

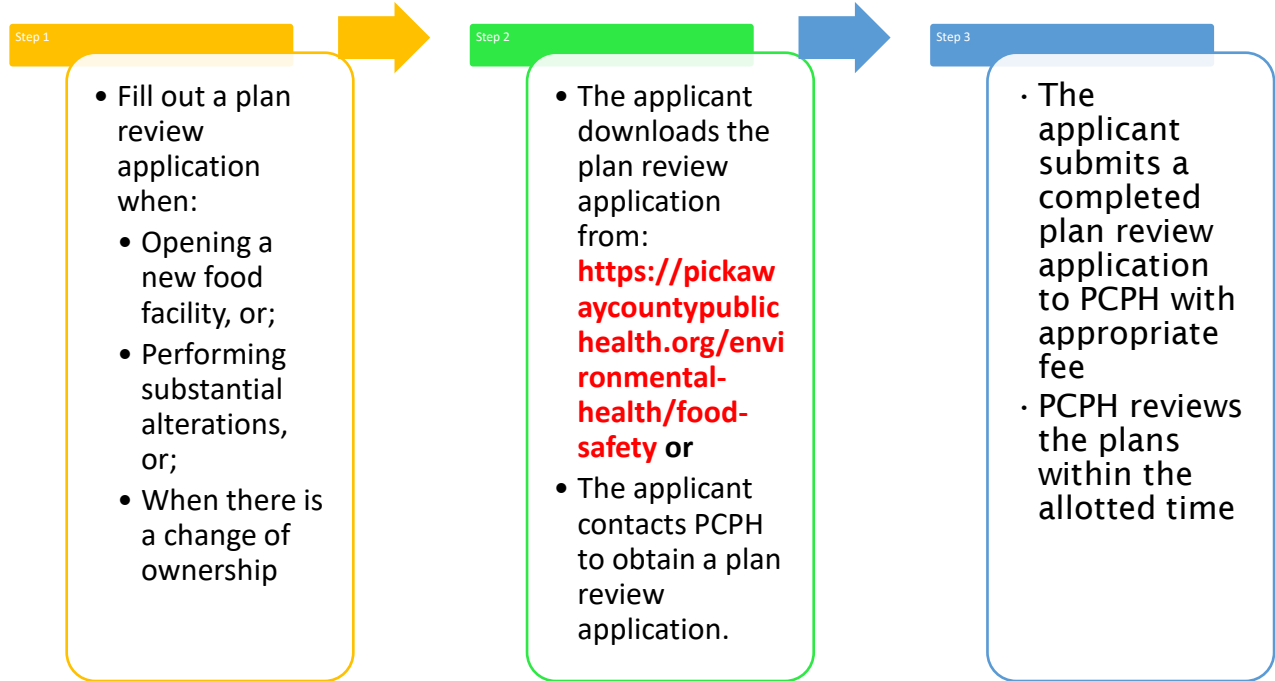
Pickaway County Public Health

110 Island Road, Suite C, Circleville, OH 43113
Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



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Plan Review Process Overview



Approved

Written approval will be sent in the mail

Construction may begin according to approved plans

When construction is nearly completed, schedule a pre-licensing inspection with PCPH

Pre-licensing inspection occurs. All other permit approvals must be obtained at this time.

If facility passes inspection, applicant may submit a signed application and license fee

Disapproved

Resubmit with acceptable revisions to PCPH

Plans approved. Written approval will be sent in the mail

When construction is nearly completed, schedule a pre-licensing inspection with PCPH

Pre-licensing inspection occurs. All other permit approvals must be obtained at this time.

If facility passes inspection, applicant may submit a signed application and license fee

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Types of Food Establishments

1. Food Service Operation (FSO) – Primary business is the on-site preparation and/or consumption of ready-to-eat foods in individual portions (e.g. – restaurants, caterers, carry-outs preparing individual meals, quick service operations, nursing homes, day cares, schools, hospitals, etc.). Under Ohio Department of Health.

2. Retail Food Establishment (RFE) – Primary business is the sale of food in bulk portions for off premise consumption and/or preparation (e.g. – grocery stores, drive-thru, carry-outs, pizza shops, gas stations, micro-markets, etc.). Under Ohio Department of Agriculture.

Primary business is defined through sales volume. If your facility operates as both an FSO and RFE, whichever portion of your business has the greater sales volume (51% or more) determines your food license designation (either FSO or RFE).

What Is My Risk Level?

Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to public health and are based on the highest risk level activity the FSO/RFE performs in accordance with the following criteria:

A time/temperature control for safety (TCS) food requires time and temperature controls to limit the growth of illness causing bacteria.

Risk level I: Poses potential risk to the public in terms of sanitation, food labeling, and sources of food, storage practices, or expiration dates. Examples of 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-TCS beverages;
- (2) pre-packaged refrigerated or frozen TCS foods;
- (3) pre-packaged non-TCS foods;
- (4) baby food or formula;
- (5) food delivery sales operations;
- (6) micro-markets;

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Risk level II: Poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

- (1) handling, heat treating, or preparing non-TCS food;
- (2) holding for sale or serving TCS food at the same proper holding temperature at which it was received;
- (3) heating individually packaged commercially processed TCS food for immediate service;

Risk level III: Poses a higher potential risk to the public than risk level II because of the following concerns:

proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or processing a raw food product requiring bacterial load reduction procedures to sell it as ready-to-eat. Examples of 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 TCS food that is immediately served, held hot or cold, or cooled;
- (4) operating a heat treatment dispensing freezer;
- (5) reheating in individual portions only; or,
- (6) heating of a product, from an intact, hermetically sealed package and holding it hot;

Risk level IV: Poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immunocompromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for potentially hazardous food. Examples of risk level IV activities include, but are not limited to:

- (1) reheating bulk quantities of leftover TCS food more than once every seven days;
- (2) caterers or other similar food service operations that transport TCS food;

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(3) non-continuous cooking;

(4) performing a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules adopted pursuant to section 3717.05 of the Ohio Revised Code. These facilities will need to have a written HACCP plan for these activities. Examples of these risk level IV variance activities include, but are not limited to:

- a. smoking food for preservation;
- b. curing food;
- c. food additives/adding components for preservation (e.g. - vinegar);
- d. reduced oxygen packaging;
- e. molluscan shellfish life-support system display tank;
- f. custom processing of animals for personal use if not in compliance with rule 3717-1-08.2;
- g. pressing/bottling juice
- h. use of a heat treatment dispensing freezer other than specified in rule 3717-1-08.1; or,
- i. sprouting seeds or beans.

*****PAGES 1 THROUGH 4 ARE FOR THE OWNER/OPERATOR TO KEEP *****

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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.

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

Your application must comply with 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 a delay in approval and/or opening of the business. **Documentation may also be submitted electronically through email or USB flash drive.**

- **The Plan Review Fee / Packet:** Contact Environmental Health Division at 740-477-9667 ext. 370 for fee amount.
- **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 manager certification in food protection. Submit certificates proving these individuals have completed these qualifications and list their names below:

Person-in-Charge: _____

Manager Certification: _____

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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, ware washing, 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*

*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.

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Interior Finishes

Use the chart below to indicate all interior finishes (unless already included in plans)

This information is included in plans submitted.

Room Name	Floors	Walls	Ceilings	Coving
<i>Example: Kitchen</i>	<i>Vinyl Tile</i>	<i>FRP</i>	<i>Vinyl acoustical tile</i>	<i>6" Vinyl tile</i>

All surfaces in the food preparation and food storage areas must be smooth and easily cleanable. Contact PCHD if you have questions regarding whether specific surfaces are approved for use in the food preparation and storage areas in a retail food establishment.

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Plan Review Submission:

This application is complete and accurate to the best of my knowledge. I understand that an incomplete application and submittal may delay the plan review process through disapproval and resubmission until the information is complete. I understand that any deviation from the initial submittal without prior approval from PCPH may nullify final approval and/or delay your project.

Signature: _____ Date: _____
 Owner or Responsible Representative

Printed Name: _____

Approval of these plans and specifications by this Regulatory Agency 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-licensing inspection of the establishment with equipment in place & operational will be necessary to determine if the food business complies with the local and state laws governing food operations. Any deviations observed at that time must be corrected prior to license issuance.

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: _____
	A 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.

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	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.



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
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.

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