



Food Service Operation/Retail Food Establishment Plan Review Application

Plan review will begin when the following materials have been completed and submitted to Morrow County Health District: (1) plan review application and packet; (2) one complete set of plans (electronic, hard copy, or a combination); and (3) the applicable license fee.

Business Name:	
Street Address:	
City, State, Zip:	
Business Phone:	

Owner Name:	
Mailing Address:	
Mailing City, State, Zip:	
Owner Phone:	Owner Email:

Project Contact Name (if other than owner) & Title:	
Project Contact Phone:	Project Contact Email:

Type of Project: New Construction
 Substantial Alteration/Renovation
 Minor Alteration/Renovation (fee waiver to be determined by sanitarian)
 Other (please list): _____

Type of Facility: Food Service Operation Retail Food Establishment

Risk Level: 1 2 3 4 (see page _ to determine risk level)

Total Square Footage: _____ Less than 25,000 ft² ; or 25,000 ft² or more

Anticipated Project Start Date: _____

Anticipated Project Completion/Opening Date: _____

I am submitting a completed plan review application and packet, one complete set of plans, and the appropriate fee as determined by risk level. This information is complete and correct to the best of my knowledge. I understand that incomplete plans will cause delays in plan review and approval.

Authorized Representative Signature: _____ **Date:** _____

OFFICE USE ONLY	
Date Received: _____	
Facility Size: <input type="checkbox"/> less than 25,000 ft ² <input type="checkbox"/> 25,000 ft ² or more	Risk Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Plan Review Fee: _____	Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Action Taken: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED – Reason _____	
Date Action Taken: _____	

MATERIALS CHECKLIST

All new or substantially altered/renovated food service operations and retail food establishments must submit one set of plans that is legible and drawn reasonably to scale. Plans may be submitted electronically on a flash drive or via email (PDF format only, please), or in hard copy (paper). Plans will be acted upon within thirty (30) days of receipt.

The following documents are REQUIRED to complete your review:

- Menu** or list of foods to be sold, including banquet, catering, and seasonal menu(s) (OAC 3717-1-09(A)(1))
- Total Square Footage** to be used for the food service operation/retail food establishment (OAC 3717-1-09(A)(2))
- Site Plan** including location of business in a building such as a shopping mall or stadium; location of building on site including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable (drinking) water source, and sewer/sewage treatment system; and exterior seating areas (3717-1-09(A)(3))
- Plumbing Plan** including location, number, and types of plumbing fixtures including all water supply facilities; backflow prevention devices; water heater (tank storage and/or tankless (demand)) location, capacity, and recovery rate; grease interceptor location and capacity; direct/indirect designation for all plumbing fixture and equipment drains (OAC 3717-1-09(A)(5))
- Lighting Plan** including light fixture types and locations (3717-1-09(A)(6))
- Facility Layout** including total area to be used including entrances and exits; interior seating areas; fixtures and equipment (OAC 3717-1-09(A)(3)(c), (A)(4), and (A)(7))
- Finish Schedule** including building materials and surface finishes used for floors, cove base, walls, and ceilings (OAC 3717-1-09(A)(8))
- Equipment Schedule** including equipment manufacturer and model numbers (3717-1-09(A)(9))
- Manufacturer Specification Sheets** for each piece of equipment shown on the plan
- Hazard Analysis & Critical Control Point (HACCP) Plan for the following processes, if applicable:**
 - Acidified white rice, e.g. sushi
 - Fresh squeezed juice: Unpasteurized – also submit sample label with warning statement
 Pasteurized – also submit state variance or proof of pasteurization
 - Vacuum packaging, including cook-chill and sous vide – also submit quality assurance logs

Additional information may be requested during the plan review process. Incomplete plans will cause delays in the review process and/or return of your documents.

DETERMINING PLAN REVIEW FEE

Morrow County Health District assesses a fee for plan review which is based on the size of the facility and the activities conducted in the facility.

Will any of the following activities be conducted in your facility? Please check ALL that apply.

TCS means time/temperature controlled for safety; also known as potentially hazardous.

Risk Level 1

Offer any or all of the following:

- Yes No Coffee, self-service fountain drinks, prepackaged non-TCS beverages;
Yes No Pre-packaged refrigerated or frozen TCS foods;
Yes No Pre-packaged non-TCS foods; or
Yes No Baby food or formula

Risk Level 2

- Yes No Handle, heat, or prepare non-TCS food
Yes No Hold for sale or service, TCS food at the same proper holding temperature at which it was received
Yes No Heat individually packaged, commercially processed TCS foods for immediate service

Risk Level 3

- Yes No Handle, cut, or grind raw meat products
Yes No Cut or slice ready-to-eat meats and cheeses
Yes No Assemble or cook TCS food that is immediately served, held hot or cold, or cooled
Yes No Operate a heat treatment dispensing freezer
Yes No Reheat in individual portions only
Yes No Heat a product from an intact, hermetically sealed package and hold it hot

Risk Level 4

- Yes No Offer raw TCS meat, poultry, fish, or shellfish as ready-to-eat
Yes No Serve a primarily high risk clientele: health care or assisted living facility; day care
Yes No Use time in lieu of temperature as a public health control for TCS foods
Yes No Perform a food handling process that requires a variance, e.g. canning, smoking for preservation, etc.
Yes No Reheat bulk quantities of leftover TCS food more often than once per week
Yes No Cater: prepare food, then transport and serve the food at an off-site location

Your license risk level corresponds to the highest risk level activity that will be conducted in your facility. Example: A facility that uses time in lieu of temperature as a public health control will be a **Risk Level 4**. Please contact us if you need assistance determining the risk level of your facility.

2020 Food Service Operation/Retail Food Establishment Plan Review Fees

Risk	Facility Size – less than 25,000 ft ²	Facility Size – 25,000 ft ² or more
Risk Level 1	\$103.86	\$151.51
Risk Level 2	\$117.40	\$159.64
Risk Level 3	\$227.33	\$573.92
Risk Level 4	\$289.07	\$608.58

Plan review fee must be submitted with your application and plans

CERTIFICATION IN FOOD PROTECTION

The Ohio Uniform Food Safety Code requires certification in food protection as follows:

Person in Charge – One person in charge per shift who is certified in food protection as Person in Charge must be present during all times of operation. This is a basic food handler course that covers the principles of food safety.

Food Protection Manager – Effective March 1, 2017, at least one management or supervisory employee of a Risk Level 3 or 4 facility must be certified in an Ohio Department of Health-approved Food Protection Manager course. This is an advanced course for food protection managers.

Please provide copies of Ohio Department of Health-issued Level 2 certificates.

Are any employees certified in food protection? If yes, please provide the following information:

Employee Name	Course Name	Dates of Course & Expiration	Certificate #

POLICIES, PROCEDURES & CONSUMER ADVISORY

Employee Health – The facility has a policy that informs food employees of their duty to report information about their health as it relates to diseases that are transmissible through food, and restricts or excludes employees who have a reportable condition. Employees are informed in a *verifiable manner* of their duty to report information about their health. Yes No

Diarrheal/Vomiting Event Response Procedure – The facility has a written procedure for employees to follow when responding to diarrheal or vomiting events that involve discharge onto surfaces in the facility. Yes No

Consumer Advisory – The facility has notified the consumer in writing of the significantly increased risk associated with consuming animal foods such as beef, eggs, fish, lamb, milk, pork, poultry, or shellfish raw, undercooked, or without otherwise being processed to eliminate pathogens *if animal foods will be served raw, undercooked/cooked “to order.”* Yes No Not applicable

FOOD SOURCES & SUPPLIES

Will all foods be from approved sources? Yes No

Who will be the food suppliers? _____

What are the projected frequencies of deliveries?

Frozen foods _____

Refrigerated foods _____

Dry goods _____

FOOD PREPARATION

Will produce be washed on-site prior to use? Yes No Not applicable

If no, will pre-washed and packaged produce be used? Yes No Not applicable

If yes, where will produce be washed on site? _____

Will the facility be serving food primarily to a highly susceptible population (young children, elderly, immune-suppressed)? Yes No

COOKING/REHEATING

How will foods be cooked to temperatures that kill pathogens?

Cooking Equipment List type & number <input type="checkbox"/> Not applicable	1.
	2.
	3.
	4.

How will time/temperature controlled for safety (TCS) 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 within 2 hours?

Reheating Equipment List type & number <input type="checkbox"/> Not applicable	1.
	2.
	3.
	4.

THAWING

How will time/temperature controlled for safety (TCS) foods be thawed? Check all that apply.

- Under refrigeration that maintains the food at 41°F or less
- Submerged in cold running water of 70°F or less
- Microwave, as part of the cooking process
- Not applicable

COLD HOLDING/STORAGE

Will adequate and approved freezer and refrigeration space be available to store frozen foods frozen, and refrigerated foods at 41°F or less? Yes No Not applicable

Cold Holding/Storage Equipment List type, number & capacity (ft ³)	1.
	2.
	3.
	4.

Will each cooler have a thermometer? Yes No

Will raw meats, poultry, and seafood be stored in the same refrigeration units as ready-to-eat foods? Yes No

If yes, how will cross-contamination be prevented? _____

HOT HOLDING

How will time/temperature controlled for safety (TCS) food be maintained at 135°F or above during holding for service?

Hot Holding Equipment List type & number <input type="checkbox"/> Not applicable	1.
	2.
	3.
	4.

COOLING

How will cooked time/temperature controlled for safety (TCS) foods be cooled from 135°F to 70°F within 2 hours, and from 70°F to 41°F or less within another 4 hours (6 hours total)? Check all that apply:

- Add ice as an ingredient Cooling equipment: cooler, freezer
- Containers that facilitate cooling Rapid cooling equipment: blast chiller

- Ice bath
- Ice paddle/wand
- Separate food into smaller portions

- Shallow containers
- Other: _____

Cooling Equipment List type & number <input type="checkbox"/> Not applicable	1.
	2.
	3.
	4.

List foods that will be subject to cooling: _____

Will a bulk ice machine be installed in the facility? Yes No

DRY STORAGE

How much space (ft³) will be allocated for dry storage? _____

How will dry goods be stored at least 6" above the floor? _____

Will there be an area to segregate/store returnable damaged goods? Yes No Not applicable

EQUIPMENT SCHEDULE (Complete ONLY if not otherwise specified in plans) **SEE PLANS**

Food equipment shall be approved by a recognized food equipment testing agency, unless otherwise specified by the health department. Equipment specified for household use only will not be approved. Please attach an additional page if necessary.

Plan #	Description	Manufacturer	Model #	Number Installed

Will equipment be spaced for easy cleaning or sealed to walls and adjacent equipment? Yes No

Will food thermometers with thin diameter probes be provided for measuring food temperatures? Yes No Not applicable

List the type of food thermometers _____

Will barriers (deli wraps, disposable gloves, utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? Yes No Not applicable

Will containers for bulk food product storage be constructed of safe materials? Yes No

DISHWASHING FACILITIES

How will equipment and utensils be washed, rinsed, and sanitized?

3 Compartment Sink

Will the largest pot and pan fit into each compartment of the sink? Yes No

If not, what is the procedure for manual cleaning and sanitizing? _____

Will there be drain boards on both ends of the 3 compartment sink? Yes No

What type of sanitizer **and** compatible test kit will be used?

Chlorine Quaternary ammonium Other - please specify _____

Dishwasher

Yes No Not applicable

Will the dishwasher have temperature/pressure gauges that are working accurately? Yes No

Will the dishwasher have templates with operating instructions? Yes No

Will the dishwasher have an audible or visual alarm to alert the operator when detergent or sanitizer is not dispensing, or a visual means to determine that detergent and sanitizer are dispensing? Yes No

Dishwasher type: Chemical sanitizing/low temperature High temperature

If chemical sanitizing/low temperature, what type of sanitizer **and** compatible test kit will be used?

Chlorine Quaternary ammonium Other - please specify _____

If high temperature, will a booster heater be installed? Yes No

If high temperature, will ventilation be provided? Yes No

PHYSICAL FACILITIES

FINISH SCHEDULE (Complete ONLY if not otherwise specified in plans)

SEE PLANS

Please attach additional page if necessary.

Location	Floor	Wall Base	Wall	Ceiling
Bar				
Food preparation areas				
Walk-in cooler/freezer				
Dishwashing areas				
Food storage areas				
Utility areas				
Restrooms				

LIGHTING SCHEDULE (Complete ONLY if not otherwise specified in plans)

SEE PLANS

Please attach additional page if necessary.

Location	Fixture Type	Bulbs shielded, coated, or shatter-resistant?
Bar		Yes <input type="checkbox"/> No <input type="checkbox"/>
Food preparation areas		Yes <input type="checkbox"/> No <input type="checkbox"/>
Walk-in cooler/freezer		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dishwashing area		Yes <input type="checkbox"/> No <input type="checkbox"/>
Food storage areas		Yes <input type="checkbox"/> No <input type="checkbox"/>
Utility areas		
Restrooms		

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Light intensities shall be at least:

- 10 footcandles (fc)** – in walk-in refrigeration units, dry food storage areas, and other areas during periods of cleaning
- 20 footcandles (fc)** – where food is provided for consumer self-service (buffet, salad bar), or where fresh produce or packaged foods are sold or offered for consumption; inside equipment such as reach-in and under-counter refrigerators; and at 30” above the floor in restrooms and in areas used for handwashing, dishwashing, and equipment/utensil storage
- 50 footcandles (fc)** – where a food employee is working with food, or equipment or utensils (knives, grinders, saws, and/or slicers) where safety is a factor

HANDWASHING/RESTROOM FACILITIES

Will a handwashing sink be located in each food preparation and dishwashing area, and in or immediately adjacent to each restroom? Yes No

Will hot and cold running water under pressure be available at each handwashing sink? Yes No

Will all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No

Will self-closing, metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No Not applicable

Will soap and a method for hand drying (air dryer, paper towels) be available at each handwashing sink? Yes No

Will restroom doors be self-closing? Yes No

Will a covered waste receptacle be available in each restroom? Yes No

Will restrooms be equipped with adequate ventilation? Yes No

MECHANICAL VENTILATION (Complete ONLY if not otherwise specified in plans) **SEE PLANS**

List all areas where ventilation hoods will be installed:

Location	Filters and/or Extraction Devices	Square Feet	Fire Supression Type	Air Capacity (CFM)	Air Makeup (CFM)

How will each exhaust hood/filters be cleaned? _____

GENERAL

Describe storage facilities for employees' personal belongings _____

Will toxic chemicals (cleaners, sanitizers) used in the facility be stored so they cannot contaminate food, equipment, utensils, linens, single-service articles, and single-use articles? Yes No

Will linens be laundered on site? Check all that apply Washed Dried No

If not, how will linens be cleaned? _____

Location of clean linen storage _____

Location of dirty linen storage _____

WATER SUPPLY

The facility is served by the following water source:

- Municipal water supply
- Public water supply – name or PWS# _____
- Private water supply – attach copy of approved well permit and water sample result (total coliform negative) within past 12 months

What is the capacity of the hot water generator in gallons and BTUs? _____
Will there be a water treatment device? Yes No
If yes, how will the device be inspected & serviced? _____

SEWAGE TREATMENT

The facility will be served by the following sewage treatment system:
 Municipal sewer
 Onsite sewage treatment system
Will a grease interceptor be installed? Yes No
If yes, list capacity, location, and cleaning/maintenance schedule _____

SOLID WASTE & GREASE STORAGE & COLLECTION

Inside
Do all containers have lids? Yes No Not applicable
Will refuse be stored inside? Yes No Not applicable
If so, where? _____
Will there be an area designated for garbage can and/or floor mat cleaning? Yes No

Outside
Will a dumpster be used? Yes No Not applicable
Number _____ Size _____ Frequency of pickup _____ Contractor _____
Will garbage cans be stored outside? Yes No Not applicable
Number _____ Size _____ Frequency of pick up _____ Contractor _____
Will any materials be recycled? Yes No Not applicable
Indicate materials to be recycled: Cardboard Glass Metal Paper Plastic
Number _____ Size _____ Frequency of pick up _____ Contractor _____
Will a compactor be used? Yes No Not applicable
Number _____ Size _____ Frequency of pick up _____ Contractor _____
Will a grease storage receptacle be used? Yes No Not applicable
Number _____ Size _____ Frequency of pick up _____ Contractor _____
Describe surface where dumpster, garbage cans, recyclables, compactor, and/or grease storage receptacle will be stored, e.g. asphalt, concrete, etc. _____

I hereby certify that the above information is correct. I fully understand that any changes to approved plans must be submitted in writing to Morrow County Health District for review and approval, and that failure to do so may result in project delays and/or disapproval.

Applicant Signature: _____
Applicant Title(s): _____
Date: _____

Approval of these plans and specifications by Morrow County Health District does not indicate compliance with any other code, law, rule, or regulation that may be required by federal, state, or local agencies. It further does not constitute approval of the completed facility (structure, equipment, or operational plans).

A pre-licensing inspection of the facility with equipment installed and operational and final approval of the completed facility is required prior to commencing operations.

Agency/Process	Comments
<p>Facility Layout & Operation Information Morrow County Health District 619 West Marion Road, Suite B, Room 143 Mt. Gilead, OH 43338 phone: 419-947-1545 www.morrowcountyhealth.org</p>	<p>Plans must be submitted and approved <i>prior to</i> starting construction or making changes to the facility. Submit a completed plan review application and packet, one complete set of plans, and the plan review fee. Morrow County Health District (MCHD) may take up to thirty (30) days to review and respond to plans.</p>
<p>Fire Big Walnut Joint Fire District: 419-253-2222¹ Cardington Fire Department: 419-864-3111² Central Ohio Joint Fire District: 740-625-5646³ Elm Valley Joint Fire District: 740-747-2510⁴ First Consolidated Fire District: 419-845-3332⁵ Iberia Volunteer Fire Company: 419-468-7556⁶ Mt. Gilead Fire Department: 419-946-2551⁷ Perry Congress Fire District/Johnsville Fire Dept.: 419-362-1311⁸ Troy Township Fire Department: 419-884-3118⁹</p>	<p>Contact the local fire authority that provides fire service in your area, for information about plan review/approval, permits, and/or inspections:</p> <p>¹ Bennington, Chester, Harmony Twps.; Village of Marengo ² Cardington, Lincoln Twps.; Village of Cardington ³ South Bloomfield Twp.; Village of Sparta ⁴ Peru, Westfield Twps. ⁵ northernmost part of Canaan Twp. ⁶ North Bloomfield, Washington Twps. ⁷ Gilead Twp.; portions of Canaan, Franklin Twps.; Village of Mt. Gilead ⁸ Congress, Perry Twps.; Franklin Twp. E of 314 ⁹ Troy Twp.</p>
<p>Plumbing Morrow County Health District 619 West Marion Road, Suite B, Room 143 Mt. Gilead, OH 43338 phone: 419-947-1545 www.morrowcountyhealth.org</p> <p>Richland Public Health 555 Lexington Avenue Mansfield, OH 44907 phone: 419-774-4500 www.richlandhealth.org</p>	<p>All commercial plumbing work requires a permit and must be done by a plumbing contractor licensed to work in the State of Ohio <i>and</i> registered to work in Morrow County. Contact MCHD for a list of licensed/registered contractors. Contact Richland Public Health (RPH) for fee schedules, permits, and inspections. Plans must be submitted and approved by RPH <i>prior to</i> starting plumbing work.</p>
<p>Sewage Treatment Ohio EPA – Division of Surface Water (see physical & mailing addresses below) phone: 614-644-2001 https://epa.ohio.gov/dsw/</p>	<p>A food facility served by a community (municipal) sewage treatment system requires no further action for system approval. Non-municipal sewage treatment systems are regulated by Ohio EPA. Please contact the EPA for guidance for sewage treatment system approval.</p>
<p>Water Ohio EPA – Division of Drinking & Ground Water Physical address: Lazarus Government Center 50 West Town Street, Suite 700 Columbus, OH 43215 Mailing address: Ohio EPA-CDO P.O. Box 1049 Columbus, OH 43216-1049 phone: 614-728-3778 https://epa.ohio.gov/ddagw/</p>	<p>A food facility served by a community (municipal) water system requires no further action for system approval. <i>Transient non-community public water systems</i> serve at least 25 different persons over 60 days per year, and are regulated by Ohio EPA. Please contact the EPA for guidance for public water system approval. Private water systems, e.g. wells, are regulated by the local and state health departments, and a water sample is required for system approval. Please contact Morrow County Health District to request collection of a water sample.</p>
<p>Structural & Electrical Ohio Department of Commerce 6606 Tussing Road, P.O. Box 4009 Reynoldsburg, OH 43609-9009 phone: 800-523-3581 www.com.state.oh.us/dico</p>	<p>Plans must be submitted to the Division of Industrial Compliance and approved <i>prior to</i> starting construction and/or electrical work.</p>
<p>During construction...</p>	<p>Notify all departments immediately of any changes in plans or construction, as these changes require prior approval.</p>
<p>Final inspection(s)</p>	<p>Contact all applicable departments for inspections and final written approvals prior to contacting MCHD for a final pre-licensing inspection. Allow time for any unexpected corrections or</p>

	delays. At the time of the pre-licensing inspection, the facility must be clean and all equipment must be operational. A license will be issued upon completion of pre-licensing inspection/verification of compliance with applicable codes.
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