

Plan Review Application

Project Information

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	

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.

Indicate construction type by circling either New or Renovation:	New	Renovation
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Type of Operation - Food Service Operation or Retail Food Establishment. Food Service Operations generally prepare unpackaged food for service to customers. Food service examples: restaurants, adult/childcare facilities, bars, and catering operations. Retail Food Establishments sell prepackaged foods or bulk foods generally consumed off-site of food operation. Retail Food Establishments examples: grocery stores, pizza delivery operations, bakeries, and convenient stores. If an operation does both, the facility is classified by the type of operation that accounts for the majority (over 50%) of its sales.

Indicate operation type by circling either Food Service Operation or Retail Food Establishment:	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 Level 1, 2, 3, or 4	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.

Plan Review Application Application Checklist

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. Ensure all of the applicable items are included with your application. Plan review applications can take up to 30 days for review. Incomplete applications can delay approval and subsequent facility operation. Indicate (by check or x) if items are included or not in space provided at left.

Included/NA	Items To Be Included in Plan Review
	1. Menu or list of foods to be sold; include 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 (e.g. NSF, UL, ETL). Note all used equipment on equipment list (used equipment specifications shall comply with current Ohio Uniform Food Safety Code).
	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, and ceilings throughout food operation.
	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. Call (513) 946-7800 if you have questions regarding your proposed operation and if it requires additional plans or policies to be submitted.
	7. A completed Plan Review Construction Worksheet. To be completed by someone familiar with construction, building materials, and equipment to be installed.
	8. 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.
	9. <i>For new facilities only:</i> One person per shift is required to have experience previously as a person-in-charge at a food facility or have taken an approved training course. HCPH offers various approved food safety training programs (application attached). Provide either a completed Food Handler Training Application or documentation of work histories and/or training certificates for one person per shift.
	10. Plan Review Application and Fee submitted to: Hamilton County Public Health, 250 William Howard Taft, 2nd Fl, Cincinnati, OH 45219.

General Facility Information

Seating Capacity of Facility	Square Footage of Facility
Anticipated Meals per Day or Week (Indicate Which Type)	How Many Days a Week the Facility will be in Operation

Permits

Please use the space below to fill in all necessary permit numbers

Building	Plumbing	Electrical
Other		

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. Either circle the appropriate response or use space provided to write any responses. If required information is too lengthy to write into space provided on this worksheet, please attach copies of documents to worksheet.

Name of Person Fill 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/NA	Backflow/Siphonage Prevention In Place?		Type (e.g. air gap, ASSE #, Indirect Drain, etc...)
Hand Sink		Yes	No	
3 - Compartment Sink		Yes	No	
Food Preparation Sink		Yes	No	
Mop Sink		Yes	No	
Warewashing Machine		Yes	No	
Garbage Grinder/Disposal		Yes	No	
Ice Machine		Yes	No	
Ice Bin		Yes	No	
Dipper Well		Yes	No	
Steam Table		Yes	No	
Spray Arms		Yes	No	
Potato Peeler		Yes	No	
Beverage Dispenser/Soda Machine/Soda Gun		Yes	No	

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

Section II: General Construction

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

Section III: Finish Schedule

11. 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 information.

Area	Floor	Wall	Ceiling
Kitchen			
Walk-ins (Coolers/ Freezer)			
Food Storage			
Dressing Room			
Refuse/ Garbage			
Ware- washing			
Bar			
Buffet Area			
Dining Areas			

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/Buffer 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, employee health, and so forth. It is recommended that the person filling out this worksheet be familiar with all operations within the facility. Either circle the appropriate response or use space provided to write any responses. 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 require 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 below the methods that will be used to keep foods hot during holding (i.e. steam tables, range, etc.):</p>		
<p>4. Will this facility use time, instead of temperature, as a control method to control microorganism growth and toxin formation? If "Yes", provide a copy of time procedure with application.</p>	Yes	No
<p>5. <i>Cooking of raw meats, eggs, poultry and seafood is required to destroy certain disease causing microorganisms. Will this facility cook raw meats, eggs, poultry, or seafood?</i></p>	Yes	No
<p>6. Will this facility cook for service or sale any of the above listed raw meat products in a raw or undercooked form? If "Yes", provide copy of consumer advisory (either on menu or attached to application).</p>	Yes	No
<p>7. <i>Thawing is the process by which a TCS food is taken from a frozen state to a non-frozen state. Acceptable methods of thawing TCS foods are: storage of frozen foods under refrigeration (41° F or below), submerge foods under running water not to exceed 70° F, thaw in a microwave (as part of cooking process), or cooking foods from a frozen state directly. Will this facility thaw TCS foods?</i></p>	Yes	No
<p>8. Which methods (as described above) will be used to thaw TCS foods (if no thawing will occur, write NA)?</p>		
<p>9. <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?</i></p>	Yes	No
<p>10. Describe what methods will be used to cool TCS foods (if no cooling will occur, write NA).</p>		

Section I: Food Safety (cont.)

11. <i>Reheating is the process by which previously cooled TCS foods are heated again for hot holding. Reheating does not include heating TCS foods which arrive at the facility in a precooked state or reheating for immediate service. Reheated TCS food shall be heated to a temperature of 165° F for 15 seconds within 2 hours.</i> Will this facility reheat TCS foods?	Yes	No
12. Describe what method(s) will be used to reheat TCS foods (if no reheating will occur, write NA).		
13. What type of temperature measuring device will be used to check internal temperatures of TCS foods (i.e. digital, stem type, thermocouple, etc...)?		
14. How often will the temperature measuring device be calibrated?		
15. Will this facility serve or prepare sushi? If "No", skip to Question 18.	Yes	No
16. 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.	Yes	No
17. Will this facility make acidified rice and store at room temperature? If "Yes", attach a copy of HACCP plan to this worksheet.	Yes	No
18. <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
19. Describe below how food will be kept hot/cold during transportation (if no catering will occur, write NA).		
20. Does this facility plan to serve a highly susceptible population (i.e. nursing home, hospital, etc...)?	Yes	No
21. <i>All food is required to come from an approved and inspected source.</i> Where does this facility plan to obtain its food from?		
22. Will produce be washed on-site prior to use or will produce be pre-washed?		

Section II: Personnel

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

Section III: Cleaning and Sanitizing Procedures

26. What chemical sanitizer(s) will be used on food contact surfaces (bleach, quat, etc...)?		
27. Will the facility have a warewashing machine on site?	Yes	No
28. What method of sanitization does the warewashing machine utilize: chemical and/or high temperature (write NA if none present)?		
29. <i>All dishware, utensils, and equipment are required to air dry.</i> Describe location where items will air dry.		
30. How often will the grease trap/interceptor be serviced (cleaned and/or emptied)?		
31. Dumpsters shall be large enough to store all garbage until pick up. How often will dumpsters be emptied?		
32. <i>All pesticide application must be provided by a person certified in Ohio to apply pesticides in a commercial setting .</i> Which company/person will be contracted to treat for pests in the facility?		
33. <i>Clean linens shall be stored in a clean and dry location to prevent contamination of clean items. Dirty linens shall be stored to prevent contamination of clean surfaces.</i> How will clean and dirty linens be stored?		



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**

_____ **Language Barriers:** _____ Spanish _____ Chinese _____ Literacy _____ Other

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: _____