

Plan Review Application

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	

Seating Capacity of Facility	Square Footage of Facility
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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. Renovations include existing, licensed facilities.

Indicate construction type by circling:	New	Renovation
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Type of Operation - Food Service Operation or Retail Food Establishment. Food Service Operations always prepare/sell food on-site and food is sold in individual portions. Examples of Food Service Operations are restaurants, child/adult care facilities, bars and catering operations. Retail Food Establishments have more than 50% of their sales as pre packaged or their ready to eat food sold in large portion. Examples of Retail Food Establishments are pizza delivery operations, grocery stores, bakeries, and convenience stores.

Indicate operation type by circling:	Food Service Operation	Retail Food Establishment
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Risk Level - Levels 1 through 4. Risk level is determined by the operation of the facility. Below are examples of procedures and their corresponding risk (note: TCS food refers to a food that requires either a certain temperature or limiting time of food at room temperature to control the growth of bacteria and/or toxins that cause disease):

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

Risk 2 - 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.

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; 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.

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 by circling Risk Level	Level 1	Level 2	Level 3	Level 4
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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
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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

Prior to construction or renovation of a food service operation or retail food establishment, a set of plans needs to be submitted to Hamilton County Public Health, Division of Environmental Health, for review. The below checklist should be used to ensure your plan review application is complete. Plan review applications can take up to 30 days for review. Incomplete applications can delay approval and subsequent facility operation.

Initial/Check	Items To Be Included in Plan Review
	1. Menu or list of foods to be sold; 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 (NSF, UL)
	3. A floor plan of the operation showing the following items: total area used for food operation, entrances and exits, locations of plumbing fixtures (including hand sinks, food preparation sinks, three compartment sinks, ware washing machine, floor drains, grease interceptor, and air gaps on required equipment), location of equipment (i.e. coolers, freezers, steam tables, microwaves, soda machine, rapid chiller, etc...).
	4. A lighting schedule or statement of achieved lighting levels in all food preparation and storage areas throughout facility (food preparation areas require minimum of 50 foot candles, storage areas require a minimum of 10 foot candles).
	5. Surface finish list of floors, walls, ceilings.
	6. If applicable, include copy of plans and policies required by HCPH for review. Examples include, but are not limited to: HACCP, employee health, and time in lieu of temperature policy. Check "Operator Worksheet" for full list of required plans. Call (513) 946-7832 if you have questions regarding your proposed operation and if it requires additional plans or policies to be submitted.
	8. A completed Plan Review Construction Worksheet. To be completed by someone familiar with construction, building materials and equipment.
	9. 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.
	10. Plan Review Application and Fee submitted to: Hamilton County Public Health, 250 William Howard Taft Road, 2nd Floor, Cincinnati, Ohio 45219
	11. Food Handler Training Application submitted or attached certificate of completion for required employees. One person per shift is required to be trained.

Information below to be filled out by HCPH:

Risk Level and Size:
Fee:
Date Paid:
Assigned Inspector:

Plan Review Application Construction Worksheet

Facility Name	Facility Address
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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. For all "Yes/No" questions, please circle either "Yes"/"No". If required information is 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: Plumbing

1. Fill out the below chart with information as it pertains to the facility:

Sink/Plumbing Fixture Type	Quantity	Air Gap or Back Flow Prevention Device Provided?	
Hand Sink		N/A	
3 - Compartment Sink		Yes	No
Food Preparation Sink		Yes	No
Mop Sink		Yes	No
Warewashing Machine		Yes	No
Garbage Grinder/Disposal		N/A	
Ice Machine		Yes	No
Ice Bin		Yes	No
Dipper Well		Yes	No
Beverage Dispenser/Soda Machine/Soda Gun		Yes	No

2. Indicate below any plumbing fixtures or sinks that were not covered in the chart above and whether they have appropriate back flow prevention:

3. Is the water supply municipal or private (such as well water). Note: attach approvals if private.	Municipal	Private
4. Is the waste water system municipal or private (such as septic). Note: attach approvals if private.	Municipal	Private
5. Indicate the type and size of grease trap(s):		

Section II: General Construction

6. Are hand washing sinks located in food preparation and ware washing areas?	Yes	No
7. Will all outside and restroom doors be self-closing?	Yes	No
8. Are screen doors provided for all entrances left open to the outside?	Yes	No
9. Do all windows that can be opened have a minimum of 16 mesh to 1 inch screening?	Yes	No
10. Is the placement of insect electrocution devices identified on the plans?	Yes	No
11. Is the area around the building clear of unnecessary brush, litter, boxes, and other insect or rodent harborages?	Yes	No

Section III: Finish Schedule

12. 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 informations.

Area	Floor	Wall	Ceiling
Kitchen			
Bar			
Food Storage			
Dressing Room			
Garbage and Refuse Area			
Ware-washing Area			
Walk-ins (Cooler/ Freezer)			

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
Kitchen - Food Prep	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
Bar/ Buffet Area	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
Food Storage	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
Ware Washing Area	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
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Directions: This worksheet addresses facility operations such as food safety, food handling, sanitizing procedures, and employee health. It is recommended that the person filling out this worksheet be familiar with all operations within the facility. For all "Yes/No" questions, please circle either "Yes"/"No". 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

<p>1. <i>Time/temperature controlled for safety (TCS) foods are foods that required 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?</i></p>	Yes	No
<p>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.):</p>		
<p>3. Describe the methods that will be used to keep foods hot during holding (i.e. steam tables, range, etc.):</p>		
<p>4. <i>Cooking of raw meats, eggs, poultry and seafood is required to destroy certain disease causing microorganisms. The required cooking temperatures are (format is raw meat name (temperature in degrees Fahrenheit); all cooking times are for a duration of 15 seconds unless otherwise noted): beef roasts (130 for 121 min.), seafood (145), pork (145), whole intact steaks (surface temperature of 145), ground beef/pork (155), eggs (145), and poultry and exotics (165). Will this facility be cooking meat products?</i></p>	Yes	No
<p>5. How will contamination of ready-to-eat foods and vegetables from raw meat products be prevented?</p>		
<p>6. Will this facility sell any of the above listed products in a raw or undercooked form?</p>	Yes	No
<p>7. Write below, or attach to this document, the facility's consumer advisory statement regarding consumption of raw or undercooked meat products:</p>		
<p>8. <i>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? Describe the cooling methods.</i></p>	Yes	No
<p>9. <i>Temperature measuring devices are required to ensure that TCS foods are cooked, cooled, reheated, held, and stored at proper temperatures. Temperature measuring devices shall be designed to accurately read temperatures in all food products (includes thin products such as hamburgers and lunch meat). Temperature measuring devices shall have a range of at least 0° F to 220° F. Temperature measuring devices shall be calibrated on a routine basis to ensure accuracy. What type of temperature measuring device will be used to check internal temperatures of TCS foods (i.e. digital, stem type, thermocouple, etc...)?</i></p>		
<p>10. Will this facility serve or prepare sushi?</p>	Yes	No
<p>11. 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.</p>	Yes	No
<p>12. Will this facility make acidified rice and store at room temperature? If "Yes", attach a copy of HACCP plan to this worksheet.</p>	Yes	No

Section I: Food Safety, Continued

13. Foods are required to be reheated to an internal temperature of 165 degrees F for 15 seconds within 2 hours time. Does this facility plan on reheating foods?	Yes	No
Describe how the foods will be reheated in the space below.		
14. <i>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.</i> Does this facility plan on catering?	Yes	No
Describe below how food will be kept hot/cold during transportation:		
15. Does this facility plan to serve a highly susceptible population (i.e. nursing home, hospital, etc...)?	Yes	No
16. All food is required to come from an approved and inspected source. Where does this facility plan to obtain its food from?		
17. Will produce be served for consumption? How will it be washed prior to use?	Yes	No

Section II: Personnel

18. Will this facility have a written/verbal policy regarding employee health that describes when employees are excluded from work because of illness?	Yes	No
19. How will this facility prevent bare hand contact with ready-to-eat foods (i.e. disposable gloves, utensils, food grade paper, etc...)?		
20. Describe the food safety training that food employees will receive:		

Section III: Cleaning, Sanitizing Procedures and Waste Handling

21. What chemical sanitizer(s) will the facility use on food contact surfaces and what will be used to monitor sanitizer concentration?		
22. Will a dish machine be present at the facility?	Yes	No
If the dish machine uses temperature as a means of sanitization, what temperature must the machine achieve in order to effectively sanitize dishware and utensils? If machine uses chemical concentration, what type of chemical and concentration must be achieved in order to effectively sanitize dishware and utensils?		
23. All dishware, utensils, and equipment are required to air dry. Describe location where items will air dry:		
24. How often will the grease trap/interceptor be serviced (cleaned and/or emptied)?		
25. All food container must be approved for use with food by an approved food equipment certification company (i.e. NSF, UL). Are all food containers properly approved.	Yes	No
26. All outside garbage containers shall prevent the entry of insects and animals. Do all outside garbage containers have lids or similar exclusion device?	Yes	No
27. Dumpsters & waste receptacles shall be large enough to store all garbage until pick up. How often will dumpsters be emptied?		
28. 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?		



PREVENT. PROMOTE. PROTECT.

Application to Attend HCPH Food Handler Training

- INSTRUCTIONS:**
1. Complete the application below.
 2. Sign and Date the application.
 3. Make a check or money order payable to: **HCPH**
 4. Return check and signed application at least 10 days prior to course date to:

Hamilton County Public Health, EH
250 William Howard Taft Road, 2nd Fl
Cincinnati, Ohio 45219

PLEASE PRINT

Participant Name:	Today's Date:
Participant Mailing Address (include city, state, zip):	Participant Phone #:
Facility Employed:	Years of Food Handling Experience:
Email Address:	
Any past Food Safety Courses or Certifications, please specify:	
Course Date or Requested Date:	Course Time or Requested Time:

- _____ **Level 1 Certification** meeting the requirements of 3701-21-25 is for basic food handler certification. It covers the basic principles of food protection including: food sources, personal hygiene and handwashing, cross contamination, cleaning/sanitizing of equipment and utensils, and proper cooking, cooling, and holding of food. **2 hours \$20.00**
- _____ **Level 1 Certification** taught onsite at a facility located within Hamilton County. Complete above sections on application for facility location and contact information. An application completed by each student will be required at the time of the training. **2 hours \$100.00 per class - up to 25 students per class # of Students: _____**
- _____ **Level 1 Certification** for Non Profit or Educational Institution. Exemption form required to be attached to this document. **2 hours \$0.00**
- _____ **Level 2 Certification SERVSAFE** meets the requirement for demonstration of knowledge in rule 3717-1-02.4 This course offers an in depth look at topics including microbiology, personal hygiene, food sources, cleaning/sanitizing of equipment and utensils, facility design and construction and their relationship to managing food safety, proper cooking, cross contamination and much more. **2 days \$150**

To receive a refund, cancellations must be received 10 days in advance prior to the scheduled course date. All refund requests must be in writing and made out to HCPH.

Signed: _____ Date: _____

To be completed by Health Department:

Payment Received Date:	Amount Received:	Receipt Number:
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Payment Processed By: _____ Date: _____