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:
        - Reduced oxygen packaging
        - Smoking for preservation

STARK COUNTY HEALTH DEPARTMENT

FACILITY RISK LEVEL AND PLAN REVIEW FEE

PLEASE NOTE: Plan review fees are determined by the facility's Risk Level. After selecting the Risk Level, please see the according plan review fee.

Please make checks payable to:

The Stark County Health Department
Attn: Food Safety
7235 Whipple Ave NW
North Canton, OH 44720

RISK LEVEL		FEE
RISK LEVEL I	☐	$301.00
RISK LEVEL II	☐	$334.60
RISK LEVEL III	☐	$607.60
RISK LEVEL IV	☐	$760.90

Please print, sign, and date below.

_____ _____ _____

Print Name ***Signature*** ***Date***