



FOOD SERVICE OPERATION (FSO) RETAIL FOOD ESTABLISHMENT (RFE) PLAN REVIEW

Licensing

All retail food businesses in Clark County are required to have a food service operation or retail food establishment license issued by the Clark County Combined Health District (CCCHD).

Getting Started

All new retail food businesses, those performing extensive alterations or remodeling, and those closed for more than one year, must complete the plan review process. No work is to begin until plans are approved. The following are the necessary steps to obtain a food service operation or retail food establishment license from the Clark County Combined Health District.

Step 1: Submit Plans

Include the following:

- One (1) complete set of drawings of the facility.
- Completed plan review checklist (this document)
- Menu or list of food items to be sold
- A plan review fee is collected when the license fee is collected (The plan review fee schedule is attached)

Step 2: Plan Review Process

- Within 30 days after plans are submitted, CCCHD will review the plans.
- Plans may require additional information or changes – in this case, you will be contacted.

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved.
- Plan approvals not acted upon expire in one (1) year from the approval date, unless the facility is under construction.

Step 4: Construction

- Ensure that all contractors and sub-contractors, including plumbing, HVAC and electrical, are licensed:

City of Springfield Building Inspection Services:	937-324-7389
Clark County Community Development (Building Inspection Services):	937-521-2160
Clark County Combined Health District (Plumbing Inspection):	937-390-5600
Ohio Environmental Protection Agency (Southwest District Office):	937-285-6357
- Ensure that contractors obtain necessary permits.
- Contact CCCHD if you have questions or need a walk-through inspection during construction.

Step 5: Inspections

- Obtain signatures ('sign offs') from all building and plumbing inspectors before contacting CCCHD for a pre-licensing inspection – arrange for this inspection once approval for a Certificate of Occupancy (or Temporary Certificate of Occupancy, if applicable) has been given.
- CCCHD requires a minimum of 2 business days' notice to schedule an inspection. Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection, if necessary. Call 937-390-5600 to schedule the inspection.
- Once approval is made from the pre-licensing inspection, a license application must be completed and submitted along with appropriate plan review and license fees to be able to open for business.

Please remove this page for your future reference before submitting the application.



FSO/RFE Plan Review Checklist / Application Plan Review Contacts

***Please print clearly or type

Proposed Business Name: _____ Phone: _____

Location Address: _____ Fax: _____

City: _____ Zip Code: _____

Name of Operator (Owner): _____ Phone: _____

Name of Contact for Plans: _____ Phone: _____

Fax: _____ E-Mail: _____

Address for plan approval letter: _____

City: _____ State: _____ Zip Code: _____

Estimated Date Construction Will Begin: _____ Planned Days/Hours of Operation: _____

Estimated Opening Date: _____

Type of Establishment

New Establishment OR Remodel

(Check all that apply):

- Restaurant /Diner Coffee Shop Bar Grocery Store
- Convenience Store Fish Market Deli Meat Market
- Caterer School Child Care Long Term Care
- Fast Food Other (please specify) _____

Total Square Feet in Establishment: _____ Square Feet Devoted to Food: _____

If seasonal, list the months of operation: _____

Is the entity seeking the FSO/RFE license a non-profit as determined by the Internal Revenue Service?

Yes No. If Yes, please attach documentation of proof.

Water Supply: Municipal Other*: _____

Sewage Disposal: Sanitary Sewer Semi Public*

* Please provide documentation of approval from Ohio EPA

Internal use only: Date received _____ Received by _____

Plan Review Components

The plans submitted to CCCHD must be legible, in English and include the following list of information. Please indicate with a checkmark (✓) that the following are included or indicate if not applicable (n/a). Lack of complete information will delay plan approval and/or the opening of your business.

- _____ **Proposed Menu** or list of food items.
- _____ **Facility floor plan**, drawn to scale.
 - _____ Total area to be used for food service/retail food establishment operation.
 - _____ Restroom location(s).
 - _____ Location of entrances and exits.
 - _____ Dry goods storage area.
 - _____ Location of chemical and personal belongings storage.
 - _____ Designated area for garbage and grease dumpsters.
 - _____ Location, type and number of all plumbing fixtures, including make and model numbers.
 - _____ Hand wash sinks (Must be conveniently located to all restrooms, food preparation, ware wash, and food dispensing areas).
 - _____ Three-Bay Sink.
 - _____ Food preparation/vegetable wash sink (Must have indirect drain).
 - _____ Utility/Mop sink.
 - _____ Dish Machine – Please indicate: High or Low temperature.
 - _____ List of equipment (keyed to the general layout drawing, example attached), including manufacturer and model numbers. ***The submittal of manufacturers’ brochures and/or specification sheets is appreciated and may decrease the time required for the plan review. *Commercial equipment only (NSF or equivalent); no domestic equipment is permitted. All floor mounted equipment must be easily movable, elevated at least 6” off of floor, or sealed to floor to ease maintenance/cleaning.***
 - _____ Location of well and septic if not using municipal utilities.
- _____ **Isometric plumbing drawing.**
- _____ **Interior Finish Schedule** with materials for floors, walls and ceilings (see example included).
- _____ **Lighting plan** OR statement that there will be a minimum of 50 foot candles of light on all work surfaces, including preparation tables, utensil washing area, and areas of food dispensing.
- _____ **Ventilation systems:** Food preparation and restroom.
- _____ ANSI approved fire suppression systems over grease producing equipment.

Reminder: Plans missing these items are considered incomplete and will delay approval.

FOOD SAFETY PLANS AND POLICIES

Please use additional space if necessary to respond to the following:

1. Will any food be re-packaged? Yes No Example: Chocolate chips received in bulk and re-packed in smaller packages. If yes, provide detail. _____

2. Describe the methods of how hot foods will be held at 135° F or above. _____

3. Describe the methods of how hot foods will be rapidly cooled to 41° F or below: (Shallow pans, ice baths, reduce volume or size, etc...), _____

4. Please list categories of foods that will be prepared more than 12 hours in advance of service. _____

5. How will raw poultry, meats, seafood, and ready-to-eat foods be protected from cross-contamination?

6. Describe how hot foods will be rapidly reheated to 165° F or above. _____

7. Will time be used in lieu of temperature for safe food handling? Yes No. If yes, please provide written policy.

8. Please list the quantity and types of temperature measuring device(s) to be used to measure the temperature of TCS (Temperature Controlled for Safety) foods. _____

9. How will frozen foods be thawed (refrigeration, part of the cooking process, etc...)? _____

10. Will fruits and vegetables be washed in the establishment, or will all fruits and vegetables be received pre-washed and pre-cut? _____

11. How will bare-hand contact with ready-to-eat foods be avoided (gloves, tongs, utensils)? _____

12. Will there be any menu items that contain meat, seafood, egg, or poultry served raw or undercooked? Yes No If yes, please list the items. _____

(If so, consumers must be advised of the increased risk of food borne illness. We recommend that the advisory be placed on the menus, and each applicable item referenced with an asterisk*.)

13. Are any foods prepared in advance as an ingredient to another food, then cooled for storage until use? Yes No. (Example: beef for chili) If yes, please describe. _____

14. What will happen to "left-overs"? _____

15. How many days per week will re-heating of food occur? _____ Provide detail. _____

16. Will the facility be serving a highly susceptible population? (Persons who are more likely than other people in the general population to experience food borne disease because they are immuno-compromised, pre-school aged children, or older adults, etc...) Yes No.

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

17. Will catering be conducted? Yes No If yes, please describe. _____

18. Do you plan to prepare foods off site? Yes No If yes, please describe. _____

19. Will food be transported to another location? Yes No

If yes, what equipment will be provided to maintain food at the proper temperatures during transport?

20. Will non-managerial food employees be trained in good food sanitation practices? Yes No.

Please provide detail.

21. How many supervisors/managers will work in the operation? _____

Note: All new food operations are required to have on-duty at all times, a person who has successfully completed at least Level One Food Safety training. Level One Food Safety Training is available locally through The Ohio State University Cooperative Extension Service. Telephone: 937-521-3860

22. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No. Please describe briefly. _____

23. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which can not be submerged in sinks or put through a dishwasher be sanitized? _____

Chemical Type: _____ Concentration: _____

24. If necessary, please provide additional pages to help explain the proposed food operation.

Plan Review Submission

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. I am submitting a set of plans which include the required drawings and a menu.

Signature of applicant: _____ Date: _____

Submit Plans To:

Retail Food Business Plan Review
Clark County Combined Health District
529 E. Home Road
Springfield, OH 45503
Telephone: 937-390-5600
Fax: 937-390-5625

Help with Making Equipment Plans:

All equipment and plumbing fixtures must be approved for food service by an approved food service equipment testing agency.

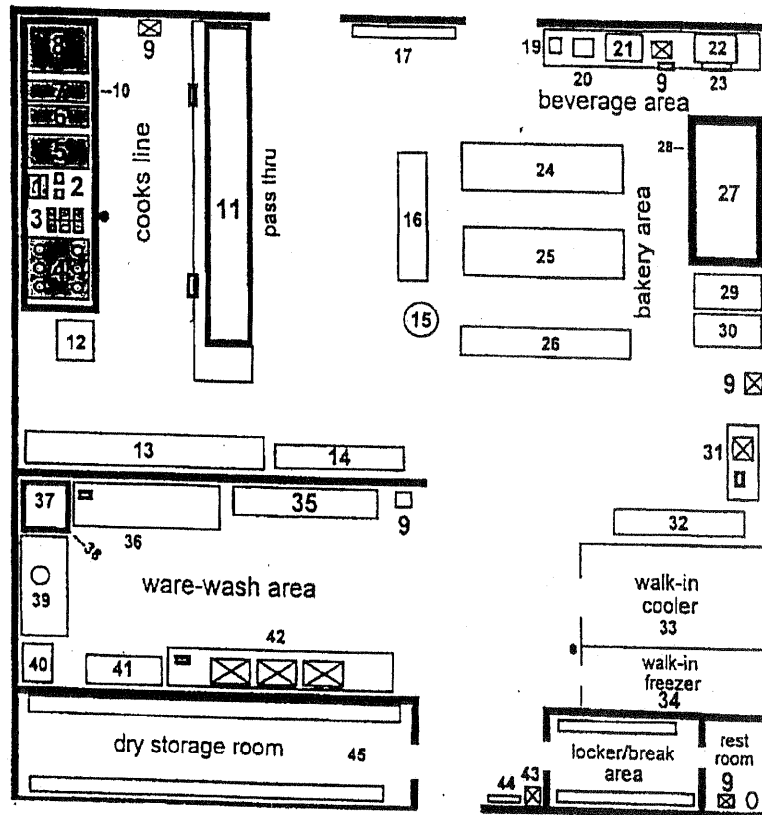
The following are examples of symbols for some of the agencies/companies that are approved to approve food service equipment:



The following is a partial list of companies where approved equipment is available:

Company	Location	Telephone	Web Site
Aydelott Equipment Inc	Dayton, OH	888-293-3568	www.aydelott.com/
Bailey Food Machines	Dayton, OH	937-223-1914	
Bushong Restaurant Equipment	Dayton, OH	800-960-6010	www.bushongequipment.com/
Kappus Company	Columbus, OH	800-441-8089	www.kappuscompany.com/
Reliable Used Equipment	Dayton, OH	937-461-2252	
Restaurant Depot	Columbus, OH	614-272-6670	www.restaurantdepot.com/
Restaurant Equippers	Columbus, OH	800-235-3325	www.equippers.com/
Restaurant Equipment & Supply Discount Store		866-446-2930	www.mychefstore.com/
Wasserstrom	Columbus, OH Dayton, OH	614-737-8146 937-853-0930	www.wasserstrom.com/
UsedRestEq	Dayton, OH	937-258-0070	www.usedresteq.com/

EXAMPLE OF HOW TO KEY EQUIPMENT LIST TO FLOOR PLAN



Equipment (make and model #)

- | | | |
|---|--|---|
| 1. Cheese melter (ABC #123) | 16. Shelving unit | 32. Stainless prep table |
| 2. Microwave (XYZ #34) | 17. Bread shelving racks | 33. Walk-in cooler (COLD #AZ1) |
| 3. Steamtable (HOT #A1) | 18. Dining area | 34. Walk-in freezer (COLD #AZ3) |
| 4. Stove (AOK #22) | 19. Coffee maker (ABC #16) | 35. Drying shelf |
| 5. Griddle (AOK #Q17) | 20. Tea maker (ABC #87) | 36. Clean drainboard |
| 6. Fryer (ABC #55) | 21. Soda machine (PDQ #2A) | 37. Dishmachine (Magic #15) |
| 7. Fryer (ABC #55) | 22. Espresso machine (ABC #5) | 38. Hood, type II (Ezair #17) |
| 8. Charbroiler (HOT #A7) | 23. Undercounter refrigeration unit (COLD #A3) | 39. Dirty drainboard w/ sprayhose, & garbage disposal |
| 9. Hand sink | 24. Bakers table | 40. Dirty dish rack |
| 10. Hood, type I (Ezair #99) | 25. Bakers table | 41. Drying shelf |
| 11. Refrigerator/freezer make-table unit with pass-thru and shelf. (Cold #10) | 26. Shelving unit | 42. 3-comp. sink w/ 36" drainboards |
| 12. Stainless steel table | 27. Bake oven (JAM #33) | 43. Mop sink |
| 13. Sliding 3 door refrigeration unit (Cold #12) | 28. Hood, type II (Ezair #35) | 44. Chemical storage shelf |
| 14. Shelving unit | 29. Proof cabinet (ABC #T2) | 45. Shelving |
| 15. Mixer (XYZ #q23) | 30. Proof cabinet (ABC #T2) | Floor sink |
| | 31. Vegetable prepsink & 18" drainboard | Floor drain |

CLARK COUNTY COMBINED HEALTH DISTRICT
 FOOD SERVICE OPERATION (FSO)/RETAIL FOOD ESTABLISHMENT (RFE)
 PLAN APPROVAL FEES

FSO/RFE FOOD FACILITY RISK LEVEL	Plan Approval Fee
COMMERCIAL (<25,000 SQ. FT.)	
LEVEL 1	\$ 79.00
LEVEL 2	\$ 90.00
LEVEL 3	\$179.00
LEVEL 4	\$228.00
COMMERCIAL (>25,000 SQ. FT.)	
LEVEL 1	\$118.00
LEVEL 2	\$125.00
LEVEL 3	\$454.00
LEVEL 4	\$482.00
NON-COMMERCIAL (<25,000 SQ. FT.)	
LEVEL 1	\$ 79.00
LEVEL 2	\$ 90.00
LEVEL 3	\$179.00
LEVEL 4	\$228.00
NON-COMMERCIAL (>25,000 SQ. FT.)	
LEVEL 1	\$118.00
LEVEL 2	\$125.00
LEVEL 3	\$454.00
LEVEL 4	\$482.00
MOBILE	\$ 0.00
VENDING	\$ 0.00
TEMPORARY DAY	
COMMERCIAL	\$ 0.00
NON-COMMERCIAL	\$ 0.00