



# JEFFERSON COUNTY General Health District

— Prevent. Promote. Protect. —

## JEFFERSON COUNTY HEALTH DEPARTMENT FSO/RFE PLAN REVIEW APPLICATION

All new or existing remodeled food service operations (FSO) and retail food establishments (RFE) are required to submit prepared plans with specifications to the Jefferson County Health Department for approval before a license can be issued and food can be prepared and served. The following application must be filled out in its entirety and the appropriate fee submitted before plans will be accepted for review. When such plans are accepted by the Jefferson County Health Department they shall be acted upon within thirty (30) days of receipt.

### I. Facility Information:

Anticipated construction start date \_\_\_\_\_ Anticipated opening date \_\_\_\_\_  
New Building ( ) Remodeled or existing business ( )

NAME OF OPERATION: \_\_\_\_\_

ADDRESS OF OPERATION: \_\_\_\_\_

OWNER OF OPERATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF OPERATION: Restaurant ( ) Caterer ( ) Retail ( )

TYPE OF WATER SUPPLY: community ( ) Non-community ( )

TYPE OF SEWAGE DISPOSAL: Sanitary sewer ( ) semi-public septic ( )

System approved by OEPA? Y or N

### II. Plan contents checklist:

The plans and specifications submitted for approval to the Jefferson County Health Department shall be legible, drawn to scale and shall include the information below. Please indicate with a checkmark that ALL of the following are included in your plan packet, or indicate if not applicable (N/A).

\_\_\_ Menu or food list

\_\_\_ Total area to be used for food service

\_\_\_ Floor plan of equipment, fixtures, and general layout of all areas used for food prep (with Scale)

\_\_\_ Entrances and Exits

\_\_\_ Type of seating and seating capacity

\_\_\_ List of all equipment including manufacturers and model numbers

\_\_\_ Commercial equipment only (no home style equipment is permitted)

- \_\_\_ Location, number, and types of plumbing fixtures, including all water supply facilities
- \_\_\_ Direct / indirect plumbing (i.e. air gaps) designation of all plumbing fixtures and equipment
- \_\_\_ Drains (e.g. sinks, drains, ice bins, dipper wells) dish machine. (high or Low temp.) or 3compartment sinks available.
- \_\_\_ Adequate number of hand sinks in food prep areas and throughout facility.
- \_\_\_ Food preparation / vegetable washing sink.
- \_\_\_ Mop / utility sink
- \_\_\_ Hand sinks in restrooms
- \_\_\_ Grease interceptor, capacity, location
- \_\_\_ Backflow prevention devices
- \_\_\_ Plan of natural and artificial lighting (must be > 50 foot candles in food prep areas).
- \_\_\_ Building materials and surface finishes to be used, include trade names and manufacturer
- \_\_\_ Floors
- \_\_\_ Walls
- \_\_\_ Ceilings (washable, i.e. vinyl coated tiles)
- \_\_\_ Ventilation / HVAC specifications
- \_\_\_ Hood at grill line (ANSI Approved suppression system)
- \_\_\_ Hood at high temperature dish machines
- \_\_\_ Adequate and separate storage space / Shelving for food products, chemicals, etc. (all food must be stored 6" off the floor at all times).
- \_\_\_ Designated location for garbage dumpster
- \_\_\_ Two sets of identical plans with all the above information submitted.

### III. CONSTRUCTION/REMODELING SHEET

<b>PROJECT NAME</b>
<b>BUSINESS:</b>
<b>STREET:</b>
<b>CITY:</b>
<b>STATE:</b>
<b>ZIP:</b>
<b>PHONE:</b>
<b>CELL:</b>
<b>FAX:</b>
<b>EMAIL:</b>

<b>PROJECT NAME</b>
<b>BUSINESS:</b>
<b>STREET:</b>
<b>CITY:</b>
<b>STATE:</b>
<b>ZIP:</b>
<b>PHONE:</b>
<b>CELL:</b>
<b>FAX:</b>
<b>EMAIL:</b>

**RETURN**

**Required Signatures:**

**IV. APPROVALS**

	<b>DATE:</b>	<b>APPROVED BY WHOM:</b>
<p><b>DEPARTMENTS</b>            Department of Industrial Relations (Mark Sprag)            Division of Factory &amp; Building inspections            P.O. Box 825            Columbus, Ohio 43216            And / or local building inspector            1-614-644-2223</p>	_____	_____
<p><b>Inside City Limits Of Steubenville</b>  <b>MUST CONTACT:</b>            Steubenville City Building Inspector            Anthony Bodo            1-740-283-6000 EXT: #1700</p>	_____	_____
<p>Jefferson County Plumbing Inspector            500 Market Street 7<sup>th</sup> Floor            Steubenville, Ohio 43952            (740) 283-8530</p>	_____	_____
<p>Fire Prevention Local Fire Department</p>	_____	_____

Jefferson County Health Department  
Environmental Division, Registered Sanitarian  
500 Market Street 7<sup>th</sup> Floor  
Steubenville, Ohio 43952  
(740) 283-8530

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REMINDER: Plans that are missing any of the above information will be considered incomplete and the approval process will be delayed. After thirty (30) days, incomplete plans may be disapproved. A new application, fee and resubmittal of plans will be required.

## V. FOOD SAFETY EDUCATION

Are any employees certified in food safety? Yes or No

If YES, please provide names and indicate courses taken (e.g. ServSafe, Person in Charge):

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If NO, please refer to a schedule of courses offered by ServSafe ( [www.ServSafe.com](http://www.ServSafe.com) or 412-337-2153).

**Note: there must be at least one person in charge per shift who can demonstrate understanding of the Ohio Food Code.**

**I am submitting a completed plan review packet, including two sets of plans, all required information, and the appropriate fee as determined above. I understand that incomplete plans may delay the opening of my facility.**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**VII. "STATEMENT OF OWNERSHIP FORM"  
FOOD SERVICE OPERATION – RETAIL FOOD ESTABLISHMENT**

I, (We), \_\_\_\_\_, do here by declare that I, (We) will be the owner/operators of: \_\_\_\_\_ Which will be located at: \_\_\_\_\_ here in Jefferson County, Ohio. I, (We) will be conducting this: \_\_\_\_\_ Food service operation, and/or \_\_\_\_\_ Retail Food Establishment.

<p><b>SOLE PROPRIETOR</b>    NAME: _____</p> <p style="text-align: center;">SIGNATURE: _____</p>
<p><b>PARTNERSHIP</b></p> <p>NAME: _____</p> <p>SIGNATURE: _____</p> <p>NAME: _____</p> <p>SIGNATURE: _____</p>
<p><b>CORPORATION</b></p> <p style="text-align: right;">President</p> <p>NAME: _____</p> <p style="text-align: center;">SIGNATURE: _____</p> <p style="text-align: right;">Vice President</p> <p>NAME: _____</p> <p style="text-align: center;">SIGNATURE: _____</p> <p style="text-align: right;">Secretary/Treasurer</p> <p>NAME: _____</p> <p style="text-align: center;">SIGNATURE: _____</p>

I (We) do here by realize and understand should I or We discontinue operation, or have a change is business name, change in business location, change in business ownership, (sole Proprietor/Owner, Partnership/Operators, or Corporation/Operators) that I, we will and must immediately surrender the old Food Service Operation, or Retail Food Establishment license to the Jefferson County Health Department. Once the old license has been returned/surrendered to the Jefferson County Health Department, the Jefferson County Health Department will permit the new operators to reapply for a new license as a new business.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
MY TERM EXPIRES

\_\_\_\_\_  
WITNESS

DATE: \_\_\_\_\_