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Allen County Combined Health District

### FACILITY LAYOUT AND EQUIPMENT SPECIFICATIONS REVIEW

Date: \_\_\_\_\_

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

CATEGORY: RESTAURANT \_\_\_ IN \_\_\_ STITUTION \_\_\_ DAYCARE \_\_\_  
RETAIL MARKET \_\_\_ OTHER \_\_\_\_\_

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

TELEPHONE (IF AVAILABLE): \_\_\_\_\_

OWNER/PARENT CO.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

TITLE (OWNER, MANAGER, ARCHITECT, ETC.): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Building

**\* Please fill out and return this page along with pages 6-15. If a question does not apply to your facility, please indicate with N/A.**



219 E. Market Street, P.O. Box 1503, Lima, Ohio 45802-1503 | Phone: 419-228-4457 | Fax: 419-224-4161

An Equal Opportunity Employer and Provider of Services Serving All Allen County Including the Cities of Lima & Delphos

## **Food Service Operation / Retail Food Establishment Licensing Process**

(Please keep this page for your reference.)

1. Consult with Health Department staff regarding Plan Review and License Application process.
2. Complete an application and pay the license fee for the facility.
3. Pick up a Plan Review Guide from the Health Department and turn in: **(1)** The completed plan Review Guide, including the cover page and pages 6-15; **(2)** Layout of the facility; **(3)** Menu; and **(4)** Equipment specification sheets for equipment.
4. Call the Health Department for a licensing inspection of the facility. The license will be issued during this inspection if the above-mentioned items have been submitted and, if necessary, the Health Department has received written documentation that the Plumbing, Fire and Building Departments have made their final inspections and given their approval.

### **DOMESTIC STYLE EQUIPMENT IS NOT ACCEPTABLE**

Approval of equipment. All equipment used in a food service/establishment shall be of a type approved by the department or a recognized food service testing agency. All equipment shall be of such material, and so constructed and installed, as to readily conform to the Ohio Uniform Food Safety Code.

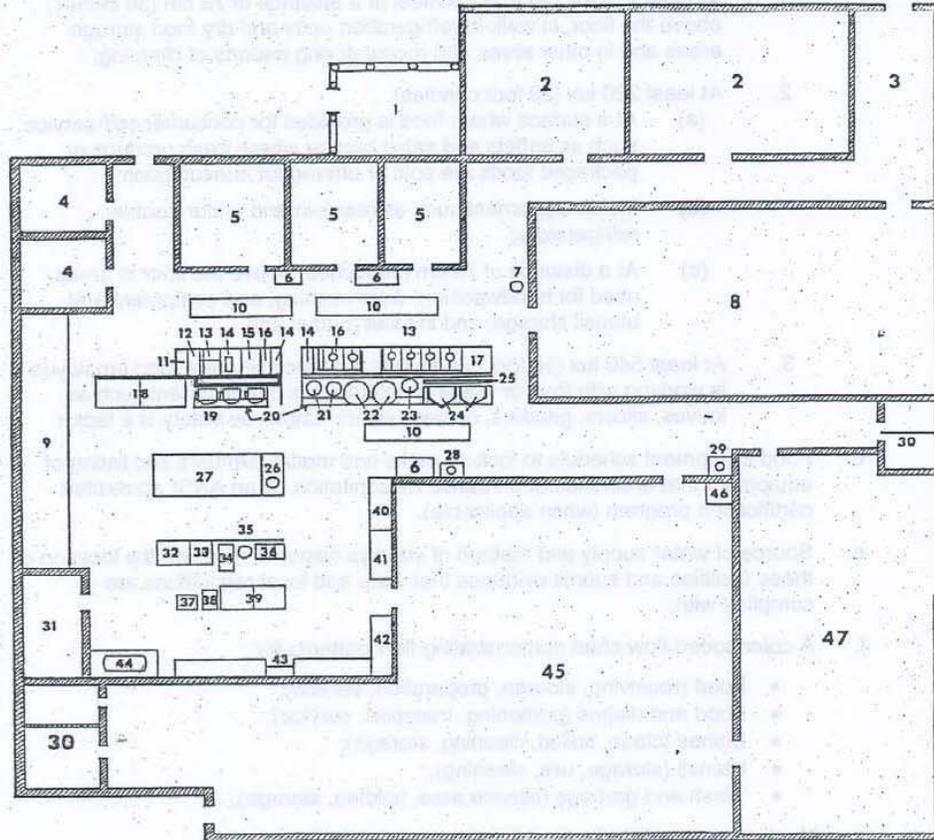
### **EXISTING FACILITIES AND EQUIPMENT - 3717-1-20**

- (A) Existing facilities and equipment shall be replaced with equipment and facilities meeting the requirements of OAC 3717-1 when any of the following occur:
1. They no longer comply with the requirements of paragraphs (A)(1) to (A)(4) of this rule;
  2. They no longer comply with the criteria upon which they were originally approved; or
  3. The food service operation or retail food establishment changes ownership.

# Copy of a site plan

THE FLOOR PLAN MUST SHOW ALL AREAS OF A BUILDING WHERE IT IS PROPOSED TO CONDUCT A FOOD SERVICE OPERATION AS SHOWN BELOW. SUBMIT THE PLANS AND SPECIFICATIONS TO: DEPARTMENT OF PUBLIC HEALTH, 219 E. MARKET STREET, P.O. BOX 1503, LIMA, OH 45802

## Example Floor Plan



- |                                    |                                    |                                   |
|------------------------------------|------------------------------------|-----------------------------------|
| 1. Refuse Storage                  | 17. Char-glo Broiler               | 33. Dough Mixer - 20 Qt.          |
| 2. Walk-in Freezer                 | 18. Roast Oven                     | 34. Dough Mixer - 80 Qt.          |
| 3. Receiving Area                  | 19. Vegetable Steamers             | 35. Steam Jacketed Kettle 30 Gal. |
| 4. Employee Lockers and Rest Rooms | 20. Exhaust Hoods                  | 36. Hot Plates                    |
| 5. Walk-in Refrigerators           | 21. 60 Quart Steam Jacketed Kettle | 37. Cooling Rack                  |
| 6. Reach-in Refrigerator           | 22. 80 Quart Steam Jacketed Kettle | 38. Convection Oven               |
| 7. Potato Peeler                   | 23. Tilting Kettle                 | 39. Bake Ovens                    |
| 8. Dry Food Storage                | 24. Tilting Skillets               | 40. Ice Machines                  |
| 9. Clean Dish & Utensil Storage    | 25. Kettle Filler                  | 41. Water Station                 |
| 10. Prep Tables                    | 26. Vegetable Sink                 | 42. Scrap and Pre-rinse           |
| 11. Open Burner                    | 27. Salad/Sandwich Prep            | 43. Dish Machine                  |
| 12. Range Grill Top                | 28. Handwashing Sink               | 44. Pot and Pan Sink              |
| 13. Salamander Broiler             | 29. Utility Sink                   | 45. Main Dining                   |
| 14. Deep Fat Fryer                 | 30. Public Rest Rooms              | 46. Waitress/Waiter Station       |
| 15. Broiler                        | 31. Office                         | 47. Banquet Room                  |
| 16. Spreader                       | 32. Spice Rack                     |                                   |

IN ADDITION TO THE COMMON NAMES OF EQUIPMENT LIST THE MANUFACTURER NAME AND MODEL #.

**FOOD SERVICE OPERATION AND FOOD ESTABLISHMENT FEE SCHEDULE  
LICENSE**

An application for a license to operate a new food service operation or retail food establishment during any part of the year shall be filed not less than ten days before the scheduled pre-licensing inspection. If proper application has been made, all plans have been approved and comply with OAC 3717-1, and, on the final inspection, all items are in compliance with OAC 3717-1, the ten-day waiting period may be waived and the license issued.

**LICENSE FEE CATEGORIES**

THE ALLEN COUNTY HEALTH DEPARTMENT FEE SCHEDULE, EFFECTIVE JANUARY 5,  
2015

COMMERCIAL AND NONCOMMERCIAL FOOD SERVICE OPERATIONS AND RETAIL FOOD ESTABLISHMENTS		
LESS THAN 25,000 SQUARE FEET		
RISK LEVEL	LICENSE FEE	PLAN REVIEW FEE**
LEVEL 1	\$190.00	\$48.60
LEVEL 2	\$206.00	\$53.40
LEVEL 3	\$337.00	\$92.70
LEVEL 4	\$409.00	\$114.30
COMMERCIAL AND NONCOMMERCIAL FOOD SERVICE OPERATIONS AND RETAIL FOOD ESTABLISHMENTS		
GREATER THAN 25,000 SQUARE FEET		
RISK LEVEL	LICENSE FEE	PLAN REVIEW FEE**
LEVEL 1	\$247.00	\$65.70
LEVEL 2	\$257.00	\$68.70
LEVEL 3	\$744.00	\$214.80
LEVEL 4	\$785.00	\$227.10

**LEVELS OF RISK  
FOOD SERVICE OPERATIONS & RETAIL FOOD ESTABLISHMENTS**

- RISK LEVEL I**           Activities include, but are not limited to, an operation that offers for sale or sells:
1. Coffee, self-service fountain drinks, prepackaged non-time-temperature controlled for safety beverages;
  2. Pre-packaged refrigerated or frozen time-temperature controlled for safety foods;
  3. Pre-packaged non-time-temperature controlled for safety foods; or,
  4. Baby food or formula.

- RISK LEVEL II**        Activities include, but are not limited to:
1. Handling, heat treating, or preparing non-time-temperature controlled for safety food;
  2. Holding for sale or serving time-temperature controlled for safety food at the same proper holding temperature at which it was received;

3. Heating individually packaged, commercially processed time-temperature controlled for safety foods for immediate service;
4. Baking of non-time-temperature controlled for safety food;
5. Manufacturing of confectionary products;
6. Bulk displays of unwrapped non-time-temperature controlled for safety foods;
7. Re-packaging of non-time-temperature controlled for safety food prepared elsewhere;
8. Manufacturing and bagging of ice for retail sale;
9. Preparing and/or serving only non-time-temperature controlled for safety food;
10. Hand dipping of frozen desserts, frozen dessert dispenser;
11. Receiving individual portions of time-temperature controlled for safety foods and serving immediately;
12. Receiving prepackaged individual portions of food from a licensed food operation or off premise commercial processor, and serving cold or heating individually and serving immediately; or
13. Receiving food from a licensed food operation or off premise commercial processor in bulk quantities and maintaining and serving at the same proper temperature as received.

**RISK LEVEL III**            Activities include, but are not limited to:

1. Handling, cutting, or grinding raw meat products;
2. Cutting or slicing ready-to-eat meats and cheeses;
3. Assembling or cooking time-temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
4. Operating a heat treatment dispensing freezer;
5. Reheating in individual portions only;
6. Heating of a product from an intact hermetically sealed package and holding it hot;
7. Processing of produce for ready-to-eat sell;
8. Cook/serve; cook/cool; cook/hot hold; cook/cool/cold hold; or
9. Cook, cook, add additional raw ingredients, cold hold;

**RISK LEVEL IV**            Activities include, but are not limited to:

1. Reheating bulk quantities of leftover time-temperature controlled for safety food more than once every seven days;
2. Cook/cool/reheat/hot hold;
3. Cook/hold/cook/reheat (with or without additional ingredients being added);
4. Caterers or other similar food service operations that transport time-temperature controlled for safety food;
5. Offers as ready-to-eat a raw time-temperature controlled for safety meat, poultry product, fish or shellfish or a food with these raw time-temperature controlled for safety items as ingredients;
6. Using freezing as a means to achieve parasite destruction;
7. Serving a high-risk clientele, such as at a hospital, nursing home, or, assisted living facility; or
8. Using time in lieu of temperature as a public health control for time-temperature controlled for safety food.

Hours of Operation:      Sun \_\_\_\_\_      Thurs \_\_\_\_\_  
                                     Mon \_\_\_\_\_      Fri \_\_\_\_\_  
                                     Tues \_\_\_\_\_      Sat \_\_\_\_\_  
                                     Wed \_\_\_\_\_

Number of Floors on which operations are conducted: \_\_\_\_\_

Type of Service:                      Sit Down Meals      \_\_\_\_\_  
 (Check **all** that apply)              Carry Out              \_\_\_\_\_  
     Caterer                      \_\_\_\_\_  
                                     Mobile                      Vendor                      \_\_\_\_\_  
     Other                      \_\_\_\_\_

**The following documents must be received by this office to receive final approval:**

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification Sheets for each piece of equipment shown on the plan including make and model numbers. Please do not submit serial numbers.
- Plan drawn to scale of operation showing location of equipment, plumbing, electrical services and mechanical ventilation. Refer to pages 4-6 of this document.

**Approval of these plans and specifications by this department 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 pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

**PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS**

**FOOD PREPARATION REVIEW**

Check categories of Time-temperature Controlled for Safety (TCS) Foods to be handled, prepared and served.

<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	( )	( )
2. Thick meats, whole poultry (roast beef, whole turkey, chicken, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
Other		

**FOOD SUPPLIES**

1. Are all food supplies from inspected and approved sources? YES/NO
2. Will any products be purchased from a home bakery? YES/NO

How will dry goods be stored off the floor?

**COLD STORAGE**

1. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods? YES/NO

If yes, how will cross-contamination be prevented?

2. Does each refrigerator/freezer have a thermometer? YES/NO

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

3. Is there a bulk ice machine available? YES/NO

**THAWING FROZEN TIME-TEMPERATURE CONTROLLED FOR SAFETY FOOD**

Please indicate by checking the appropriate boxes how frozen time-temperature controlled for safety foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

\* Frozen Foods – approximately 1 inch or less = thin; greater than 1 inch = thick.

**COOKING**

1. Will a 0°F - 220°F food product thermometer be used to measure final cooking/reheating & holding temperatures of TCS foods? YES/NO

**Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:**

- Beef roasts 8: 7°F (121 min)
- Solid seafood pieces 145°F (15 sec)
- Other TCS foods 8; <°F (15 sec)
- Pork 145°F (15 sec)
- Eggs
  - Immediate service 145°F (15 sec)
  - Pooled\* 8<<°F (15 sec)
- Comminuted meats/fish 155°F (15 sec)
- Poultry 165°F (15 sec)
- Reheated TCS foods 165°F (15 sec)

\*Pasteurized eggs **must** be served to a highly susceptible population

- List types of cooking equipment you will be using. Ex. convection oven, steam table, microwave, gas stove. etc.

**HOT/COLD HOLDING**

- What equipment will be used to maintain hot TCS foods at 135°F (57°C) or above during holding for service? Indicate the type and number of hot holding units?
  
- What equipment will be used to maintain cold TCS foods at 41°F (5°C) or below during holding for service? Indicate the type and number of cold holding units.

**COOLING**

- Will TCS foods be cooked, and then cooled? YES/NO

If YES, please indicate, by checking the appropriate boxes, how TCS foods will be cooled to 41°F (5°) within 6 hours (135°F to 70°F in 2 hours, and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

<b>COOLING METHOD</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/GRAVY</b>	<b>THICK SOUPS/GRAVY</b>	<b>RICE/NOODLES</b>
Shallow Pans ----- Location	-----	-----	-----	-----	-----
Ice Baths ----- Location	-----	-----	-----	-----	-----
Reduced Volume or Size Location	-----	-----	-----	-----	-----
Rapid Chill ----- Location	-----	-----	-----	-----	-----
Other (describe)	-----	-----	-----	-----	-----

## **REHEATING**

1. Will TCS foods be reheated? YES/NO
2. If applicable, will TCS foods be reheated in **individual portions** or **in bulk quantities**?
3. If applicable, how will reheating food to 165°F for hot holding be done rapidly within 2 hours?

## **PREPARATION**

1. Please list categories of foods prepared more than 12 hours in advance of service.
2. Effective March 1, 2010, Level One Certification in Food Protection is required to be held by the person-in-charge per shift. Please indicate all persons holding certification, the name of the course completed and the date of completion.
3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES/NO
4. Food contact surfaces that cannot be submerged in a sink or put through a dishwasher must be sanitized in some manner, i.e. sanitizer buckets. Please indicate how such surfaces will be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES/NO

5. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 41°F?

6. Will all produce be washed on-site prior to use? YES/NO

Is there a planned location for washing produce? YES/NO

Describe:

7. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F to 135°F) during preparation.

8. Will the facility be serving food to a highly susceptible population (hospital, nursing home, assisted living)? YES/NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

**GARBAGE AND REFUSE**

**Inside**

1. Will refuse be stored inside? ( ) ( ) ( )

If so, where?

2. Is there an area designated for garbage can or floor mat cleaning? ( ) ( ) ( )

If so, where

**Outside**

**YES NO N/A**

2. Will a dumpster be used? ( ) ( ) ( )

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup

Contractor

3. Will garbage cans be stored outside? ( ) ( ) ( )

4. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

5. Describe location of grease storage receptacle.

6. Is there an area to store recycled containers? ( ) ( ) ( )

Describe

Indicate what materials are required to be recycled:

- ( ) Glass
- ( ) Metal
- ( ) Paper
- ( ) Cardboard
- ( ) Plastic

7. Is there any area to store returnable damaged goods? ( ) ( ) ( )

Describe

### **WATER SUPPLY**

1. Is ice made on premises ( ) or purchased commercially ( )?

If made on premise, are specifications for the ice machine provided? YES/NO

Describe provision for ice scoop storage:

Provide location of icemaker or bagging operation

2. Is the hot water generator sufficient for the needs of the establishment? YES/NO

3. Is there a water treatment device? YES/NO

If yes, how will the device be inspected and serviced?

**SEWAGE DISPOSAL**

- 1. Are grease traps provided?                    YES/NO  
    If so, where?  
    Provide schedule for cleaning and maintenance

**DRESSING ROOMS**

Describe storage facilities for employees' personal belongings (i.e., purses, coats, boots, umbrellas, etc.)

**GENERAL**

- 1. Will insecticides/rodenticides be stored separately from cleaning and sanitizing agents?  
    YES/NO  
    Indicate location \_\_\_\_\_
- 2. Will all toxics for use on the premise or for retail sale (this includes personal medications),  
    be stored away from food preparation and storage areas?    YES/NO  
    Indicate location \_\_\_\_\_
- 3. Will all containers of toxics, including sanitizing spray bottles, be clearly labeled? YES/NO
- 4. Location of clean linen storage \_\_\_\_\_
- 5. Location of dirty linen storage \_\_\_\_\_
- 6. Are bulk food product storage containers constructed of safe materials?    YES/NO  
    Indicate type: \_\_\_\_\_

**SINKS**

- 1. Is a mop sink present?    YES/NO
- 2. If the menu dictates, is a food preparation sink present? YES/NO

**DISHWASHING FACILITIES**

- 1. Will sinks or a dishwasher be used for warewashing?  
    Dishwasher    ( )  
    Three Vat Sink ( )

2. Dishwasher  
 Type of sanitization used: Hot water (temp. provided)  
 Chemical type  
 Is ventilation provided? YES/NO
3. Do all dishwasher machines have templates with operating instructions? YES/NO
4. Do all dishwasher machines have temperature/pressure gauges, as required, that are accurately working? YES/NO
5. Does the largest pot and pan fit into each compartment of the pot sink? YES/NO  
 If no, what is the procedure for manual cleaning and sanitizing?
6. Are there drain boards on both ends of the pot sink? YES/NO
7. What type of sanitizer is used?  
 Chlorine ( )  
 Iodine ( )  
 Quaternary ammonium ( )  
 Hot water ( )  
 Other \_\_\_\_\_ ( )
8. Are test papers and/or kits available for checking sanitizer concentration? YES/NO

**HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and warewashing area? YES/NO
2. Is hand cleanser available at all handwashing sinks? YES/NO
3. Are hand-drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES/NO
4. Are covered waste receptacles available in each restroom? YES/NO
5. Is hot and cold running water under pressure available at each handwashing sink?  
 YES/NO

\*\*\*\*\*

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

Signature(s) \_\_\_\_\_

\_\_\_\_\_

owner(s) or responsible representative(s)

Date: \_\_\_\_\_

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Updated January 21, 2015