

FOOD SAFETY PROGRAM PLAN REVIEW SUBMITTAL PACKET

Facility Layout & Equipment Specifications



11660 Upper Gilchrist Rd., Mount Vernon Ohio 43050 Phone: (740) 392-2200, Ext. 2222

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Licensing

All food businesses in Knox County are required by Ohio law to have a food service operation or retail food establishment license issued by Knox Public Health (KPH). All new food service operations/ retail food establishments and those performing extensive alterations or remodeling must complete the plan review process.

If you have any questions regarding plan approval or licensing, please contact the Food Safety Program at (740) 392-2200 or eh@knoxhealth.com.

Getting Started

Step 1: Submittal of Plans (applications should be submitted at least 30 days prior to construction)

- Complete the attached Plan Review Application.
- Submit one (1) complete set of drawings and other applicable information for the facility.
- Submit menu or complete list of food and beverage items to be sold.
- Submit the plan review fee. A fee of \$250.00 applies for a new construction or a newly licensed facility that was not previously a food service operation (FSO) or retail food establishment (RFE). This fee also applies to a food facility that was previously licensed but has not been in operation for 12 months or more. A fee of \$125.00 applies for extensive alterations/remodeling to a current FSO/RFE or for a facility that was previously an FSO/RFE but has not been in operation for less than 12 months. Checks can be made payable to Knox Public Health.

Step 2: Plan Review Process

- Written approval, disapproval, or a request for additional information will occur within 30 days of receipt of the application and plan review fee.
- Plan review submittals not acted upon expire one (1) year upon receipt.

Step 3: Construction

- Ensure that all contractors and subcontractors are properly licensed.
- Ensure that your contractors obtain all of the necessary permits for electrical and structural through the Ohio Department of Commerce Division of Industrial Compliance (614)644-2223 and necessary permits for plumbing from Richland Public Health Plumbing Services Division (419)774-4500. KPH contracts with Richland Public Health to administer the commercial plumbing program in Knox County.
- Contact your local Fire Department for inspection of your facility.

Step 4: Inspection

- Prior to opening your establishment, you must pass a pre-licensing inspection by KPH.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection.
- You must submit written documentation that all of the electrical, structural, plumbing and/or fire inspections have been completed and passed before a license will be issued.
- The application for the license will be made available at the pre-licensing inspection if the inspection is successfully passed. The signed application and fee must be provided to KPH prior to opening. KPH accepts cash, checks, credit cards or money orders.

Note: KPH personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for reinspections, if necessary.

Content & Format Requirements for Submittal

The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

- 1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
- 2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale. Electronic submission of plans is subject to approval by the plan reviewer. Often electronic plans are difficult to read and must be printed to be reviewed.
- 3. The total square footage to be used by the food service operation or retail food establishment.
- 4. A detailed drawing of the portions of the premises being used including all entrances exits, loading/unloading areas, and docks, etc.
- 5. A site plan of your property that includes the following:
 - a. Drawing showing an arrow indicating north; location of the business in a building such as a shopping mall or stadium;
 - b. Location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems;
 - c. Interior and exterior seating areas.
- 6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities.
- 7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces.
- 8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and floor/ wall junctions (cove base or sealed). Note: floors, walls and ceiling tiles installed in food preparation areas, restrooms, and ware washing areas must be nonabsorbent, smooth and easily cleanable surfaces.
- 9. A complete list of all equipment with the manufacturer name and model numbers listed. Food equipment that is acceptable for use in a food service operation or retail food establishment shall be approved by a recognized food equipment testing agency. Under rule 3717-1-04.1(KK)2 of the Ohio Administrative Code, Knox Public Health may approve the use of food equipment, other than vending machines, bulk water machines, and equipment that displays time/temperature controlled for safety (TCS) food in a micro market, that have not been approved by a recognized testing agency if the equipment demonstrates compliance with chapter 3717-1-04.1 of the Ohio Administrative Code.
- 10. Label and locate all dedicated hand sinks and dump sinks. Where applicable, dump sinks may be required (i.e. behind bars, front portions of convenience stores, etc.) that are separate from designated hand sinks. Dual-use sinks are not permitted and will not be accepted.

Note: All materials submitted for review become property of Knox Public Health and are subject to record retention laws. As such you are responsible for making your own copies of the materials submitted.

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 of the food service operation/food establishment in accordance with the following criteria:

<u>Risk level I:</u> 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-time/temperature controlled for safety (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

<u>Risk level II</u>: 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 foods 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 in order 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 TCS meat, poultry product, fish, or shellfish or a food with these raw TCS items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised 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 TCS 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;
- (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 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. reduced oxygen packaging;
 - b. smoking for preservation,

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 (for ex. restaurants, caterers, carry outs preparing individual meals, fast food operations, nursing homes, day cares, schools, hospitals, etc.)
- 2. **Retail Food Establishment (RFE)** Primary business is the sale of food in bulk portions for off premise consumption and/or preparation (for ex. grocery stores, drive-thrus, carry outs, pizza shops, gas stations, micromarkets, etc.)

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

Education Requirements

As of March 1, 2010 the Ohio Revised Code requires that **all** food service operations and retail food establishments opened after this date have at least one person-in-charge <u>per shift</u> that has a level one certification in food protection or an equivalent approved training prior to the business being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 food service operation and retail food establishment must have at least one management or supervisory employee with a level two certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course (15 hours of instruction and passing a comprehensive exam). A ServSafe® certificate itself and the level one certificate does not comply with this rule.

PLEASE KEEP PAGES 1-4 FOR YOUR REFERENCE

Knox Public Health Food Safety Program Plan Review Application

[
Office Use Only				
Amount	Received:			
□ Check (#_) 🗆 Cash	□ Money Order		
New	Remodel	Level: 1 2 3 4		
	Received by:			

Earility Information.	Received by:
Facility Information:	
Name of Facility:	
Address:	
City: State:	Zip:
Political Sub Division/Village/Township:	
Non-Commercial: \square Yes \square No (if yes, a copy of your	501(c) (3) must be provided)
Applicant/ Operator Information:	
Name of Licensee (Owner):	Phone:
Mailing Address for License Renewal:	
City: State:	Zip:
Contact Person (For Plan Review Response):	
Title (Owner, Manager, Architect, etc.):	Phone:
Address:	Email:
City: State:	Zip:
Estimated Start Date for Construction:	Completion Date:
Seating Capacity:	
Plan Review Type:	
Total Size of Operation (sq. ft.):	
☐ New construction or facility has never operated as	a food facility- \$250.00 Fee
\square Remodel or extensive alteration of a licensed food	facility- \$125.00 Fee
Type of Establishment: □ Food Service Operation (FS	0) Retail Food Establishment (RFE)
Risk Level: \Box Level 1 \Box Level 2 \Box Level 3	□ Level 4
Off-Premise Catering (as defined in ORC 3717.01(G)): \Box	Yes □ No
Plans Concurrently Submitted to: □ Ohio Department of One Division □ Fire □ Other: □ Other: □ Other: □ Other	_

Plan Review Checklist

The following information must be included as part of your plan review.

Please indicate that the following components are included ($\sqrt{\ }$) or not applicable (N/A)

Components	(√) or (N/A)	Official Use Only
Plan review fee of \$250.00 for new construction or \$125.00 for remodel or extensive alteration made payable to Knox Public Health		
Type of facility proposed (FSO, RFE)		
Proposed Menu (complete list of food items to be prepared, served, or sold)		
Facility floor plan or layout, drawn reasonably to scale (to include):		
total square footage to be used		
restroom location(s)		
 location of entrances and exits 		
 location of dry goods and chemical storage areas 		
 location of personal belongings storage 		
 location of designated hand sinks 		
 location of the three compartment sink 		
 location of food preparation sink (must have indirect wasteline) 		
location of mop sink		
• location of dish machine- indicate □ Low or □ High temperature		
location of all equipment		
Site Plan (to include):		
 drawing showing an arrow indicating north 		
 location of the business in a building such as a shopping mall or stadium 		
 location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters 		
potable water source, sewage treatment system		
interior and exterior seating areas		
Lighting Plan		
Interior finish schedule (materials for floors, walls, ceilings, and coving)		
Equipment list , include make and model numbers (commercial equipment only, NSF or equivalent)		
Plumbing Plan (location, type, and number of all plumbing fixtures)		
Education : indicate □ Level One and/or □ Level Two Certification		

Failure to provide all information may result in a delay or disapproval of your submittal.

Food Protection & Storage
Will there be at least one person-in-charge per shift with a minimum of Level One Certification in Food Protection? □ YES □ NO
Will there be at least one PIC that has management or supervisory responsibilities with a Level Two Certification in Food Protection? \Box YES \Box NO
Are copies of the employee Level One and Level Two (if applicable) certificates enclosed? □ YES □ NO
Do you have a written sick policy that ensures your food employees are informed (in a verifiable manner) of their responsibilities to report to the PIC information about their health as it relates to diseases that are transmissible through food? \Box YES \Box NO
Do you have a written procedure for employees to follow when responding to vomiting or diarrheal events that addresses how to minimize the spread of contamination and the exposure to employees, consumers, and surfaces? \Box YES \Box NO
If this operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance (such as reduced oxygen packaging, smoking for preservation, bottling or canning) is the required written HACCP plan enclosed? \square YES \square NO \square N/A
Will each refrigerator, freezer, or warmer have a temperature measuring device? \Box YES \Box NO \Box N/A
Will food shields be used to protect foods on display? □ YES □ NO
Will temperature measuring devices be provided, readily accessible, and properly calibrated to ensure that the temperature of the food product is being accurately measured? \Box YES \Box NO \Box N/A
Will shelving space be available for dry goods storage? □ YES □ NO
Will food be stored at least 6 inches above the floor on commercially certified equipment? \Box YES \Box NO
Is the required menu or list of food items to be prepared, served, or sold enclosed? \Box YES \Box NO
Equipment/ Utensils
Will all equipment and utensils be commercially certified NSF or equivalent? □ YES □ NO
Is the required equipment list with make and model numbers enclosed? \Box YES \Box NO
If utensils used with moist foods such as ice cream, or mashed potatoes are not stored in the product, will the required dipper well be provided? \Box YES \Box NO \Box N/A
Are all containers used to store bulk food products constructed of safe materials designed to be in direct contact with food? \Box YES \Box NO \Box N/A
To provide for easy cleaning will equipment be installed with: \Box casters \Box gas disconnects \Box a seal at the wall and floor \Box sufficient open space
Warewashing
What method of warewashing will be used: \Box Manual(Required) \Box Mechanical \Box Both?

Manual Warewashing

Will the dimensions of the three-compartment sink be large enough t largest food contact surface (including large pots & pans)? \Box YES \Box		ate immersi	on of the
Dimensions of each compartment of the three compartment sink are wide inches deep.	inch	es long	inches
Will the required drain-boards be provided on both ends of the three-	-compartmer	ıt sink? 🛚 🗆	YES □ NO
Will the hot water temperature delivered to the sink be 120° F – 140°	F? □ YES	□ NO	
What type of sanitizer will be used? □ Chlorine □ Quaternary Ar	nmonia 🗆	Other:	
Will test papers be available to verify the concentration of sanitizer be	eing used?	□ YES □ NO)
Mechanical Warewashing			
Type of sanitization to be used: \Box High Temperature (180° F)	□ Chemi	cal	
Will a pre-scrapping facility be provided? □ YES □ NO			
Will the required drain boards be provided on both sides of the mach	ine? □ YES	□ NO	
Is the dish machine equipped to automatically dispense detergents ar	ıd/or sanitize	ers? 🗆 YES	S □ NO
Does the dish machine have the required visual and/or audible notifications to verify that detergents and sanitizers were not delivered during the respective washing and sanitizing cycles? □ YES □ NO			
If a high temperature dish machine is used will an irreversible registering temperature indicator (such as a maximum registering thermometer or thermolabels) be provided? \Box YES \Box NO \Box N/A			
Plumbing & Fixtures			
Will all plumbing work be completed under permit from the plumbin	g authority?	□ YES □	NO □N/A
Will the location and size of the grease interceptor be compliant with ordinances (if applicable)? \square YES \square NO \square N/A	state plumb	ing codes as	well as local
Will the drains of the following equipment be provided with at least a two-inch air gap?	YES	NO	N/A
Ice Machine			
Ice Storage Bins			
Food Processing Sinks			
Steam Tables			
Dipper Wells			
Steam Kettles and Ovens			
Beverage Area			<u> </u>
Other:			

Will the potable water supply be protected from cross- contamination? Indicate where applicable:	ASSE Backflow Prevention Device	Air-Gap	N/A
Garbage Disposal			
Ware Washing Hoses			
Kettle Filler			
Steam Table			
Cleaning Hoses			
Dipper Well			
Flush Trough			
Beverage Area			
Other: Will the required mop sink be provided on each floor? YES	- NO		
Will the required mop hanger be provided at the mop sink? \Box If the mop sink is located in the food prep or ware washing area equipment from splash? \Box YES \Box NO \Box N/A	ns will there be a pa	•	
Will all equipment drain lines, exposed utility service lines, and interfere with floor cleaning? \Box YES \Box NO	soda/ beer lines b	e installed as	to not
If the menu or layout dictates, are there dedicated dump sinks a	nvailable?		N/A
If produce is washed or frozen foods are thawed in a sink will the indirect (air gapped) drain be provided? \Box YES \Box NO \Box N	-	ted food prep	sink with a
Water Supply & Sewage Disposal			
Water Supply: □ Municipal/ Public Authority □ Public W	ell* □ Private W	'ell**	
*Attach the Ohio EPA approval documentation and pro	vide PWS #		
** Attach the KPH approval documentation.			
Sewage Disposal: □ Municipal/ Sanitary Sewer □ Semi-P	ublic* □ Sn	nall Flow **	
*Attach the Ohio EPA approval documentation.			
**Attach the KPH approval documentation.			
Handwashing Facilities			
Will there be a dedicated hand sink available for convenient use without going around a corner or through a doorway?		ing or warew	ashing area
Total number of hand sinks (not including restrooms)	-		
Will all hand sinks be installed in a manner that prevents splasl surfaces? \Box YES \Box NO	n contamination to	food and foo	d contact
Will all hand sinks be supplied with hot and cold running water faucet? □ YES □ NO	through a mixing	valve or com	bination

Is hot and cold running water under pressure available at all hand sinks? (Note: hot water shall be a minimum temperature of 100° Fahrenheit)? \square YES \square NO				
Will soap, paper towels/ hand drying facilities, trash receptacles, and signage promoting hand washing be provided at all hand sinks? \Box YES \Box NO				
Refuse Storage & Disposal				
Will all outdoor refuse receptacles				
 ▶ Be rodent proof and leak proof? ▶ Have tight fitting lids/ covers? 	TES DO NO TES DO NO TES DO NO TES DO NO			
Is there an outdoor grease storage receptacle? \Box Y	ES □ NO			
Is there an area designated for garbage can or floor mat c	eaning? □ YES □ NO			
Lighting				
Will at least 50 foot-candles of light be provided at:				
Food preparation areas?Areas employees work with utensils or equipmen	□ YES □ NO □ N/A t? □ YES □ NO □ N/A			
Will at least 20 foot-candles of light be provided at:				
 ➢ Inside equipment? ☐ YES 	NO □ N/A			
Will at least 10 foot-candles of light be provided at:				
 ▶ Dry storage areas? ▶ All areas when cleaning? □ YES □ YES □ Will the required shielding or shatter-resistant lamps be 	NO □ N/A NO □ N/A NO □ N/A provided for light fixtures in food storage, □ N/A			

Ventilation

Will a commercial exhaust hood with an approved fire suppression system be provided to service cooking equipment producing grease-laden vapors? \Box YES \Box NO \Box N/A	
Will the canopy hoods completely cover the cooking equipment (extending a minimum horizontal distance 6 inches beyond the edge of the cooking surface on all open sides)? \Box YES \Box NO \Box N/A	of
Source of make-up air: □ Within the Hood □ Automatic Louvered Fan □ Passive Louvered Vent	
□ Other:	
Will a commercial exhaust hood be provided to service a hot temperature dish machine?	
\Box YES \Box NO \Box N/A	
Interior Finishes	
All room finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/vapors, food/wet bars, buffet lines, drink dispensing areas, mop sinks/service sinks	,

steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to moisture. Fiberglass Reinforced Plastic (FRP), tile, stainless steel, or other approved materials are required. These finishes must start at the top of the cove base and extend past

Is your facility compliant with this rule? \Box **YES** \Box **NO**

any of the above referenced areas a minimum of 18 inches in all directions.

Complete the following chart to indicate all interior finishes or provide a finish schedule. Finish Schedule Attached □ YES □ NO				
Area Floor Walls Coved Base Ceilin				Ceiling
Example	Quarry Tile	FRP	Rubber Base Molding	Vinyl Acoustical Tile
Food Preparation				
Cooking				
Warewashing				
Food Storage				
Bar				
Restrooms				
Service Areas/ Buffets/ Salad Bars				
Dining				
Mop Room				
Other:				
Other:				

General Facility Considerations

Suvinit rians 10:	Food Safety Program Knox Public Health 11660 Upper Gilchrist Road	Questions:	Food Safety Program Phone: (740) 392-2200, Ext. 2222 Fax: (740) 392-9613
Submit Plans To:		Quastions	Food Safoty Drogram
Date:			
Signature of applica	nt:		
Tomouoi, uncorucion	(made payable to m mj.		
	plan review fee of \$250.00 for no (made payable to KPH).	ew construction or	\$125.00 for
I have enclosed a co	mpleted KPH Plan Review Checl	dist.	
submittal may delay	mplete and accurate to the best of the plan review process. I underst al from KPH may nullify final appr	and that any deviatio	
Plan Review	Submission		
Is the completed KPH	Plan Review Checklist enclosed w	vith the materials sub	mitted? □ YES □ NO
Pesticides can only be program instituted?	e applied by a licensed commercial VES NO	applicator. Will ther	e be a pest management
	devices used to electrocute or students of the devices of th	n flying insects be de	signed to retain the insect within
5	n exterior door open, it must be su es. Is your facility compliant with t		<u>e</u>
Will all openings to the rodents and insects?	ne exterior (doors, windows, ventil	ation discharges, etc.) be designed to keep out
Where will soiled line	ens be stored?		
Where will clean line	ns be stored?		
Will laundry facilities	be located on premise? □ YES □	NO	
Where will cleaning s	upplies and chemicals be stored?		
Will all toxic chemica	ls be stored away from food prepa	ration and storage ar	eas? □ YES □ NO
Will a separate storag	ge area be provided for employees	personal belongings?	□ YES □ NO
Will restrooms be equ	uipped with self-closing room door	rs and adequate venti	lation? □ YES □ NO
Will public restrooms areas? □ YES □ N	be accessible without passing thr $\mathbf{O} \Box \ \mathbf{N/A}$	ough food preparatio	n, food storage, or warewashing

Mount Vernon, Ohio 43050

www.knoxhealth.com