

Pickaway County Public Health

110 Island Rd., Suite C, P.O. BOX 613 CIRCLEVILLE, OH 43113
Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



**PICKAWAY COUNTY
PUBLIC HEALTH**
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PLAN REVIEW APPLICATION OF PROPOSED FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT

According to OAC 3701-21-03: Facility layout and equipment specifications are required to be submitted to the local health department for all new or extensively altered food service or food establishment operations. This office will act upon these specifications within 30 days of receipt and will indicate whether the plans are approved, disapproved, or need revised.

Name of Proposed facility: _____ Address: _____ City: _____ State _____ Zip _____ Telephone: (____) _____ Township: _____
Name of Owner or Owner's Representative: _____ Mailing Address: _____ City: _____ State _____ Zip _____ Telephone: (____) _____ Fax: (____) _____ E-mail Address: _____
Will this be a <input type="checkbox"/> Retail Food Establishment or a <input type="checkbox"/> Food Service Operation
Total Square Feet of Facility: _____
Seating capacity: _____
Is this a: <input type="checkbox"/> New facility(new construction or a facility that has not been licensed in the last year) <input type="checkbox"/> Remodel/extensive alteration of a currently licensed facility <input type="checkbox"/> New Equipment installation of a currently licensed facility <input type="checkbox"/> License transfer of a currently licensed facility
List hours of operation: _____
Projected date of completion of project: ___/___/___

Your application must comply with the ORC 3717-1-09. The facility layout and equipment specifications submitted for the approval of the licenser shall clearly confirm that the applicable provisions of Chapter 3717-1 of the Administrative Code can be met.

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Plan Review Components:

The following must be submitted to our office for final approval of the plan review. Lack of complete information may result in delay in approval and/or opening of the business.

- **The Plan Review Fee / Packet:** Contact Environmental Health Division at 740-477-9667 ext. 225 for fee amount. Fee varies depending upon what risk level of the FSO or RFE.
- **Equipment list:** with equipment manufacturer's name and model numbers. Food equipment that is acceptable for use in a FSO or RFE shall be approved as specified under rule 3717-1- 04.1 (KK) of the Administrative Code.
- **Menu:** The type of operation or establishment proposed and foods to be prepared, served, and/or sold.
- **Plans:** The facility layout and specifications shall be legible, be drawn reasonably to scale, and must include:
 - a. The total area to be used for the FSO/RFE including square footage.
 - b. Site Layout of the premises showing garbage receptacles, grease dumpsters, location of the building and surrounding streets.
 - c. Entrances and exits of the facility.
 - d. Location, number and types of plumbing fixtures, including all water supply facilities.
 - e. Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces.
 - f. A facility floor plan showing the general layout of fixtures and other equipment.
 - g. Building materials and surface finishes to be used.

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Education Requirement:

As of March 1, 2010 the Ohio Revised Code 3701-21-25(I)(4) requires that at least one person per shift in newly licensed RFE or FSO attends the level one person in charge (PIC) training prior to the facility being licensed. As of March 1, 2017 the Ohio Revised Code 3717-1-02.4(A)(2) requires that one person who has managerial duties in each facility licensed in the state of Ohio obtain the level 2 certification in food protection. Contact our office concerning class options. Submit certificates proving these individuals have completed these qualifications and list their names below:

PIC (Level 1): _____

Level 2: _____

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Please answer the following questions as they pertain to this facility:

Section I: FACILITY

Will meals be served <u>if yes</u> what type: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Catered
Will this be a seasonal operation (opened less than 6 months per year)? <u>If yes</u> , list the months that your facility will operate:

Section II: FOOD - *Note: All food/ food contact supplies/equipment must be from inspected and approved sources.*

Approximately how often will you be receiving food deliveries? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other _____
Where will the main dry food storage space(s) be located?
Where will the main paper goods storage space(s) be located?
Total Number: Refrigeration units: _____ Freezer units: _____
Will any food be stored cold using methods other than in a refrigerator or a freezer such as stored on ice, in insulated coolers etc.? If yes, list types of foods and procedures on how these items will be stored:
Will any equipment be located outside? If yes, list what type of equipment
Will there be any outside storage buildings? If yes, what will be stored there?
Will raw meats/ poultry/seafood be stored in refrigerators with cooked/ready-to-eat foods?
Will raw meats/ poultry/seafood be stored in freezers with cooked/ready-to-eat foods?
Will your facility have fountain drinks, coffee, and beverage machines?
Will your facility be using ice? If yes: <input type="checkbox"/> Purchased commercially or <input type="checkbox"/> made on premises
Will your facility be delivering food items?
Types of foods to be washed prior to use/sale: <input type="checkbox"/> seafood, <input type="checkbox"/> pork/beef, <input type="checkbox"/> poultry, <input type="checkbox"/> produce. List where the items will be washed:

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Will ingredients for cold ready-to-eat foods (i.e. tuna, mayonnaise and eggs for salads) be pre-chilled before mixed/assembled?
Types of food prepared <u>more than 12 hours</u> in advance of service:
Other types of food preparation:
Will your operation be cooking/receiving/heating or holding hot any food item? <i>If yes: Make sure all equipment is listed on your equipment list</i>
Will your operation be thawing food items for preparation or for sale? <i>If yes, <input checked="" type="checkbox"/> check and how items will be thawed. <input type="checkbox"/> Refrigeration, <input type="checkbox"/> Running water, <input type="checkbox"/> Cooked frozen, <input type="checkbox"/> Microwave, <input type="checkbox"/> Other:</i>
Will your operation be cooling and/or reheating any food items? If yes, check types of items to be cooled: <input type="checkbox"/> Thick meats (roasts etc.) <input type="checkbox"/> Thin meats (steaks, chops, etc.) <input type="checkbox"/> Seafood: <input type="checkbox"/> Hot foods (Soups, gravies etc.) <input type="checkbox"/> Cold foods (Tuna/Potato Salads etc.) <input type="checkbox"/> Poultry <input type="checkbox"/> Baked goods (Cream pies, etc.)
How will your facility handle damaged items that are held for return?
<u>Caters</u> : how will your food be kept cold or hot between locations and at the event?
<u>Retail stores</u> : will you have bulk/unwrapped nuts, candy, jerky, bread, donuts etc.?

Section III: Dishwashing

Check <input checked="" type="checkbox"/> all types of sinks your facility will have: <input type="checkbox"/> 3 compartment sinks, <input type="checkbox"/> 2 compartment sinks, <input type="checkbox"/> Food preparation sinks, <input type="checkbox"/> Hand wash sinks, <input type="checkbox"/> Restroom sinks, <input type="checkbox"/> Mop/utility sinks, <input type="checkbox"/> Ice cream scoop wells, <input type="checkbox"/> Waitress station sinks, <input type="checkbox"/> Other _____
Type of dishes to be used: <input type="checkbox"/> Single service (disposable) <input type="checkbox"/> Multi-use Service (Washable)
Type(s) of sanitizer to be used in the 3-compartment/2 compartment sink: <input type="checkbox"/> Chlorine, <input type="checkbox"/> Quaternary Ammonium Compound, or <input type="checkbox"/> Iodine
Does the largest pot and pan fit into each compartment of the pot sink?
Will a mechanical dishwasher be installed? <i>If yes</i> , what type of sanitization unit is the dishwasher equipped with? <input type="checkbox"/> Heat <input type="checkbox"/> Chemical

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Is ventilation provided for the dishwasher?
How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be cleaned and sanitized? Please describe procedure:
Will the grease trap for the 3 compartment sink be located: <input type="checkbox"/> inside the facility <input type="checkbox"/> outside the facility

Section IV: Employees

Approximate number of staff per shift:
Where will employees' personal belongings (i.e., purse, coats, boots, umbrellas, lunches, etc.) be stored?
Will employees use disposable gloves/utensils/food grade paper to minimize bare-hand contact of ready-to-eat foods?
Is there an established written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
Is there an appropriate hand washing sink in <u>each</u> food preparation, warewashing, and restroom areas?
Do all hand washing sinks have hot & cold or warm water?
Are hand-drying facilities (paper towels, continuous roll cloth type, air blower, etc.), soap dispensers, waste receptacles, and a sign instructing employees to wash hands available at all hand washing sinks (including restrooms)?
Are all toilet room doors self-closing when opening into a food preparation area?

Section V: Solid Waste

(Inside): Will refuse be stored overnight or longer inside your facility?
(Outside): Is the area around premises clear of unnecessary brush, litter, boxes, etc.?
Will a compactor be used?
Will a dumpster be used? If yes what size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large

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Number of dumpsters?
Frequency of trash pickup: <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____
Name of company who will supply and empty the dumpster:
Will your facility generate cooking grease i.e. from deep fryers?
Location of waste cooking grease storage receptacle:
Name of company who will supply and empty the grease barrel/dumpster:
Is there an area to store recycled containers?

Section VI: Pest Control

Do all operable windows have a screen or other form of insect protection?
Are all pipe penetrations, beverage chases & electrical conduit chases sealed, ventilation systems exhaust and intakes protected?

Section VII: Maintenance

Where will mops, brooms, vacuums, etc. be stored?
Where will cleaning materials and toxicants be stored?
Where will clean linens be stored?
Where will dirty/soiled linens be stored until cleaned?
Will a washer & dryer be located on the premises?

Section VIII: Water and Sewage

What type of water supply will the proposed operation have? <input type="checkbox"/> Community/Municipal <input type="checkbox"/> Well*
What type of sewage disposal will the facility have? <input type="checkbox"/> Community/Municipal <input type="checkbox"/> On-site sewage system*
<p>*Note: Contact the Ohio EPA for system approval of wells and on-site sewage disposal systems. For smaller commercial facilities the Pickaway County Health Department may be the regulatory agency. Please check with Ohio EPA for guidance.</p>

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Statement:

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from this office may nullify this approval.

Signature: _____ Date: _____
 Owner or Responsible Representative

Your food license can only be issued when all of the following have been completed:

Submitted plans have been reviewed and approved.* (Office use: Date Received: _____ Date Paid For: _____ Date Reviewed: _____ Approval Date: _____ Disapproval Date: _____ Letter(s) sent: _____, _____, _____)
Plan review fee, if applicable, is paid to the Pickaway County Health Department.
All other applicable agencies have given their written approval. Copies of approvals need to be submitted or available for this office's verification. Possible agencies: <input type="checkbox"/> Ohio EPA for on-site septic Approval Date: _____ <input type="checkbox"/> Ohio EPA for well water Approval Date: _____ <input type="checkbox"/> Building Department Approval Date: _____ <input type="checkbox"/> Plumbing Division Approval Date: _____ <input type="checkbox"/> Fire Department Approval Date: _____ <input type="checkbox"/> Liquor Dept. Approval Date: _____ <input type="checkbox"/> Other: _____ Approval Date: _____
Licensing application to operate a Food Service Operation or Retail Food Establishment has been signed and submitted to this office. Application will need to be approved by this office.
Level One Certification in Food Protection (or higher) for all PIC/ shift has been met.
Appropriate licensing fee has been submitted to this office.
Your operation is complete and meets requirements of the Ohio Uniform Food Safety Code, Chapter 3717-1
This office has conducted a pre-licensing inspection(s) and verifies that your operation is in compliance with applicable regulations.

**Approval of these plans and specifications by this office 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 operation (structure or equipment).
 (Rev. 3/2014)*

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SOME OTHER AGENCIES THAT MAY NEED TO BE CONTACTED:

Pickaway County Building Department 124 W. Franklin St., Circleville 43113 Phone: (740) 477-8282; Fax: (740) 477-8265	Re: Building, electrical, and plumbing inspections.
Ohio EPA – Division of Surface Water – Central District 50 W. Town St., Suite 700, PO Box 1049 Columbus 43215 Phone:(614) 728-3778	Re: use of a private well and/or private sewage system for an FSO or RFE. Contact the Pickaway County Health Department for clarification of when Ohio EPA approval is required.
Ohio Department of Commerce - Bureau of Construction Compliance Reynoldsburg Central Office, 6606 Tussing Rd., PO 4009 Reynoldsburg, Ohio 43068-9009 Customer Service: (614) 644-2622 or (800) 523-3581 Department of Commerce – Division of Liquor Control Phone:(614) 644-2455	Re: Building, electrical, and plumbing permits for operations in the Village of Darbyville; Liquor licensing requirements for entire county.
Your Local fire authority or the State Fire Marshall: (614) 728-5460	Re: Fire Code Requirements and inspections
Pickaway County Auditor 207 S. Court Street, Room 1 (County Courthouse) Phone: (740) 474-4765	Re: Vendor licenses
Dale Hoover, Walnut Township Building Inspector 5056 Ashville-Fairfield Road Ashville 43103 (740) 983-3530	Re: Building, electrical, and plumbing inspections and permits for Walnut Township, and Villages of Ashville and South Bloomfield.
Ohio Job & Family Services – Child Day Cares (614) 466-1213	Re: Day care requirements
Your Township Trustees or Zoning Inspector	Re: Township regulations and zoning restrictions.

Application for a License to Conduct a: (check only one) Food Service Operation Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **Pickaway County Public Health**
4. Return check and signed application **by***:

**to: Pickaway County Public Health
110 Island Rd. Suite C
Circleville, OH 43113**

*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		E-mail	
City		State	ZIP
Phone # ()	Fax # ()	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone # ()	
Address		E-mail	
City		State	ZIP
<i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i>			
Signature			Date

Licensors to complete below

Category			
License fee	+ Late fee	+ State amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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