

DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION



Please note: This application must be fully completed, with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated. Plan review fee is 30% of the county license fee based on risk level (see page 9).

Type of Application: ___NEW ___REMODEL ___CHANGE OF OWNER

Name of Facility: _____

Type: Food Service Operation (Restaurant)_____ Retail Food Establishment (Grocery)_____
Commercial () Non-Commercial () Catering () Seasonal ()

Square Footage of Facility: _____

Name of License Holder: _____

Address of Facility:

(Street Address) (City) (Ohio) (Zip Code)

Phone of Facility (with area code): _____ Fax Number: _____

Name of Owner or Parent Company:

Mailing Address:

(Street Address) (City) (Ohio) (Zip Code)

Telephone: _____ Fax: _____ Email: _____

Applicant's Name:

Title (owner, manager, architect, etc.):

Mailing Address:

(Street Address) (City) (Ohio) (Zip Code)

Telephone: _____ Fax: _____ Email: _____

I have submitted plans/application to the following authorities on the following dates:

- Building Plumbing
Electric Fire
Police Conservation
Zoning Planning

Projected Start Date: _____ Projected Completion Date: _____



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

Please enclose the following documents:

_____ **Proposed Menu**

- Include seasonal, off-site, outdoor grilling, and banquet menus

_____ **Site Plan**

- Show the location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system-if applicable)
- Show the location of outside equipment (dumpster, garbage rooms, grease traps, trash cans, sewage disposal, water supply- if applicable)
- On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basement and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
- Entrances, exits, loading/ unloading areas and docks; interior & exterior seating areas

_____ **Plan Drawn to Scale of Food Establishment**

- Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
- Show the location of all food equipment labeled on the plan with its common name. (Submit drawings of self-service hot and cold holding units with sneeze guards)
- Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment of the floor plan.
- Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
- Location of mop sink or curbed cleaning facility with facilities for hanging mops are required.
- Location of all electrical and mechanical equipment

_____ **Level One (Food Handler) Training in Food Protection**

- Is mandated training for the person in charge (PIC) per shift of a risk level I, II, III, and IV food service operation or retail food establishment as of March 1, 2010. Visit www.darkecountyhealth.org or the OSU extension office for training opportunities.

_____ **Level Two (Food Manager) Training in Food Protection**

- Is mandated training for one employee in a risk level 3 or 4. Visit servsafe.com for online testing options, or visit the OSU extension office for in person training opportunities.

_____ **Plumbing Schedule**

- Plumbing schedules including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generator equipment with capacity and recovery rate, back flow prevention, sewer and water tie in from source, and wastewater line connections;

_____ **Lighting Schedule**

- Include drawings of location of each light fixture with foot candles indicated.

_____ **Electrical**

Switch boxes, electrical control panels, wall mounted cabinets, etc. installed out of the cooking/dishwashing areas. Electrical units which are installed in areas subject to splash from necessary cleaning operations or food preparation should be water-tight and washable.

_____ **Equipment Schedule**

- Include Manufacturer Specification Sheets for **all** pieces of equipment shown on the plan.



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

General Information: List Hours of Operation for the following
Monday Tuesday Wednesday Thursday
Friday Saturday Sunday

Type of Service (give percentage expected for each category):
Sit Down Meals Take Out Caterer Mobile Vendor

FOOD SUPPLIES:

- 1. Will all food be from approved sources? YES () NO ()
2. Please fill in the chart to provide all distributors and their frequency of deliveries for each category.

Table with 3 columns: Type of Foods, Distributers, Frequency of Deliveries

- 3. Will at least one employee be present at each delivery from all distributors? YES () NO ()
a. If NO, describe how you will verify that foods are at the required temperature, protected from contamination, unadulterated, and accurately presented.

- 4. Will dry goods and single use articles be stored at least 6 inches off the floor? YES () NO ()

DRESSING ROOMS/PERSONAL BELONGINGS:

Describe the storage facilities provided for employee's personal belongings and how items will be stored separate from and/or below foods and food contact surfaces?

COLD STORAGE

- 1. Will a thermometer be available in each cold holding unit? YES () NO ()
2. Will you store foods properly to limit cross contamination? YES () NO ()
3. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES () NO ()
a. If yes, how will cross contamination be prevented?



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70F		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

HOT/COLD HOLDING:

1. Will a thermometer be placed in each hot and cold holding unit? YES () NO () REQUIRED
2. Explain how hot and cold holding units will be monitored for accuracy to ensure cold products are maintaining 41F or below and hot foods are maintaining 135F or above: _____

PREPARATION:

1. Will food employees be trained in good food sanitation practices? YES / NO
Method of Training: _____
2. Which of the following will be used to restrain employees' hair: Hats () Hairnets ()
3. Which of the following will be used to prevent handling of ready-to-eat foods:
 - a. Disposable gloves (latex gloves are prohibited) () Utensils () Food grade paper ()
4. Please check the following that applies to produce:
 - a. () Produce will come from distributor pre-washed & pre-cut
 - b. () A designated prep sink with an air gap will be provided

COOKING/COOLING:

1. Do you have the necessary equipment to prepare all items listed on your menu? YES () NO ()
2. Are thermometers available to probe cooked products to verify temperatures? YES () NO ()
3. Will you be serving any undercooked eggs/meat? YES () NO ()
 - a. If yes, the menu submitted must have consumer advisory

Indicate how PHF's will be cooled to 41F (135F to 70F in 2 hours and 70F to 41F in 4 hours)

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

REHEATING:

1. Will Potentially Hazardous Foods be reheated after they're cooked and cooled? YES () NO ()
 - a. If yes, will you reheat in bulk (), individual portions (), or both ()
 - i. Will you heat in bulk more than once a week? YES () NO () N/A ()
 - b. If yes, will the PHF's that are reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds within 2 hours? YES () NO ()

FINISH SCHEDULE

Indicate materials (tile, stainless steel, 4" covered molding, etc.) to be used in the following areas. Surfaces shall be smooth, easily cleanable, and non-absorbent.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Chemical Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-In				

LIGHTING SCHEDULE

- (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 in) above the floor, in walk-in refrigeration units, dry storage areas & in other areas and rooms during periods of cleaning;
- (2) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, warewashing, and equipment and utensil storage, and in toilet rooms; and
- (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment where employee safety is a factor.

Please fill in the table below with the minimum amount of food candles available in each area.

AREA	FOOT CANDLES
Walk in Refrigeration Units	
Dry Food Storage	
Food Preparation Area	
Warewashing Area	
Salad Bar or Buffet	



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

DISHWASHING FACILITIES

Will sinks or a dishwasher be used for warewashing? Dishwasher () Three compartment sink ()

Will there be more than one dishwasher or three compartment sink? YES () NO ()

1. Dishwasher

a. Type of sanitization used (choose one that applies):

i. **Hot water** ()

1. Temperature of Wash Cycle _____ Temperature of Rinse Cycle _____

2. Do you have a maximum temperature registering device/strips? YES() NO()

ii. **Chemical** ()

1. Chemical Name _____ Concentration in ppm _____

2. Is a test kit provided to measure the ppm of the sanitizer? YES() NO()

b. Do all dish machines have temperature/pressure gauges that are accurate? YES () NO ()

2. Three compartment sink

a. Does the largest pot/pan fit into each compartment of the sink? YES () NO ()

b. If no, what is the procedure for manual cleaning and sanitizing?

c. What are the dimensions (length, width, height) for each bowl in the sink?

Bowl one: _____ Bowl two: _____ Bowl three: _____

d. Are their drain boards on both ends of the pot sink? YES () NO ()

i. If no describe where dirty dishes will be stored before/after they are cleaned _____

e. What type of sanitizer is used?

Chlorine () Quaternary ammonium () Iodine()

i. Concentration in ppm _____

SINKS/HANDWASHING/TOILET FACILITIES

Handwashing sinks are required to be every 10-15 feet in a food preparation and warewashing area. The distances may not overlap. For example, in a 30-foot area, there shall be 3 handwashing sinks

	YES	NO
1. Is there a handwashing sink in each food preparation and warewashing area?		
2. Are hand drying facilities, soap, and hot water available at all handwashing sinks?		
3. Does the restroom used by females have a covered waste receptacle?		
4. Is a handwashing sign posted in each employee restroom?		
5. Is an adequate number of handwashing sinks provided?		

1. Is a mop sink present? They are REQUIRED YES () NO ()

2. If the menu dictates, is a food preparation sink present? YES () NO ()



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

WATER SUPPLY

1. Is water supply PUBLIC () SEMI-PRIVATE (), OR PRIVATE ()?
 If PUBLIC, name of municipality? _____
 If SEMI-PRIVATE, please attach copy of EPA approval letter.
 If PRIVATE, has the source been approved by the Health Department? YES / NO / PENDING
2. Is ice made on premises () or purchased commercially ()?
3. How will the ice scoop be stored: () In the ice with handle extended () Separate compartment
4. Will you have any of the following machines that require a back flow prevention device?
 () Ice-cream Machine () Cappuccino Machine () Juice Machines
 () Slushy Machine () Pop Machines () Other _____

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES () NO ()
 If no, is a private disposal system approved? YES () NO () PENDING ()
Please attach copy of written approval and/or permit from the Ohio EPA.
2. Are grease traps provided? YES () NO ()
 Contact the plumbing inspector to see if you need one at bmcmlen@miamicountyhealth.net.

INSECT AND RODENT CONTROL

- | | YES | NO | NA |
|---|-----|-----|-----|
| 1. Will all outside doors be self-closing and rodent proof? | () | () | () |
| 2. Will all traps be enclosed? | () | () | () |

GARBAGE AND REFUSE

- | | YES | NO | NA |
|---|-----|-----|-----|
| 1. Will refuse be stored inside? | () | () | () |
| 2. Is there an area designated for garbage can or floor mat cleaning? | () | () | () |
| 3. Will a dumpster be used? | () | () | () |
| a. Size _____ b. Frequency _____ c. Contractor _____ | | | |
| d. Surface to be stored on _____ e. Location _____ | | | |
| 4. Will a compactor be used? | () | () | () |
| a. Size _____ b. Frequency _____ c. Contractor _____ | | | |
| d. Surface to be stored on _____ e. Location _____ | | | |
| 5. Will a grease storage receptacle be used? | () | () | () |
| c. Number _____ Size _____ Frequency of Cleaning _____ Company _____ | | | |



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

Please note if all information is not provided or the packet is not fully completed it will increase the amount of time it takes to review your plans or they may be disapproved due to a lack of information given. Once turned in, the health department has 30 days to look over the plans. Please take your time and reach out if you need assistance. I can be contacted at 937-548-4196 x 206 or at caitlin.molina@darkecountyhealth.org

This application is complete including all information needed from page 2 of this packet and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the Ohio Food Safety Code. Please sign below if you agree with the previous statement.

Signature of Owner	Printed Name of Owner	Date
Signature of Applicant (if different from above)	Printed Name of Applicant (if different from above)	Date

THE CURRENT LICENSING FEES FOR 2024 ARE:

(THESE FEES ARE ONLY APPLICABLE FOR THE 2024 LICENSING YEAR AND DO CHANGE YEARLY)

COMMERCIAL	LOCAL	+	STATE	=	TOTAL FEE
I (less than 25,000 sq. ft.)	\$284.17	+	\$28.00	=	\$312.17
II	\$323.92	+	\$28.00	=	\$351.92
III	\$646.67	+	\$28.00	=	\$674.67
IV	\$827.92	+	\$28.00	=	\$855.92
I (more than 25,000 sq. ft.)	\$424.08	+	\$28.00	=	\$452.08
II	\$447.93	+	\$28.00	=	\$475.93
III	\$1,664.20	+	\$28.00	=	\$1,692.20
IV	\$1,765.96	+	\$28.00	=	\$1,793.96
NON-COMMERCIAL					
I (less than 25,000 sq. ft.)	\$142.08	+	\$14.00	=	\$156.08
II	\$161.96	+	\$14.00	=	\$175.96
III	\$323.33	+	\$14.00	=	\$337.33
IV	\$413.96	+	\$14.00	=	\$427.96
I (more than 25,000 sq. ft.)	\$212.04	+	\$14.00	=	\$226.04
II	\$223.96	+	\$14.00	=	\$237.96
III	\$832.10	+	\$14.00	=	\$846.10
IV	\$882.98	+	\$14.00	=	\$896.98
VENDING					
Each location	\$9.26	+	\$6.00	=	\$15.26



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

2024 FOOD PLAN REVIEW FEES

COMMERCIAL

I (LESS THAN 25,000 SQ. FT.)	\$85.25
II	\$97.17
III	\$194.00
IV	\$248.37

I (GREATER THAN 25,000 SQ FT.)	\$127.22
II	\$134.37
III	\$499.26
IV	\$529.78

NON-COMMERCIAL

I (LESS THAN 25,000 SQ. FT.)	\$42.62
II	\$48.58
III	\$96.99
IV	\$124.18

I (GREATER THAN 25,000 SQ. FT.)	\$63.61
II	\$67.18
III	\$249.63
IV	\$264.89



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

FINAL INSPECTION CHECKLIST

(To be filled out by health department at pre licensing inspection)

**The following must be completed and/or available for review during the inspection.
Failure to provide required information may result in a delay in opening.**

- The facility is constructed according to the approved plans
- All equipment is commercial grade, and has been approved by the health department
- All equipment is correctly installed and working properly
- All cold holding units are 41°F or below
- All refrigerators have working thermometers
- All surfaces have been cleaned & sanitized and are ready to use
- All finishes are smooth, non-porous, easily cleanable
- Proper foot candles of light on work surfaces, walk-ins, service areas and restrooms
- Doors to the outside shall be provided with vermin-tight thresholds or sweeps
- Construction tools and equipment removed and all work is complete
- All sinks are secured and sealed to wall and have hot (100°F) and cold water supply
- Openings where utility lines pass through cabinets, floors, walls, and ceilings are sealed
- All hand sinks are properly stocked with soap, paper towels, garbage can, and signage
- Covered waste receptable in women's or unisex restroom(s)
- Mop hanger installed above mop sink
- Approved sanitizer on site, with appropriate test strips
- Dumpster or trash receptables on premise in the approved location
- Manager's Certification in Food Protection certificate from Ohio Department of Health
- Approved employee health policy and body fluid clean up procedure on site
- Final Approval from the Fire Department and Plumbing Department
- Final Certificate of Occupancy received from the Building Department
- Signed application and payment for the license to operate and plan review fee submitted



DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

901:3-4-05 & 3701-21-2.3

Risk Level of Retail Food Establishments & Food Service Operations

The licenser shall determine the risk level based on the highest risk level activity of the retail food establishment or food service operation in accordance with the following criteria:

- (A) Risk level I poses potential risk to the public in terms of sanitation, food labeling, 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, pre-packaged non-potentially hazardous beverages;
 - (2) Pre-packaged refrigerated or frozen potentially hazardous foods;
 - (3) Pre-packaged non-potentially hazardous foods; Or
 - (4) Baby food or formula
- (B) 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-potentially hazardous food;
 - (2) Holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received; or
 - (3) Heating individually packaged, commercially processed potentially hazardous foods for immediate service.
- (C) 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 potentially hazardous food that is immediately served, held hot or cold, or cooled;
 - (4) Operating a new 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.
- (D) 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 temperatures as a public health control for potentially hazardous food, or performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process. Examples of risk level IV activities include but are not limited to:
- (1) Reheating bulk quantities of leftover potentially hazardous food more than once every seven days; or
 - (2) Caterers or other similar food service operations that transport potentially hazardous food.