

PLAN REVIEW GUIDE

OPERATION NAME: _____

OPERATION ADDRESS: _____

OPERATION TELEPHONE (IF AVAILABLE): _____

OPERATION CONTACT (IF AVAILABLE): _____

LICENSE HOLDER COMPANY NAME: _____

LICENSE HOLDER MAILING ADDRESS: _____

LICENSE HOLDER TELEPHONE & E-MAIL: _____

1 LICENSE HOLDER CONTACT: _____

Initial in the boxes below to certify that the following information has been submitted. Failure to provide any of the following information will result in disapproval of the plans.

	Requirement	Initials
1	Layout drawn reasonably to scale	
2	Type of facility proposed	
3	Foods to be sold/served or menu	
4	Total square footage, or micro market linear feet	
5	Layout includes all portions of the premises, including parking lot and dumpster(s).	
6	Layout shows entrances and exits	
7	Location, number and types of plumbing fixtures and all water supply facilities shown on layout.	
8	Plan of Lighting (Page 20 & separate sheet)	
9	Floor plan showing equipment layout	
10	Building materials and surface finishes	
11	Equipment list with manufacturer's and model numbers	

*** Please fill out and return this page along with pages 13-26. If a question does not apply to your facility, please indicate with "N/A".**

Food Service Operation / Retail Food Establishment Licensing Process

(For your reference, please keep this page and check-off tasks as they are completed.)

- 2
- ___ 1. Pick up a Plan Review Guide from the Health Department

 - ___ 2. Turn in: (1) The completed plan Review Guide; (2) A check for the appropriate plan review fee. This fee is based on the operations risk level; a description of which is included within the guide; (3) Items #1 - #11 listed on front page of Plan Review Guide.

 - ___ 3. A Health Department official will review all submitted materials within 30 days. Then, an approval letter and an application for a Food Service Operation / Retail Food Establishment License will be mailed to the applicant. Or, a disapproval letter may be mailed if all requirements are not met.

 - ___ 4. The completed application and appropriate license fee for the corresponding level of the facility must be returned to the Health department prior to licensing.

 - ___ 5. Call the Health Department for a preliminary inspection of the facility. The preliminary inspection should take place at least 5-10 days before the desired opening date. This inspection may result in a list of objectives that must be met before the Food Service License will be issued.

 - ___ 6. Call the Health Department to schedule a final inspection. The license will be issued during inspection only if all work is completed.

RULE 3717-1-09: CRITERIA FOR REVIEWING FACILITY LAYOUT AND EQUIPMENT SPECIFICATIONS

Approval of plans required. No person, firm, association, organization, corporation, or government shall construct, install, provide, equip or extensively alter a food service/establishment until the plans have been submitted to and approved in writing by the licenser or its authorized representative. When plans are submitted to the board of health, its authorized representative, or the department, they shall be acted upon within thirty days after date of receipt.

Sanitarians and Plumbing Inspectors are in the office for consultation Monday through Friday during the following hours: 8-9:00 a.m., 1-2:00 p.m., and 4-4:30 p.m.

The facility layout and specifications shall be legible, drawn reasonably to scale, and shall include:

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1. The total square footage to be used for the food service operation or retail food establishment.
2. All portions of the premises in which the food service operation or retail food establishment are to be conducted including parking lot and dumpster(s);
3. Entrances and exits;
4. Location, number and types of plumbing fixtures, including all water-supply facilities;
5. Plan of lighting
6. A general layout of fixtures and other equipment;
7. Building materials and surface finishes to be used for floors, walls and ceilings; and
8. An equipment list with equipment manufacturers' names and model numbers.



PRIVATE WELL WATER SYSTEM AND PRIVATE SEWAGE DISPOSAL SYSTEM PLANS must be submitted to:

- Ohio EPA Northwest District Office 800-686-6930 and
347 Dunbridge Rd. 419-352-8461
P.O. Box 466 Fax: 419-352-8468
Bowling Green, OH 43402-0466

STRUCTURAL PLANS AND SPECIFICATIONS FOR THE BUILDING, ELECTRICAL, HEATING AND VENTILATION must be submitted to:

- City of Lima/Allen County Building Department* 419-228-5462
Municipal Building
50 Town Square
Lima, OH 45801
** If the project is located within the city of Lima or the townships.*

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OR

- State of Ohio* 614-481-4666
Division of Factories and Buildings
2323 West Fifth Avenue
Columbus, OH 43216
** If the project is located within any other village of Allen County or the City of Delphos.*

PLUMBING PLANS must be submitted to:

- Allen County Health Dept. 419-228-4457
Plumbing Division
219 E. Market St.
P.O. Box 1503
Lima, OH 45802





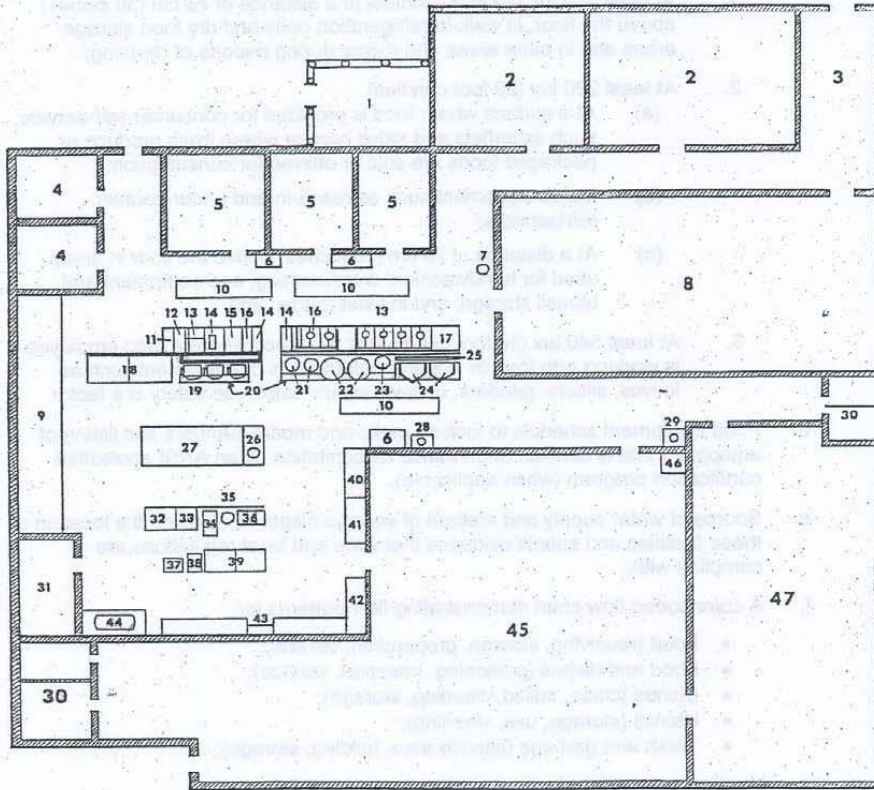
ALLEN COUNTY PUBLIC HEALTH

Allen County Combined Health District

Sample copy of a floor 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 Machine |
| 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 #.

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Public Health
Prevent. Promote. Protect.

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PHYSICAL FACILITIES: MATERIALS FOR CONSTRUCTION AND REPAIR

OUTDOOR AREAS – surface characteristics

- The outdoor walking and driving areas shall be surfaced with concrete, asphalt, or gravel or other materials that have been effectively treated to minimize dust, facilitate maintenance, and prevent muddy conditions; and, graded to drain.
- Exterior surfaces of buildings and mobile food service operations shall be of weather-resistant materials.
- Outdoor storage areas for refuse, recyclables, or returnables shall be constructed of nonabsorbent material such as concrete or asphalt and shall be smooth, durable, and sloped to drain.

EQUIPMENT AND UTENSILS

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- 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. **DOMESTIC STYLE EQUIPMENT IS NOT ACCEPTABLE.**
- THE RULE OF THUMB FOR A FSO OR FE EQUIPMENT AND SURFACES: THEY SHALL BE SMOOTH, NON-ABSORBENT AND EASILY CLEANABLE.
- THREE COMPARTMENT SINK - A sink with at least three-compartments shall be provided for manually washing, rinsing, and sanitizing equipment and utensils. Sink compartments shall be large enough to accommodate the immersion of the largest equipment and utensils.
- DRAINBOARDS, utensil racks, or tables large enough to accommodate all soiled and cleaned items that may accumulate during hours of operation shall be provided for necessary utensil holding before cleaning and after sanitizing. Drain boards shall be convenient for use and shall be self-draining.
- A SANITIZER TEST KIT, that accurately measures the parts per million (ppm) concentration of sanitizer solution, must be obtained and used.
- A WAREWASHING MACHINE that uses a chemical for sanitization shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added.
- THERMOMETERS – cold or hot holding equipment used for time-temperature controlled for safety food shall be designed to include and shall be equipped with at least one integral or permanently affixed temperature measuring device.
- A METAL-STEM PROBE FOOD THERMOMETER, scale 0°-220° F, must be obtained and used.
- Sinks used for food preparation or for washing equipment or utensils shall not be used for hand washing.

- The use of lavatories, ware washing sinks, or food preparation sinks for the disposal of mop water or similar liquid waste is prohibited.

PLUMBING

- GREASE INTERCEPTORS shall be installed in accordance with Chapter 10 of the Ohio Plumbing Code. The grease interceptor shall be inspected frequently, and cleaned as often as necessary to retain the grease wastes. The materials must be removed from the premises for disposal and not deposited in the plumbing or sewerage system.
- At least one SERVICE SINK or curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water or similar liquid wastes.
- All sinks and equipment used for preparation, processing, or storage of food shall have drains that are indirectly connected and safe wasted to the soil or waste system. All other equipment, such as utensil washing sinks and dishwashers, shall be directly connected and properly trapped and vented to the grease interceptor's indirect waste system.

HANDWASHING FACILITIES

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- Hand wash sinks shall be provided and installed according to OAC 3717-1-05.1(G) and the Ohio Basic Building Code.
- Hand wash sinks shall be located so as to permit convenient use by all employees in food preparation, food dispensing and ware washing areas, and in, or immediately adjacent to, toilet rooms or vestibules.
- Hand wash sinks shall be accessible to employees at all times.
- Hand wash sinks may not be used for purposes other than hand washing.
- Hand wash sinks **ONLY** shall be provided with the following:
 - A supply of hand cleaning liquid, powder, or bar soap.
 - Individual, disposable towels; a continuous towel system that supplies the user with a clean towel; or a heated-air hand-drying device.
 - A waste receptacle, if disposable towels are used.
 - A hand washing sign or poster that notifies food employees to wash their hands.

TOILET FACILITIES

- Toilet facilities opening into food preparation, equipment and utensil washing, or storage areas shall be completely enclosed and shall have tight-fitting, self-closing doors, which shall be closed except during cleaning and maintenance.

FLOORS

- The floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable.
- Utility service lines and pipes may not be unnecessarily exposed. Exposed utility service lines and pipes shall be installed so they do not obstruct or prevent cleaning of the floors, walls, or ceilings.
- Exposed horizontal utility service lines and pipes may not be installed on the floor.
- The floor and wall junctures shall be coved and enclosed or sealed.
- A floor covering, such as carpeting, may not be installed as a floor covering in food preparation areas, walk-in refrigerators, ware washing areas, toilet room areas where hand washing lavatories, toilets, and urinals are located, refuse storage rooms, or other areas where the floor is subject to moisture, flushing, or spray cleaning methods.

WALLS AND CEILINGS

- Wall and ceiling covering materials shall be attached so that they are easily cleanable.
- Except in areas used only for dry storage, concrete, porous blocks, or bricks used for indoor wall construction shall be finished and sealed to provide a smooth, nonabsorbent, easily cleanable surface.
- Studs, joists, and rafters may not be exposed in areas subject to moisture.

HEATING, VENTILATING, AND AIR CONDITIONING SYSTEMS

- Heating, ventilating, and air conditioning systems shall be designed and installed so that make-up air intake and exhaust vents do not cause contamination of food, food-contact surfaces, equipment or utensils.
- If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes, mechanical ventilation of sufficient capacity shall be provided.

DRESSING AREAS, LOCKERS, AND BREAK AREAS

- Dressing rooms or dressing areas shall be designated if employees routinely change their clothes in the food service operation or retail food establishment.
- Lockers or other suitable facilities shall be provided for the orderly storage of employees' clothing and other possessions.
- Areas designated for employees to eat, drink, and use tobacco shall be located so that food, equipment, linens, and single-service and single-use articles are protected from contamination.

INSECT, RODENT, AND ANIMAL CONTROL

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- Openings to the outside shall be effectively protected against the entrance of rodents and insects by tight-fitting, self-closing doors, closed windows, screening, controlled air currents, or other means. Screen doors shall be self-closing, and screens for windows, doors, skylights, transoms, intake and exhaust air ducts, and other openings to the outside shall be tight-fitting and free of breaks. Screening material shall not be less than sixteen-mesh to the inch.

LIGHTING

- Provide at least ten foot-candles of light at a distance of thirty inches from the floor in walk-in coolers and dry food storage areas, and in other rooms and areas during cleaning.
- Provide at least twenty foot-candles of light at consumer self-service areas; inside equipment such as reach-in and under-counter coolers; and, at a distance of thirty inches above the floor, in areas used for hand washing, ware washing, or equipment and utensil storage, and in toilet rooms.
- Provide at least fifty foot-candles of light on all food preparation surfaces.
- Shielding or shatter-proof bulbs shall be provided for all artificial lighting fixtures located over, adjacent to, or within food storage, preparation, service (except in dining areas and packaged food storage areas) and display facilities, and facilities where utensils and equipment are cleaned and stored.

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PRIVATE HOMES AND LIVING OR SLEEPING QUARTERS

- A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used for conducting food service operations or retail food establishment operations.
- Living or sleeping quarters located on the premises of a food service operation or retail food establishment shall be separated from rooms and areas used for food service operations or retail food establishment operations by complete partitioning and solid-self-closing doors.

LICENSE FEE CATEGORIES

THE ALLEN COUNTY HEALTH DEPARTMENT FEE SCHEDULE

FOOD SERVICE OPERATIONS & RETAIL FOOD ESTABLISHMENTS LESS THAN 25,000 SQUARE FEET		
RISK LEVEL	LICENSE FEE	PLAN REVIEW FEE**
LEVEL 1	\$133.00	\$100.00
LEVEL 2	\$159.00	\$100.00
LEVEL 3	\$373.00	\$175.00
LEVEL 4	\$493.00	\$175.00
FOOD SERVICE OPERATIONS & RETAIL FOOD ESTABLISHMENTS GREATER THAN 25,000 SQUARE FEET		
RISK LEVEL	LICENSE FEE	PLAN REVIEW FEE**
LEVEL 1	\$226.00	\$100.00
LEVEL 2	\$241.00	\$100.00
LEVEL 3	\$1,048.00	\$175.00
LEVEL 4	\$1,115.00	\$175.00

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Alterations to an existing food service operation or retail food establishment by a person holding a valid license for that location will not be assessed a plan review fee. A plan review fee will be assessed for any **new operation as defined in Section 1.1 of the Allen County Health Department FOOD SERVICE OPERATION AND RETAIL FOOD ESTABLISHMENT REGULATION.

A NEW FOOD SERVICE OPERATION or RETAIL FOOD ESTABLISHMENT

1. A business or operation that has not been previously licensed pursuant to these regulations.
2. A licensed operation, which undergoes a change of ownership and will be extensively altered and the licensor has not granted permission to transfer the license. A new license would be required subject to an appropriate plan review.
3. A reactivated food service operation, which has not been continually licensed or has not been in operation for twelve consecutive months shall be considered a new food service operation and shall comply with the rules in affect at the time of reactivation.

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

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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.



ALLEN COUNTY PUBLIC HEALTH

Allen County Combined Health District

TYPE OF FACILITY:

- RESTAURANT
- RETAIL MARKET
- NURSING HOME / ASSISTED LIVING
- CATERING OPERATION
- OTHER

Hours of Operation: Sun _____ Thurs _____
 Mon _____ Fri _____
 Tues _____ Sat _____
 Wed _____

Total Square Feet, or Linear Feet, of Facility: _____

Number of Floors on which operations are conducted: _____

Projected Date for Start of Project: _____

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Type of Service: Sit Down Meals _____
 (Check **all** that apply) Retail Sales _____
 Carry Out _____
 Catering _____
 Other _____



FOOD PREPARATION REVIEW

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

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<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)	()	()
6. Pre-packaged foods	()	()
7. Other: _____		

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

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
3. 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 have a thermometer? YES / NO

Number of refrigeration units: _____

Number of freezer units: _____

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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.

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 130°F (121 min)
- Solid seafood pieces 145°F (15 sec)
- Other TCS foods 145°F (15 sec)
- Pork 145°F (15 sec)
- Eggs
 - Immediate service 145°F (15 sec)
 - Pooled* 155°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

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

HOT/COLD HOLDING

1. 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?

2. 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.

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COOLING

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.

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

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REHEATING

1. Will TCS foods be reheated? YES / NO
2. Will TCS foods be reheated in **individual portions** or **in bulk quantities**? (Please circle the correct answer). If reheating in bulk portions, facility will be classified as a Risk Level IV.
3. If applicable, how will reheating food to 165°F for hot holding be done rapidly within 2 hours?

PREPARATION

1. A **Person-in-Charge Certification** is required to be held by each person-in-charge per shift at all facilities.

Please indicate all persons holding certification, the name of the course completed and the date of completion. Information regarding the Person-in-Charge Certification can be found on the Ohio Department of Health website on the "**Food Safety**" webpage.

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO
3. 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

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

Describe planned location for washing produce: _____

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

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FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, 4” plastic covered molding, FRP board, commercial grade vinyl etc.) will be used in the following areas:

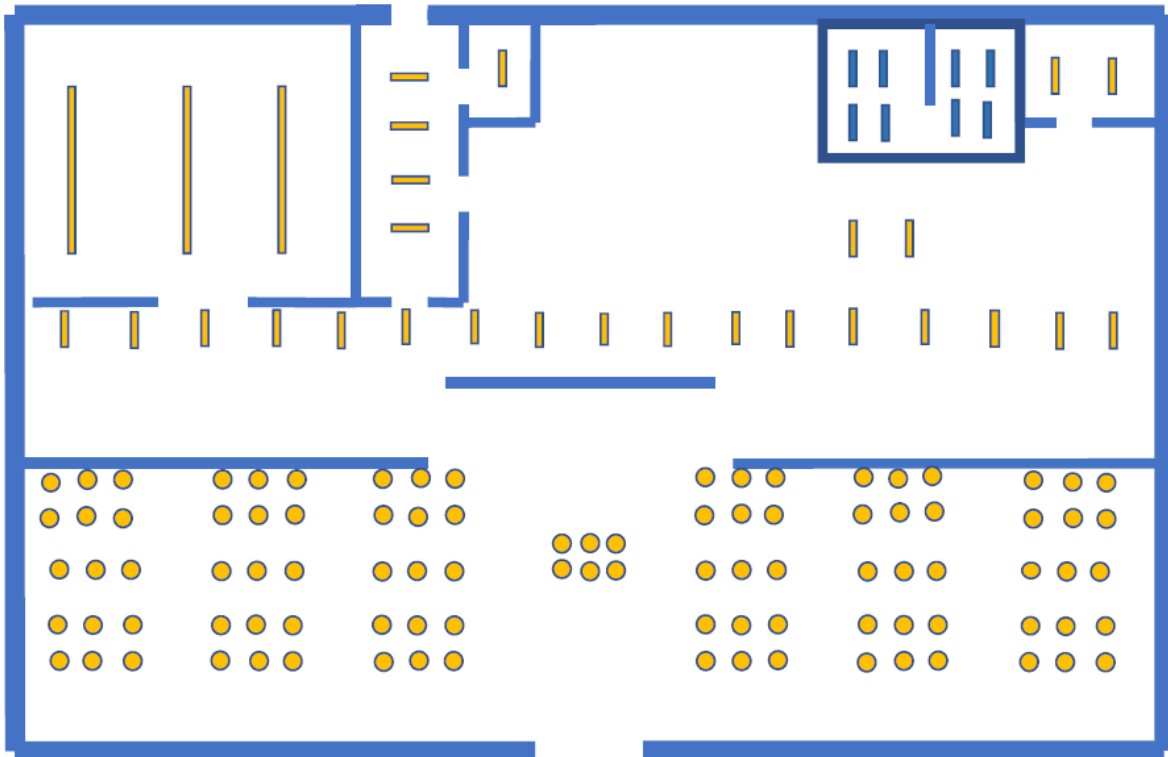
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	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Retail Sales Area				
Toilet Rooms				
Walk-in Cooler(s) and Freezer(s)				
Garbage & Refuse Storage				
Mop Service Area				
Ware washing Area				

- THE RULE OF THUMB FOR SURFACES: THEY SHALL BE **SMOOTH, NON-ABSORBENT AND EASILY CLEANABLE.**

LIGHTING PLAN EXAMPLE

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	MANUFACTURER	MODEL	BULB TYPE	WATT	LUMEN (lm)	SHIELD Y/N
A	ALCON	12213	LED	15	1001	Y
B	ALCON	12100-24-R	LED	12	1034	Y
C	ALCON	11175	LED	72	9923	Y
D	ALCON	12100-15-R	LED	60	5600	Y



INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing and rodent proof? YES / NO / N/A
2. Are screen doors provided on all entrances left open to the outside? YES / NO / N/A
3. Do all openable windows have a minimum #16 mesh screening? YES / NO / N/A
4. Will all pipes & electrical conduit chases be sealed; ventilation systems' exhaust and intakes protected? YES / NO / N/A

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WATER SUPPLY

1. Is water supply public () or private ()?
2. If private, has source been approved? YES / NO /PENDING

Please attach copy of written approval and/or permit.

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

If made on premise, describe provision for ice scoop storage: _____

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES / NO
2. If no, is private disposal system approved? YES / NO/ PENDING
 (Please attach copy of written approval and/or permit.)
3. Are grease traps provided on the 3-vat sink? YES / NO

DRESSING ROOMS

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

GENERAL

1. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS AND/OR EXTRACTION DEVICES (YES / NO)	SQUARE FEET	FIRE PROTECTION (YES / NO)

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SINKS

1. Is a mop sink present? YES / NO
2. If the menu dictates, is a food preparation sink present? YES / NO
3. Is a hand washing sink available in all food preparation areas? YES / NO
4. Is a hand washing sink available next to 3-vat sink ^{and/or} dishwasher? YES / NO

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?

Dishwasher ()

Three Vat Sink ()

2. Dishwasher

Type of sanitization used: () Hot water

() Chemical

3. Do all dish machines have temperature/pressure gauges that are accurately working?

YES / NO / N/A

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4. Does the largest utensil fit into each vat of the 3- vat sink? YES / NO / N/A

5. Are there drain boards on both ends of the 3-vat sink? YES / NO / N/A

6. What type of sanitizer is used in the 3-vat sink?

Chlorine ()

Iodine ()

Quaternary ammonium ()

7. Are test papers and/or kits available for checking sanitizer concentration? YES / NO

HANDWASHING/TOILET FACILITIES

1. Is there a hand washing sink in each food preparation and ware washing area?
YES / NO
2. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO
3. Is hand cleanser available at all hand washing sinks? YES / NO
4. Are hand-drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? YES / NO
5. Are covered waste receptacles available in each woman's restroom? YES / NO
6. Is hot and cold running water under pressure available at each hand washing sink? YES / NO
7. Are all toilet rooms equipped with adequate ventilation? YES / NO
8. Is a hand washing sign posted at each employee hand wash sink? YES / NO

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ALLEN COUNTY
PUBLIC HEALTH
Allen County Combined Health District

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 or responsible representative(s)

Date: _____

Updated January 8, 2026