

# WARREN COUNTY COMBINED HEALTH DISTRICT

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[www.wcchd.com](http://www.wcchd.com)

# FSO/RFE PLAN REVIEW APPLICATION & GUIDELINES

## Plan Review Procedure to Obtain a Food Operation License

- A. Prior to construction of a new food operation, a detailed set of plans needs to be submitted to the Warren County Combined Health District (WCCHD)-Environmental Health Division office for review along with the Food Service Operation / Retail Food Establishment Plan Review Application.
- B. The plans are then reviewed to ensure there are no problems with the flow of food preparation and to ensure compliance with all existing rules and regulations. Please note a plumbing permit cannot be obtained until plan approval through our office is complete. Following review, a letter regarding the plans with the findings of this office is sent within thirty (30) days along with a FSO or RFE license application. Based upon the information obtained on the enclosed review plan review application questionnaire, the proper risk classification will be determined and the appropriate license fee included in the approval letter.
- C. Prior to the opening of the food service operation, WCCHD needs to be contacted for a licensing inspection. The food service operation must be ready to open at time of final inspection for licensing. Any issues which may need to be addressed and are not major problems will be mentioned on the opening inspection report for further follow-up within thirty (30) days of the license being issued for the establishment. Criteria for licensing includes that the operation was constructed according to the approval plans and all equipment in the operation is the same as listed on the plans.
- D. With an existing facility, if any changes or additions to plumbing are anticipated you should contact Greg Flum, Chief Plumbing Inspector, at (513) 695-1476 to verify if a plumbing permit is necessary. All plumbing, building, and electrical inspections must be completed before final approval for opening is granted by WCCHD.
- F. Level One Certification in Food Protection will be required for each shift manager for any new food service operation or retail food establishment licensed after March 1, 2010. Approved course providers are listed on the Ohio Department of Health's website or you may visit [www.wcchd.com](http://www.wcchd.com) for our next available course.

## Contents and the Format of Plans and Specifications

- A. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan, accurately drawn to scale. This is to allow for ease in reading plans.
- B. Include the proposed menu, seating capacity, and projected meal volume for the food operation.
- C. Show the proposed location and when requested, elevation of all food equipment, including all refrigeration. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- D. Designate clearly equipment intended to be used for the adequate rapid cooling, including ice baths and refrigeration (if applicable), and for hot holding potentially hazardous foods.
- E. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
- F. Label and locate separate food preparation sinks (when the menu dictates) to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- G. Label and locate all dedicated hand and dump sinks. Note: Where applicable, dedicated dump sinks will be required (i.e. – bars, front portions of convenience stores, etc.) that are separate from any required hand sinks. Dual-use sinks are not permitted and will not be accepted. Also, note on the plans the installation of any splash guards (as applicable) and their proposed location.
- H. Identify any auxiliary areas such as storage rooms, garbage rooms, dumpster pads, ware washing rooms, walk-in coolers/freezers, basement and/or cellars and their intended use. Also, please indicate if and/or how food and food-related items ( to-go items, linens, cups, straws, etc.) will be stored (i.e.—shelving, dunnage racks, etc.) in these areas, as applicable. Also, clearly indicate how and where all multi-use items, smallwares, utensils, etc. will be staged for air drying and subsequent final storage.
- I. Include and provide specifications for:
  - 1. Entrances, exits, loading/unloading areas and docks;
  - 2. Complete finish schedule for each room, including floors, walls, ceilings, and coved junctures bases. Note: If ceiling tiles are proposed, vinyl-clad ceiling tiles must be installed in all food preparation rooms, bathrooms, and warewashing areas.
  - 3. Plumbing schedule including location of floor drains, floor sinks, water supply lines, all wastewater lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line with connections, and grease traps;

4. Lighting schedule with protectors as follows:
  - (a) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor and in walk in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.
  - (b) At least 220 lux (20 foot candles) at the following:
    - (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 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and,
  - (c) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
5. All food equipment must be of a commercial grade and the food equipment schedule to include make and model numbers and listing of equipment. Equipment should be certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are NSF, UL Sanitation, ETL Sanitation, and CSA Sanitation.
6. 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;
7. A mop sink or curbed cleaning facility with hardware for hanging wet mops;
8. Garbage can washing area/facility;
9. Cabinets or shelving storing toxic chemicals away from all food and food prep areas;
10. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
11. Site plan showing the proposed location for this facility.

*Food Service Operation (FSO)/Retail Food Establishment (RFE)*

**Plan Review application**

**Fees: New Commercial**

Class 1 and 2 \$75.00

Class 3 and 4 \$150.00

**New Non-Commercial**

Class 1 and 2 \$50.00

Class 3 and 4 \$75.00

**Receipt #:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Type**

FSO \_\_\_\_\_ RFE \_\_\_\_\_

**Category:** Restaurant \_\_\_\_\_ Institution \_\_\_\_\_ Daycare \_\_\_\_\_ Retail Market \_\_\_\_\_ Other \_\_\_\_\_

**Establishment Information**

Name of Establishment: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_  
CITY STATE ZIP

Telephone (if available) \_\_\_\_\_ Email \_\_\_\_\_

**Applicant/Owner Information**

Title (owner, manager, architect, etc.): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
CITY STATE ZIP

Phone (best available) \_\_\_\_\_ Email \_\_\_\_\_

**Proposed Date for Start of Project** \_\_\_\_\_ **Projected Date of Completion** \_\_\_\_\_

**Proposed Number of Seats** \_\_\_\_\_ **Total Square Footage of Facility** \_\_\_\_\_

**Days and Hours of Operation** \_\_\_\_\_

**(If Seasonal) Dates of Operation** \_\_\_\_\_

**Type of Service** Sit Down Meals \_\_\_\_\_ Take-Out \_\_\_\_\_ Out of Store Delivery \_\_\_\_\_  
(Check all that apply)

Catering/Buffets \_\_\_\_\_ Mobile Vendor \_\_\_\_\_ Other \_\_\_\_\_

**Meals to be served** (please check) Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Other \_\_\_\_\_

**Plans Submitted To** (please check) Building Dept. \_\_\_\_\_ Fire Dept. \_\_\_\_\_ Plumbing Dept. \_\_\_\_\_

Any Other Agencies (please list) \_\_\_\_\_

## Food Preparation and Planning Questions

1. Check the categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared and served: ***(TCS foods are those foods that require time/temperature control for safety to limit pathogenic microorganism growth or toxin formation. Included are animal foods that are raw or heat-treated, plant food that is heat treated or consists of raw seed sprouts, cut melons, cut tomatoes, garlic-in-oil mixtures, or cut leafy greens.)***

Category	<u>YES</u>	<u>NO</u>
a. Thin meats, poultry, fish, eggs (Hamburgers, sliced meats, fillets)	( )	( )
b. Thick meats, whole poultry (Roast beef, whole turkey, chickens, ham)	( )	( )
c. Cold processed (Salads, sandwiches, vegetables)	( )	( )
d. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
e. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
f. Other: _____		

### 2. Food Supplies

How will dry goods be stored off of the floor? \_\_\_\_\_

### 3. Cold Storage

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers as cooked and ready-to-eat foods?      YES ( )    NO ( )

If answered YES, how will potential food-to-food cross-contamination be prevented?

\_\_\_\_\_

### 4. Raw/Undercooked Foods

Will any animal foods (excluding whole-muscle, intact beef steaks that are cooked to a surface temperature of 145°F) be served raw or undercooked? An example would be oysters on half shell, raw fish sushi, or eggs/burgers cooked to order. If yes, which kinds of foods?

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**Note: A consumer advisory is required to inform consumers of the increased risk of food borne illness as a result consuming such foods**

**5. Hot / Cold Holding**

a. How will hot TCS foods be maintained at 135° F or more during hot holding for service?

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b. How will cold TCS foods be maintained at 41° F or less during holding for service?

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**6. Cooling**

Please indicate the method(s) by which TCS foods will be cooled down to 41°F within 6 hours (from 135° F to 70° F in 2 hours and from 70° F to 41° F in 4 hours). Will you use shallow pans, ice baths, reduction in volume or size, rapid chilling, or some other method? Please indicate how and where such cooling will take place.

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**7. Reheating**

a. Do you intend on reheating any foods in bulk quantities within your facility? YES ( ) NO ( )

b. If yes, how will ) 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 for 15 seconds within 2 hours or less? Please indicate how and where food will be reheated.

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**8. Preparation**

a. Which methods will be used to handle ready-to-eat foods? (Check all that apply)

Gloves \_\_\_\_\_ Utensils (i.e. tongs) \_\_\_\_\_ Food-grade paper (i.e. deli paper) \_\_\_\_\_

b. How will cooking equipment, cutting boards, counter tops, & other food contact surfaces, which cannot be submerged in sinks or put through a dish machine, be sanitized? Please describe:

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c. Will all produce be washed on-site prior to use? YES ( ) NO ( )

d. Is there a planned location used for washing produce? YES ( ) NO ( ) Please describe

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**9. Person-In-Charge (PIC) / Staffing**

- a. Will there be a designated PIC at the facility during all times of operation? YES ( ) NO ( )
- b. Are the PICs / Managers required to attend formal training (i.e. ServeSafe)? YES ( ) NO ( )
- c. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ( ) NO ( ). Please describe below or attach your employee health policy

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**10. Garbage and Refuse**

- a. Where and how will garbage/refuse be stored inside your facility? \_\_\_\_\_
- b. Is there an area designated for garbage can or floor mat cleaning? YES ( ) NO ( )
- c. Will a dumpster be used to collect/store refuse outside the facility? YES ( ) NO ( )  
Number of dumpsters: \_\_\_\_\_ Size of dumpsters: \_\_\_\_\_  
Frequency of pickup: \_\_\_\_\_ Contractor: \_\_\_\_\_

**11. Water Supply**

- a. Is the water supply public ( ) or private ( )? (Check which applies)
- b. If private, has the source been approved by EPA? YES ( ) NO ( )
- c. Is the hot water tank sufficient for all of the needs of this facility, particularly during peak demand periods? YES ( ) NO ( )

**12. Sewage Disposal**

- a. Is the building connected to a municipal sewer? YES ( ) NO ( )
- b. Is the building connected to an EPA-approved private disposal system? YES ( ) NO ( )  
**Please attach a copy of written approval and/or permit if applicable.**
- c. Are grease traps provided in this facility\*? YES ( ) NO ( )

**\*Note: Grease traps are required if facility is preparing any grease-bearing foods. Grease traps must be properly sized according to size of 3-compartment sinks. Please have you or your plumber contact The Plumbing Division at the Warren County Combined Health District at 513-695-1476 prior to installing to ensure proper sizing.**



### 13. Dressing Rooms / Personal Belongings

Describe the storage facilities provided for employee's personal belongings (i.e. purses, coats, boots, etc.), and how items will be stored separate from and/or below foods and food contact surfaces?

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### 14. General Facility Considerations

a. Are insecticides/pesticides/toxic chemicals (including personal medications) stored separately from cleaning/sanitizing agents as well as away from all foods, food preparation, food contact surfaces and multi-use item storage (i.e. pans, pots, utensils, etc.) areas? YES ( ) NO ( )

If YES, indicate location:

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b. What is the location of clean linen storage? \_\_\_\_\_

c. What is the location of dirty linen storage? \_\_\_\_\_

d. Are the containers proposed for use to store bulk food products constructed of food-grade plastic and of safe materials designed to be in direct contact with food? YES ( ) NO ( )

e. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands? YES ( ) NO ( )

f. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

g. Is hot and cold running water under pressure available at each handwashing sink YES ( ) NO ( )  
**(Note: Hot water must be at least 100° F)?**

h. Are all toilet room doors self-closing? YES ( ) NO ( )

### 15. Sinks- (are the following present)

a. Is there a floor-mounted mop sink present? YES ( ) NO ( )

b. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

c. If the menu or facility layout dictates, are there dedicated dump sinks present? YES ( ) NO ( )

d. Have you ensured that there is a least one hand sink located within **15 to 18 feet** of all food preparation and warewashing areas within your facility? YES ( ) NO ( )

e. Is there a 3-compartment sink with dirty and clean-side drain boards present? YES ( ) NO ( )

Dimensions of compartments (in inches): length \_\_\_\_\_ width \_\_\_\_\_ depth \_\_\_\_\_

**16. Dishwashing Facilities**

a. Will sinks or a dish machine be provided for warewashing? \_\_\_\_\_  
(Specify)

High Temp. Machine \_\_\_\_\_ Booster Heater? YES ( ) NO ( )

Chemical Machine: \_\_\_\_\_ (Type of sanitizer)

b. Does the largest pot and pan fit into each compartment of the sink? YES ( ) NO ( )

If NO, then what is the procedure for manually cleaning and sanitizing such food contact surfaces?

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c. What type(s) of sanitizer(s) will be used in this facility? (Check all that apply)

Test Strips Available

Chlorine	( )	YES ( )	NO ( )
Quaternary Ammonium	( )	YES ( )	NO ( )
Iodine	( )	YES ( )	NO ( )
Hot Water	( )		

d. Describe how and where multi-use items (i.e. pans, small wares, etc.) will be properly air-dried prior to final storage?

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