



JEFFERSON COUNTY General Health District

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FOOD PLAN REVIEW GUIDANCE DOCUMENT

Every newly proposed food operation and every currently or previously licensed operation **must submit plans** to Jefferson County General Health District (JCGHD) whenever planning construction, building, remodeling, or installation of new facilities and/or equipment. Additionally, as licenses are not transferable, no license can be issued until plans have been submitted and approved when a change of ownership is planned. This guidance document is intended to assist you in preparing your plans and is based on the Ohio Uniform Food Safety Code. As an operator, you are encouraged to obtain a copy of the Ohio Uniform Food Safety Code for specific provisions. This code is available online at www.odh.state.oh.us and is Chapter 3717-1 Ohio Administrative Code (OAC).

You are required by law to obtain approval of your food plans prior to starting construction (or remodeling, or installing/providing equipment) of the job. Please allow time for the plan review. Plans will be acted upon within **thirty days** after the date of receipt. **Please note that if plans are incomplete or insufficient, it can take longer than 30 days for plans to become approved.** When plans are approved/disproved you will receive a letter stating what is still needed or that you are approved and ready for a pre-license inspection.

Plan approval is based on the Risk Level of your proposed operation. There are four risk levels which are based on your menu and food preparation procedures. The simpler the menu and procedures, the less likely the opportunity for inadvertently causing a foodborne illness and consequently your operation will be licensed at a lower Risk Level. The risk levels are: I. II. III. IV. And mobile

The Plumbing system is an important part of your food facility. All facilities must have a hand sink, mop sink, 3 compartment sink, grease trap, backflow prevention device, and a prep sink, with some exceptions. Please note that all hand sinks in the food prep area and restroom that do not have a combination faucet, must have a mixing valve. There must be air gaps on dishwashers, ice machines and prep sinks, etc. **Any plumbing work must be done by a state certified plumber.**

Prior to a Food Service Operation or Retail Food Establishment License being issued, you will be required to provide copies of inspections/approvals from other agencies as follows:

1. If your building is not connected to a public water supply, you will need to provide approval of your transient public water system from the Ohio Environmental Protection Agency, Division of Drinking and Ground Water.
2. If your building is not tapped into a public sewer system, you will need to provide approval of your sewage treatment disposal system from the Ohio Environmental Protection Agency, Division of Surface Water.
3. **Verification of Level I and Level II food training. Any new facility (Risk Level I, II, III, and IV) opening after March 1, 2010 will need to have at least one person-in-charge certified in food protection training at all times of operation.**



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As of March 1, 2017 each risk level III and risk level IV food service operation and retail food establishment will be required to have one employee, who has supervisory and management responsibility and the authority to direct and control food preparation and service, with the level two certificate.

You must have your plans approved, fees paid, and pass a pre-licensing inspection prior to issuance of your Food Service Operation or Retail Food Establishment License. Please note that the Jefferson County General Health District may place restrictions or conditions on a license. At the pre-licensing inspection, your facility must be in operable condition. **Food is not required on the premises, however hot and cold holding equipment must be operating.** If you have any questions, please contact Jefferson County Health @ 740-283-8530.

Contents and Format of Plans and Specifications:

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn of a minimum of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
3. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
4. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
5. Include and provide specifications for:
 - a. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste-water line connections;
 - b. Lighting schedule with protectors;
 - A least 110 lux (10 footcandles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - At least 220 lux (20 footcandles):
 1. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 2. Inside equipment such as reach-in and under-counter refrigerators;
 3. At a distance of 75cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms;
 - At least 540 lux (50 footcandles) at a surface where a food employee is working with



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food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

c. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program. Certification can be looked up at <http://www.nsf.org/Certified/Food/>

d. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.

e. A mop sink or curbed cleaning facility with facilities for hanging wet mops;

f. Garbage can washing area/facility

g. Cabinets for storing toxic chemicals h. Dressing rooms, locker areas, employee rest areas, and/or coat rack



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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: _____ E-Mail: _____

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

TYPE OF WATER SUPPLY: community () Private ()

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

System approved by OEPA? Y or N

I have submitted plans / applications to the following authorities on the following dates:

_____ Plumbing _____ Fire _____ Zoning _____ Dept. of Commerce _____

Ohio EPA _____ Other _____

Hours and Days of Operation: M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun ___

Square foot of facility _____ Number of floors used for operation _____

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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: tile, stainless steel, 4" plastic coved molding etc.
- _____ 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.

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III. CONSTRUCTION/REMODELING SHEET

PROJECT NAME
BUSINESS:
STREET:
CITY:
STATE:
ZIP:
PHONE:
CELL:
FAX:
EMAIL:

Additional information as needed

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Required Signatures:

IV. APPROVALS

DATE: APPROVED BY WHOM:

DEPARTMENTS

Department of Industrial Relations (Mark Sprag)
Division of Factory & Building inspections
P.O. Box 825
Columbus, Ohio 43216
And / or local building inspector
1-614-644-2223

Inside City Limits Of Steubenville

MUST CONTACT:

Steubenville City Building Inspector
Anthony Bodo
1-740-283-6000 EXT: #1700

Jefferson County Plumbing Inspector
500 Market Street 7th Floor
Steubenville, Ohio 43952
(740) 283-8530

Fire Prevention Local Fire Department

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

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.

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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):

If NO, please refer to a schedule of courses offered by ServSafe (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:** _____

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OWNER: _____
STREET: _____
STREET: _____
STATE: _____
ZIP: _____
PHONE: _____

[illegible]

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VI. FSO &RFE EQUIPMENT LIST

BUSINESS:	OWNER:
STREET:	STREET:
CITY:	CITY:
STATE:	STATE:
ZIP:	ZIP:
PHONE:	PHONE:

[illegible]



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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.

SOLE PROPRIETOR NAME: _____

SIGNATURE: _____

PARTNERSHIP NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

CORPORATION

PRINT PRESIDENT NAME

NAME: _____

SIGNATURE: _____

PRESIDENT SIGNATURE

PRINT VICE PRESIDENT NAME NAME: _____

SIGNATURE: _____

PRINT SECRETARY/TREASURER NAME NAME: _____

SIGNATURE: _____

SECRETARY/TREASURER SIGNATURE

SIGNATURE: _____

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I (We) do here by realize and understand should I or We discontinue operation, or have a change in 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.

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the Ohio Uniform Food Safety Code.

Signature of Owner

Printed Name of Owner

Signature of Applicant (if different from above)

Printed Name of Applicant (if different from above)

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 & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

WITNESS

MY TERM EXPIRES

WITNESS

DATE: _____

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