Hamilton County Public Health, Division of Environmental Health

Plan Review Application

Project Information

Facility Name	Owner Name
Facility Address	Owner Address
Facility Zip Code	Owner City, State Zip
Facility Phone Number	Owner Phone Number
Estimated Day of Opening	Date Submitted

Project Contact Person	Project Contact Title
Project Contact Phone Number/email	

Type of Construction - New Facility or Renovation. New facilities include the following types of construction: new buildings, new operations (such as different menus and equipment) in an existing food service operation/retail food establishment, new operations within an existing building that was not previously a food service/retail food establishment.

Indicate construction type by circling either New or Renovation:	New	Renovation

Type of Operation - Food Service Operation or Retail Food Establishment. Food Service Operations generally prepare unpackaged food for service to customers. Food service examples: restaurants, adult/childcare facilities, bars, and catering operations. Retail Food Establishments sell prepackaged foods or bulk foods generally consumed off-site of food operation. Retail Food Establishments examples: grocery stores, pizza delivery operations, bakeries, and convience stores. If an operation does both, the facility is classified by the type of operation that accounts for the majority (over 50%) of its sales.

Indicate operation type by circling either Food Service Operation or Retail Food Establishment:	Food Service Operation	Retail Food Establishment

The size of the facility and the risk level determine the fee that shall be paid. Below are examples of types of operation and food processes that commonly found in each risk level. If you have a question regarding your risk level, please contact (513) 946-7847 and speak with a Sanitarian.

***Risk 1** - self-service fountain drinks; prepackaged non-TCS beverages and foods; pre-packaged refrigerated or frozen TCS foods; baby food/formula.*

***Risk 2** - coffee; handling, heat-treating, or preparing non-TCS foods; holding for sale or serving TCS foods at the same proper temperature at which it was received; heating individually packaged, commercially processed foods for immediate service; hand dipping of commerically packaged ice cream.*

***Risk 3** - handling, cutting, or grinding raw meat products; cutting or slicing ready-to-eat meats and cheeses; assembling or cooking TCS foods that are immediately served, held hot/cold, or cooled (i.e. certain coffee and smoothies with additions); operating a heat treatment dispensing freezer; reheating only in individual portions; heating of a product, from an intact, hermetically sealed package and holding it hot; doing reduced oxygen packaging; soft-serve.*

***Risk 4** - Reheating bulk quantities of leftover TCS foods; catering to off-site events; using time in lieu of temperature; serving a highly susceptible population; serving raw or undercooked poultry, beef, pork, or seafood; acidifying white rice; smoking or curing meats.*

Indicate risk level and fee below by circling the appropriate fee below								
Large facilities are over 25,000 square feet	Level 1 small	Level 1 large	Level 2 small	Level 2 large	Level 3 small	Level 3 large	Level 4 small	Level 4 large
	$100	$150	$150	$200	$300	$400	$400	$500

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from Hamilton County General Health District (dba Hamilton County Public Health) may nullify final approval.

Owner/Operator/Representative Name	Owner/Operator/Representative Signature	Date

Approval of these plans and specifications by Hamilton County General Health District does not indicate compliance with any other code, law, or regulation that may be required for construction (local, state, or federal). Ensure all applicable permits and inspections are obtained.

Hamilton County Public Health, Division of Environmental Health

Plan Review Application
Application Checklist

Prior to construction or renovation of a food service operation or retail food establishment, a set of plans shall be submitted to Hamilton County Public Health, Division of Environmental Health. Ensure all of the applicable items are included with your application. Plan review applications can take up to 30 days for review. Incomplete applications can delay approval and subsequent facility operation. Indicate (by check or x) if items are included or not in space provided at left.

Included/NA	Items To Be Included in Plan Review	
	1. **Menu or list of foods to be sold**; include catering or banquet menus if applicable.	
	2. **List of equipment** stating manufacturer and model number. All equipment must be approved by a recognized food equipment testing agency (e.g. NSF, UL, ETL). Note all used equipment on equipment list (used equipment specifications shall comply with current Ohio Uniform Food Safety Code).	
	3. **A floor plan** of the operation showing the following items: total area used for food operation, entrances and exits, location of equipment (i.e. coolers, freezers, steam tables, microwaves, soda machine, rapid chiller, etc...).	
	4. **A plumbing plan** of the operation showing the locations of plumbing fixtures including hand sinks, food preparation sinks, three compartment sinks, ware washing machine, floor drains, water heater, grease interceptor, and air gaps on required equipment.	
	5. **Surface finish list** of floors, walls, and ceilings throughout food operation.	**PAGE 4**
	6. **Required policies and procedures to be submitted for review:** Employee Health Policy and Vomiting, Blood, Diarrhea Clean-Up Policy. Also, submit other procedures policies as applicable: time in lieu of temperature, HACCP, and Ohio Department of Health (ODH) approved variance. Call (513) 946-7847 if you have questions regarding your proposed operation and if it requires additional plans or policies to be submitted.	
	7. **A completed Plan Review Construction Worksheet.** To be completed by someone familiar with construction, building materials, and equipment to be installed.	**PAGE 3**
	8. **A completed Plan Review Facility Operations Worksheet.** To be completed by someone familiar with the facility operations such as food safety, food handling, sanitizing procedures, and employee health.	**PAGES 5-7**
	9. **Ohio Food Manager Certification.** Ohio law requires a certain level of food safety training for management of a *Level 3 or Level 4 facility*. At least one person per facility must have obtained an Ohio Food Manager Certificate. Contact the office at (513) 946-7847 or visit our website for more information on food safety class offerings.	**ATTACH CERTIFICATE**
	10. **Person-In-Charge (PIC) Certification.** Ohio law requires that there is always one person on-site that has obtained a Person-In-Charge Certificate for all facilities. There are a variety of options available to complete this requirement, including online courses. Contact the HCPH office at (513) 946-7847 or visit our website for more information on food safety class offerings.	**ATTACH CERTIFICATE**
	11. **Plan Review Application and Fee** submitted to: Hamilton County Public Health, 1701 Patricia McCollum Way, 5th Floor, Cincinnati Ohio 45237	

Hours of Operation

Please indicate the hours of operation for the facility for each of the following days of the week							
Day	*Sunday*	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*
Time							

Plan Review Application
Construction Worksheet

Facility Name	Facilty Address

Directions: This worksheet addresses facility construction, building materials, and large equipment. It is recommended that the person filling out this worksheet be familiar with the types of materials and equipment that will be installed in the facility. Either circle the appropriate response or use space provided to write any responses. If required information is too lengthy to write into space provided on this worksheet, please attach copies of documents to worksheet.

Name of Person Fill Out Form	Title
Contact Phone Number/email	Date Submitted

Section I: Plumbing

1. Is the water supply municipal or private (such as well water). Note: attach approvals if private.	Municipal	Private
2. Is the waste water system municipal or private (such as septic). Note: attach approvals if private.	Municipal	Private

3. All plumbing is requried to be installed by a licensed plumber, permitted, and inspected. What company (plumber) will facility use for installing or changing existing plumbing fixtures?

4. What is the size of the water heater (in gallons or gallons per minute)? Write "tankless" if applicable.

5. What is the size of the grease trap?

6. Fill in the chart below with information as it pertains to the facility. Types of backflow prevention include an air gap, indirect drain, or approved backflow prevention device. Use blank spaces to include any other plumbed fixtures.

Plumbing Fixture Type	*#*	*Backflow Prevention*	*Plumbing Fixture Type*	*#*	*Backflow Prevention*
Hand Sink (including bathrooms)			Ice Machine		
3 - Compartment Sink			Ice Bin		
Food Preparation Sink			Dipper Well		
Mop Sink			Steam Table		
Chemical Dispenser			Spray Arms		
Dishwashing machine			Soda Machine/Soda Gun		
Garbage Grinder/Disposal					

Section II: General Construction

7. Are hand washing sinks located in food preparation and ware washing areas?	Yes	No
8. Will all outside and restroom doors be self-closing?	Yes	No
9. Are screen doors provided for all entrances left open to the outside?	Yes	No
10. Do all windows that can be opened have a minimum of 16 mesh to 1 inch screening?	Yes	No
11. Will insect electrocution/control devices be used in the facility? (If so, ensure locations are marked on	Yes	No
12. Is the area around the building clear of unnecessary brush, litter, boxes, and other insect or rodent	Yes	No
13. Are there storm drains located in the dumpster area?	Yes	No
14. Are there any hose spigots located in the dumpster area?	Yes	No
15. Will all lighting in food preparation and storage areas be shielded or shatterproof?	Yes	No
16. At a distance of 30-inches above the floor, the following lighting levels are required:	**Initials:**	

50 foot candles (540 lux) in food preparation areas where employees work with food, utensils, and equipment or where employee safety is a factor.	20 foot candles (215 lux) in customer self-service (buffets, salad bars), displays of fresh produce, inside equipment (reach-in coolers), and restrooms.	10 foot candles (108 lux) in walk-in coolers, dry storage areas, and areas/rooms when cleaning.

Section III: Finish Schedule

17. Fill out the below chart with the types of building materials used in the various areas. Note: use caulk/sealant in the appropriate areas (i.e. high splash - silicone caulk; behind hood/grills - high temperature caulk); ensure all floor-wall junctures have a minimum of 4 inch cove base molding. See "Approved Finishes Table" below for more information.

Area	Floor	Wall	Ceiling
Kitchen			
Bar			
Dish-washing area			
Dry Food Storage			
Walk-ins (Cooler/ Freezer)			
Indoor Refuse/ Garbage			
Restrooms			
Utility/Mop Room			
Employee Break Room			
Buffet/ Service Area			

Approved Finishes Table

Area	Floor	Wall	Ceiling
Kitchen – Cooking	Quarry tile, poured seamless, sealed concrete	Stainless Steel, Aluminum, Ceramic Tile	Plastic Coated or metal clad fiberboard, dry wall epoxy glazed surface, plastic laminate
All other areas of the kitchen, storage, dish washing, and bathrooms	Quarry tile, poured seamless, sealed concrete, vinyl composition tile	Stainless Steel, Aluminum, Ceramic Tile, Fiberglass Reinforced Plastic (FRP), epoxy painted drywall, filled block with epoxy paint or glazed surface	Plastic Coated or metal clad fiberboard, dry wall epoxy glazed surface, plastic laminate
Dining Areas	Carpets must be durable and easily cleanable	N/A	N/A

Plan Review Application
Facility Operations Worksheet

Facility Name	Facility Address

Directions: ***It is recommended that the person filling out this worksheet be familiar with all operations within the facility.*** *This worksheet addresses facility operations such as food safety, food handling, sanitizing procedures, employee health, and so forth. Either circle the appropriate response or use space provided to write any responses. If required plans/procedures (such as a HACCP) are too lengthy to write into space provided on this worksheet, please attach copies of documents to worksheet.*

Name of Person Filling Out Form	Title
Contact Phone Number/email	Date Submitted

Section I: Food Safety

1. *Time/temperature controlled for safety (TCS) foods are foods that require either a limited time at room temperature or maintaining the food at a certain temperature to limit the growth of disease causing microorganisms or toxin formation. All TCS food being stored or held cold is required to be at or below a temperature of 41° F. All TCS food being held hot is required to be at or above 135° F.* Will this facility have TCS foods on-site?	Yes	No
2. Describe the methods that will be used to keep foods cold during storage or holding (i.e. walk-in coolers/freezers, reach-in coolers freezers, ice baths, etc..):		
3. If applicable, describe how cross-contamination will be prevented (i.e. raw versus ready-to-eat items).		
4. Describe below the methods that will be used to keep foods hot during holding (i.e. steam tables, range, etc..):		
5. Will this facility use time, instead of temperature, as a control method to control microorganism growth and toxin formation? If "Yes", provide a copy of time procedure with application.	Yes	No
6. *Cooking of raw meats, eggs, poultry and seafood is required to destroy certain disease causing microorganisms.* Will this facility cook raw meats, eggs, poultry, or seafood?	Yes	No
7. Will this facility cook for service or sale any of the above listed raw meat products in a raw or undercooked form? If "Yes", provide copy of consumer advisory (either on menu or attached to application).	Yes	No
8. *Thawing is the process by which a TCS food is taken from a frozen state to a non-frozen state. Acceptable methods of thawing TCS foods are: storage of frozen foods under refrigeration (41° F or below), submerge foods under running water not to exceed 70° F, thaw in a microwave (as part of cooking process), or cooking foods from a frozen state directly.* Will this facility thaw TCS foods?	Yes	No
9. Which methods (as described above) will be used to thaw TCS foods (if no thawing will occur, write NA)?		
10. *All TCS foods shall be cooled from 135° F to 70° F within 2 hours and from 135° F to 41° F within 6 hours. Various methods can be used to cool TCS foods within the appropriate time period, such as: placing food in refrigeration, placing food in shallow pans under refrigeration, placing food in ice baths, using ice paddles/ice wands/ice sticks, or using a rapid chiller.* Will this facility cool TCS foods?	Yes	No
11. Describe what methods will be used to cool TCS foods (if no cooling will occur, write NA).		

Section I: Food Safety (cont.)

12. *Reheating is the process by which previously cooled TCS foods are heated again for hot holding. Reheating does not include heating TCS foods which arrive at the facility in a precooked state or reheating for immediate service. Reheated TCS food shall be heated to a temperature of 165° F for 15 seconds within 2 hours.* Will this facility reheat TCS foods?	Yes	No
13. Describe what method(s) will be used to reheat TCS foods (if no reheating will occur, write NA).		
14. What type of temperature measuring device will be used to check internal temperatures of TCS foods (i.e. digital, stem type, thermocouple, etc…)?		
15. How often will the temperature measuring device be calibrated?		
16. Will this facility serve or prepare sushi? If "No", skip to Question 18.	Yes	No
17. Will this facility freeze meats on-site for parasite destruction? If "No", a "Letter of Guarantee" must be obtained from supplier(s) and kept on site for review during inspections.	Yes	No
18. Will this facility make acidified rice and store at room temperature? If "Yes", attach a copy of the HACCP plan to this worksheet.	Yes	No
19. Will this facility reduce oxygen package, sous vide, vacuum seal, cook chill, or smoke meat/fish for preservation any products? If "Yes", attach a copy of the HACCP plan to this worksheet.	Yes	No
20. Will this facility bottle fresh, unpasteurized juice?	Yes	No
21. Will this facility make it's own yogurt, cheese, sour cream, other cultured dairy product, or other fermented food product? If "Yes", a variance shall be obtained from the State of Ohio before operation.	Yes	No
22. Will this facility make it's own jerky to store at room temperature? If "Yes", a variance shall be obtained from the State of Ohio before operation.	Yes	No
23. Will this facility be curing meat? If "Yes", a variance shall be obtained from the State of Ohio before operation.	Yes	No
24. *Catering is defined as preparing food on-site and then transporting prepared food to another location for service. Catering does not include preparing party trays, sandwich trays, special orders that are picked up at the facility by the consumer. Catering does not include the delivery of food (such as pizza) to the consumer.* Does this facility plan on catering?	Yes	No
25. Describe below how food will be kept hot/cold during transportation (if no catering will occur, write NA).		
26. Does this facility plan to serve a highly susceptible population (i.e. nursing home, hospital, etc…)?	Yes	No
27. *All food is required to come from an approved and inspected source.* Where does this facility plan to obtain its food from?		
28. Will produce be washed on-site prior to use or will produce be pre-washed?		
29. How will this facility prevent bare hand contact with ready-to-eat foods (i.e. disposable gloves, utensils, food grade paper, etc…)? Latex gloves are not acceptable due to latex allergy.		

Section II: Cleaning and Sanitizing Procedures

30. What chemical sanitizer(s) will be used on food contact surfaces (bleach, quat, etc…)? What company or supplier will facility obtain chemicals through?		
31. Will the facility have a dishwashing machine on site?	Yes	No
32. What method of sanitization does the dishwashing machine utilize: chemical and/or high temperature (write NA if none present)?		
33. *All dishware, utensils, and equipment are required to air dry.* Describe location where items will air dry.		
34. What company and how often will the grease trap/interceptor be serviced (cleaned and/or emptied)?		
35. Dumpsters shall be large enough to store all garbage until pick up. How often will dumpsters be emptied?		
36. Will this facility have on-site used grease storage? If "No", skip to Question 39.	Yes	No
37. Will the used grease storage be outside or inside?		
38. What company will provide used grease removal services and how often will they pick-up the used grease?		
39. *All pesticide application must be provided by a person certified in Ohio to apply pesticides in a commercial setting*. Which company/person will be contracted to treat for pests in the facility?		
40. *Clean linens shall be stored in a clean and dry location to prevent contamination of clean items. Dirty linens shall be stored to prevent contamination of clean surfaces.* How will clean and dirty linens be stored?		