

FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICATION PACKET



Public Health
Prevent. Promote. Protect.

Butler County
General Health District

Effective December 1, 2023

Return this packet by mail or in-person at:
Butler County General Health District
301 S. 3rd Street
Hamilton, Ohio, 45011
(513) 863-1770
<http://health.bcoho.us/>
environmentalhealth@butlercountyohio.org

FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT PLAN

REVIEW GUIDELINES

Whether you are a new business or remodeling, welcome! This packet is for new or substantially remodeled Food Service Operations (FSOs) or Retail Food Establishments (RFEs) within the jurisdiction of the Butler County General Health District. For facilities located in the cities of Hamilton and Middletown you will have to contact the City Health Departments directly. An FSO is a food business where the majority of food is prepared on-site and served in response to an individual order. Examples may include restaurants, cafeterias, and schools. An RFE is a food business that sells prepacked food items or sells bulk or multiple servings of food products. Examples may include grocery stores, gas stations, and most pizza.

Important information when thinking about your business:

- The Ohio Uniform Food Safety Code can be found at: <https://codes.ohio.gov/ohio-administrative-code/chapter-3717-1>
- The Butler County General Health District (BCGHD) **does not** enforce zoning, electrical, fire, building, or other regulations. Check with local municipalities for additional requirements.
- Plumbing permits are necessary for any changes or additions to the plumbing system (e.g., replacing fixtures or water heaters). Contact the Plumbing Division at (513) 863-1770.
- All plumbing, building, fire, and electrical inspections must be completed before final approval for opening is granted by BCGHD.
- Person-In-Charge (PIC) Certification in Food Protection is mandated training for the designated PIC for each shift of a Risk Level I, II, III, and IV FSO or RFE. All Risk Level III and IV facilities are required to have at least one manager with an Ohio Manager Food Protection certification. BCGHD offers both the PIC and Manager level certification courses, please contact BCGHD at EnvironmentalHealth@butlercountyohio.org for course dates and times. Additional approved course providers can be found online at: http://www.healthspace.com/Clients/Ohio/Ohio_Website_Live.nsf/FoodCertifications.xsp

PLAN REVIEW PROCEDURE

1. You have already completed this step by obtaining this packet and reading it.
2. Submit the completed application packet (pages 9–15) and plan review fee, along with a detailed set of plans to our office. Plans may be submitted by mail or in-person. Ensure enough time for plans to be reviewed by our office prior to construction or alteration of your food business. Pages 1–8 are for you to keep for further reference. No plan review will be performed prior to submission of the plan review fee.
3. Plans are then reviewed to ensure against problems with the pattern of food flow and to ensure compliance with the Ohio Uniform Food Safety Code. You will be notified in writing within thirty (30) days regarding the status of your plan submission. If plans are approved, you may begin making changes or constructing the food business. If plans are denied, you will be notified of the reason(s) and will need to resubmit the requested information prior to approval. Plumbing and building permits may be put on hold until plans are approved by the Health District. A letter regarding the status of the plans will be sent within thirty (30) days. If additional information is requested by the Health District, the Health District is granted another thirty (30) days to respond. This occurs until the plans are approved and an approval letter is sent. BCGHD will determine the risk level based upon the highest risk level activity of the FSO or RFE. The assigned risk level (I–IV) will be noted in the approval letter.

4. Once plans have been approved, construction can now begin. Applicant must contact BCGHD (513-863-1700, M–F 8:00 AM–4:00 PM) to schedule a pre-licensing inspection **at least 7 days prior to opening.** During the pre-licensing inspection, a representative from the Health District will verify that the food business was constructed according to the approved plans. Changes to the plans that have not received prior approval from the Health District (e.g., changes in equipment or menu concept) may delay licensing. Upon successfully passing the prelicensing inspection, a food license application will be provided to the applicant. The applicant must submit the completed application along with the licensing fee to the Health District. You may only operate once the completed license application and fee are returned to the Health District. Within 30 days of obtaining a license, a standard inspection will be completed at your food business.
5. Food licenses are renewed by March 1st of every year. Renewal applications will be sent out by the end of January. The application and license fee must be returned or postmarked by March 1st. There will be a late fee for all applications received or postmarked after March 1st. A license issued to a new FSO or RFE after the first day of December will not expire until the end of the next licensing year.

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PLAN SUBMISSION CHECKLIST

Ensure the following is included as part of your plan submission. Plans must be a minimum of 11X17 inches and drawn reasonably to scale. If information is missing, BCGHD will notify you in writing and the plans will be put on hold until all information is received.

- Completed Plan Review Application.
- Plan Review Fee.
- Proposed **menu** or **list of foods** to be offered for sale.
- A **site plan** that includes the following:
 - The location of the food business in relation to surrounding buildings or building interior (e.g., location inside a mall).
 - The location of the food business in relation to neighboring streets, alleys, and any outside support infrastructure such as exterior grease interceptors, dumpsters, on-site sewage treatment systems, potable water sources.
 - Location of utilities such as incoming water lines and location of waste water connections.
- A **facility floor plan** that includes the following:
 - Total square footage to be used for the FSO or RFE.
 - Location of all equipment (e.g., cooking, refrigeration, freezers, hot-holding, slicers, mixers, blenders, dish machines, coolers, etc.).
 - Location of all plumbing fixtures (e.g., handwashing sinks, warewashing sinks, food prep/culinary sinks, mop or utility sinks, dump sinks, water heaters, etc.).
 - Location and identification of all areas including employee break rooms, dressing rooms, walk-in coolers or freezers, dry food storage areas, chemical storage areas, solid waste storage areas, etc.).
 - Interior and exterior eating areas.
 - Location of all entrances, exits, loading docks, etc.
- A **lighting schedule** showing the location of all overhead lighting.
 - At least 10 foot candles (FC) (110 lux) is required in walk-in coolers, dry storage areas, and in other areas during periods of cleaning.
 - At least 20 FC (220 lux) is required at surfaces where food is provided for consumer self-service operations such as buffets or salad bars, areas where fresh produce or packaged foods are sold or offered for consumption, inside reach-in coolers and under counter refrigerators, and in areas used for handwashing, warewashing, utensil storage, and in toilet rooms.
 - At least 50 FC (225 lux) is required where food employees are working with food or utensils such as knives or slicers where safety is a factor.
 - All lights in food preparation areas or in areas where unwrapped single-use, single-service articles or clean equipment are stored must be shield or otherwise shatter resistant.
- A **plumbing diagram** that includes the location of floor drains, floor sinks, water supply lines, water heater capacity and recover rates, backflow prevention devices, waste water connections, grease interceptors, etc. A plumbing isometric must be submitted for any plumbing changes.
- A **finish schedule of floors, walls, and ceilings** in all areas. Surface finishes in high moisture areas or in areas subject to frequent food soiling must be smooth, durable, nonabsorbent, and easily cleanable.

- Manufacturer make and model numbers for all equipment used in your food business.** If you are using existing equipment, or purchase used equipment, the make and model numbers are needed for these items, along with a statement indicating they are used or existing. Used or existing equipment will be evaluated to ensure they meet food code requirements. All equipment must be commercial-grade and approved for use by a recognized testing agency such as the National Sanitation Foundation (NSF), or an equivalent standard.



- A copy of your employee health policy agreement.
- A copy of your body-fluid clean-up procedures.
- A copy of your Ohio Department of Health Manager Certification in Food Protection for Risk Level III & IV facilities.
- Person-In-Charge Food Safety Certification.

ALL ITEMS MUST BE SUBMITTED. INCOMPLETE SUBMISSSTIONS WILL BE PLACED ON HOLD UNTIL ALL INFORMATION IS RECEIVED.

Expedited Plan Review Fee and Procedure

Plans are reviewed in the order they are received. To address expedited plan review requests the Board of Health approved an expedited plan review fee of \$1500.00 USD effective October 6, 2023. The fee is due when the application is submitted and is paid in lieu of the Risk Level based fee.

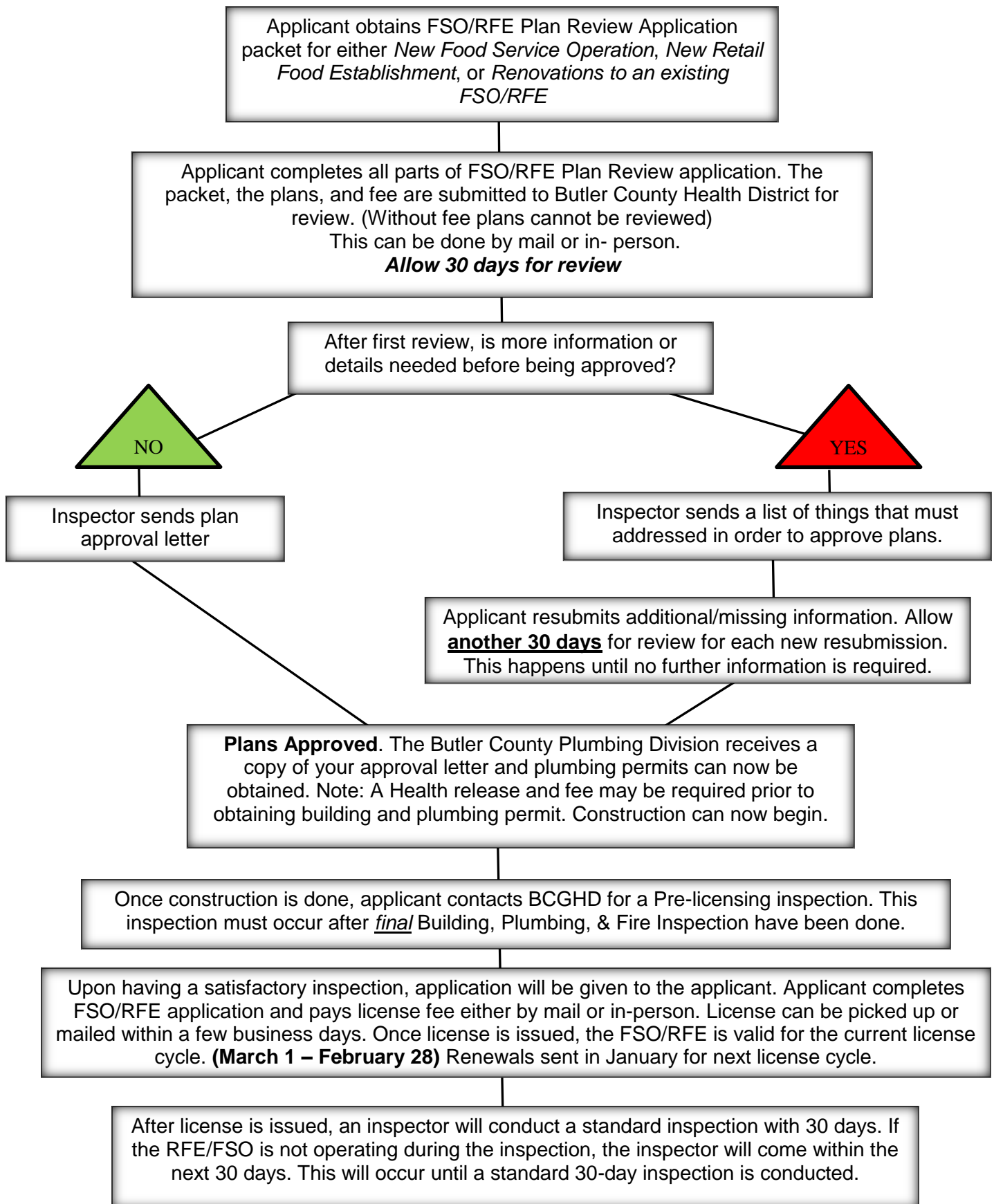
Expedited plan review procedures:

- The initial review will be completed within three (3) business days upon receipt of the completed application, fee, and all required supporting documentation.
- If plans can be approved, or if information is missing or if corrections are required, you will be contacted in writing within the three (3) business days.
- Once the additional information or corrections are received, you will be contacted in writing within an additional three (3) business days. If plans can be approved you will be notified in writing.
- To prevent any delay in the application process, please be sure that all information such as the completed application, menu, equipment list with manufacturer make and model numbers, schedule of surface finishes, facility layout, site plan, lighting schedule, plumbing plan and isometric are submitted. Any application with incorrect or incomplete information will be initially denied until all information is received by the Health District.

Example:

- Completed Plan Review Packet and Building Plans are submitted on the 1st.
- On the 2nd, Plan Examiner contacts the applicant to request a menu that was not submitted.
- The menu is submitted on the 5th by the applicant. The Plan Reviewer has until the 8th to respond. (The Plan Reviewer now has three (3) business days to complete the plan review, as they had to wait on additional information).

FSO/RFE PLAN REVIEW PROCESS FLOW CHART





FSO/RFE PLAN REVIEW APPLICATION

INTERNAL USE ONLY

Fees:	New Commercial	Date Rec: _____
Class 1	\$150.00	Class 2 \$170.00
Class 3	\$250.00	Class 4 \$300.00
Expedited Fee	\$1500	Facility ID: _____
FSO	_____	RFE _____
Risk Classification:	_____	Receipt #: _____

Date: _____

ESTABLISHMENT INFORMATION

Food Facility Name: _____

Address of Establishment: _____

Name of Owner: _____

Telephone: (_____) _____ Email: _____

APPLICANT/OWNER INFORMATION

Applicant's Name: _____

Title (Owner, Manager, Architect, etc.) _____

Mailing Address: _____
CITY STATE ZIP

Phone (best available) (_____) _____ Email _____

ESTABLISHMENT TYPE

Food Service Operation *Majority of food is prepared and served on-site*

OR

Retail Food Establishment *Majority of food is prepared and packaged for offsite consumption*

Days and Hours of Operation: _____
(If seasonal, please specify dates of operation)

Menu is attached with list of **ALL** foods prepared.

List of all foods prepared Type of Service Retail food Sit-down meals Carry-out Delivery

Offsite Catering

(Check all that apply)

CONSTRUCTION INFORMATION

Total Square Footage of Facility: _____

Proposed Date for Start of Project: _____ Projected Date of Completion: _____

Plans Submitted to: Building Dept. Fire Dept. Plumbing Division.

(Check all that apply)

Other Agencies (please list) _____

PHYSICAL FACILITIES

WATER SUPPLY	
Is the water supply public or private?	PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>
If private, has the source been approved by the EPA? <i>Please attach a copy of written approval and/or permit, if applicable.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the hot water tank sized sufficiently, particularly during peak demand times?	YES <input type="checkbox"/> NO <input type="checkbox"/>
SEWAGE DISPOSAL	
Is the building connected to a municipal sewer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, is the building connected to an EPA-approved private treatment system? <i>Please attach a copy of written approval and/or permit if applicable.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are grease traps provided in this facility? <i>Grease traps are required if the facility is preparing ANY grease-bearing foods. Grease traps must be properly sized according to the size of the 3-compartment sinks. Please have your plumber contact The Plumbing Division at the Butler County General Health District at 513-863-1770 prior to installing to ensure proper sizing.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Size of grease trap (in gallons per minute)	_____ GPM
Location of grease trap	Location: _____
PLUMBING FIXTURES	
Number of hand sink(s)? (required) <i>Note: Hand sinks must be conveniently located and NOT more than 20 feet to all food prep and warewashing areas.</i>	How many? _____
Do all hand sinks have hot and cold running water (at least 100°F), soap, means of drying hands (paper towels, air dryers etc.), a waste basket, and hand washing signage?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Number and location of warewashing sink(s)? (required) <i>Note: New warewashing sinks must be indirectly drained with an <u>air gap</u> to prevent backflow.</i>	Number and location _____
Is the 3-compartment sink large enough to accommodate the largest piece of equipment within the facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are there drain boards for both dirty and cleaned dishes? <i>Adequate space must be available for proper air drying of dishes.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain: _____
Is there a mop/utility sink(s)? (required)	How many? _____
Are there hangers/hooks installed for proper mop drying?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a food preparation sink(s)? (if required) <i>Food preparation sinks are required if any food/produce will be washed, soaked, thawed or cooled using an ice bath. (see page 13)* All food prep sinks must be indirectly drained with an <u>air gap</u> to prevent backflow.</i>	Number and location _____
Is there a dump sink(s)? (if required) <i>A dump sink is required if beverages (coffee, smoothies, bar drinks, etc.) will be routinely emptied.</i>	How many? _____

OUTER OPENINGS	
Will there be any roll-up doors/windows to the outside? <i>Examples: garage doors, roll-up windows</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How will the entry of pests be prevented?	Explain: _____
REFUSE / RECYCLABLES	
Where will the garbage/recyclables be stored within the facility?	Location: _____
Is there an area designated for garbage can or floor mat cleaning?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will a dumpster be used to store refuse/recyclables outside of the facility? <i>Please ensure the location is indicated on the plans</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the dumpster installed on smooth pavement, with tight-fitting lids, curbed and sloped to drain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
RESTROOMS	
Do all restrooms have trash receptacles with lids? <i>Required for all restrooms used by women.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do any restrooms have self-closing, tight-fitting doors? <i>Required of all restrooms located in kitchen areas.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHEMICAL STORAGE AREA	
Is there a separate, dedicated area for all chemicals and toxic materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DRESSING ROOMS / EMPLOYEE BELONGINGS	
Where is the location of the storage for employee's personal belongings and clothing?	Location: _____
Where will all soiled linens (if applicable) be stored?	Location: _____

INTERIOR FINISHES

Note: Floor, wall, and ceiling surfaces in areas where food is prepared, stored, or served; areas where dishes are cleaned; as well as restrooms must be smooth and easily cleanable. Ensure sheen of paint (required: semi-gloss or gloss) is provided.

This information is included in the plans

ROOM	FLOORS	WALLS	CEILING	COVING
<i>Example: Kitchen</i>	<i>Vinyl</i>	<i>FRP</i>	<i>Vinyl Ceiling Tiles</i>	<i>Rubber Molding</i>
Food prep areas				
Warewashing area				
Dry food storage				
Chemical storage				
Utility rooms/mop sink				
Restrooms				
Walk-in Cooler/Freezer				
Other (please list)				

EQUIPMENT

Equipment make and model numbers of **ALL** equipment and/or specification sheets provided. Equipment should be identified with item numbers matching the layout drawing.

Will all equipment be approved by a certified testing agency, such as NSF, ETL Sanitation, UL Sanitation, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will a dish machine be installed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, what type of sanitizing method?	CHEMICAL <input type="checkbox"/>	HEAT <input type="checkbox"/>
For chemical sanitizing machines, chemical test strips are required at time of preclicensing to accurately measure the concentration of sanitizing solutions in parts per million.		

<p>If heat sanitizing, a maximum registering thermometer or 160°F temperature-sensitive indicators are required at time of precensing to ensure proper sanitizing temperatures are achieved.</p>	
<p>If a three compartment sink will be relied upon for washing, rinsing, and sanitizing of soiled equipment and utensils, what kind of chemical sanitizer will be used? Note: Chemical sanitizers must be approved for use in an FSO or RFE. Test strips for type of sanitizer used must be available to ensure effective concentration in parts per million.</p>	<p> <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/> Ammonium <input type="checkbox"/> _____ (other) </p>

FOOD HANDLING PROCESSES QUESTIONNAIRE

The following questions are used to determine the type of activities is conducted within the facility. They are used to determine risk classification.

FOOD SOURCE	
<p>Will all food be purchased from approved sources? <i>Approved sources are those processors inspected by a federal food safety regulatory authority (or equivalent), a cottage food production operation (properly labeled), or another licensed food service operation or retail food establishment.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> List: _____ _____</p>
POPULATION	
<p>Does the facility serve mainly a high-risk clientele, including immune-compromised or elderly individuals in a healthcare or assisted living facility?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
FOOD HANDLING PROCESSES	
<p>Will any meat or cheese be sliced or ground on-site?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Will produce be processed (washed, cut, and handled) in the establishment? <i>Food preparation sinks are required if any food/produce will be washed, soaked, or thawed (see page 10)*</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Will any food be cooled and reheated?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>What kind of foods?</p>	<p>List: _____</p>
<p>What is the method for ensuring foods are cooled rapidly? <i>Food MUST be cooled from 135°F to 70°F within 2 hours, and to 41°F or below within an additional 4 hours.</i></p>	<p>Type: _____</p>
<p>How will foods be reheated? <i>All reheated food MUST reach 165°F within 2 hours.</i></p>	<p>Type: _____</p>
<p>Will any TCS foods be held without temperature control? <i>Example: timing sliced tomatoes instead of maintaining at 41°F or below.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Is time being used as a public health control for any TCS foods? <i>Please explain the process and attach the required written procedures.</i></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, attach the process. <input type="checkbox"/></p>

Will any foods be served raw or undercooked? <i>Example: burgers, eggs, oysters, fish for sushi</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will there be a consumer advisory on the menu?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If fish will be served undercooked, is appropriate documentation for freezing for parasite destruction attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SPECIALIZED PROCESSES	
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Will there be any of the following processes be conducted within the facility? <i>Please check all that apply.</i>	
Canning/bottling	YES <input type="checkbox"/> NO <input type="checkbox"/>
Making cheese on-site	YES <input type="checkbox"/> NO <input type="checkbox"/>
Smoking/curing meats for preservation	YES <input type="checkbox"/> NO <input type="checkbox"/>
Packaging fresh pressed-juice	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reduced oxygen packaging (using a vacuum sealer) <i>Defined as the reduction of the amount of oxygen in a package by removing oxygen; displacing oxygen and replacing it with another gas or combination of gases</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cook/chill packaging <i>Defined as food that is hot-filled into impermeable bags that have the air expelled and are then sealed or crimped closed. The bagged food is rapidly chilled and refrigerated</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sous vide cooking <i>Defined as raw or partially cooked food vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Acidification of food for preservation (i.e. acidification of sushi rice)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sale of oysters, clams, or mussels from a shellfish tank	YES <input type="checkbox"/> NO <input type="checkbox"/>
Sprouting of seeds	YES <input type="checkbox"/> NO <input type="checkbox"/>
Making yogurt on-site	YES <input type="checkbox"/> NO <input type="checkbox"/>
Making of Kimchi on-site	YES <input type="checkbox"/> NO <input type="checkbox"/>
Making of Kombucha on-site	YES <input type="checkbox"/> NO <input type="checkbox"/>
*If any above are marked yes, please attach variance from ODA/ODH as well as HACCP plan(s).	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> If yes, variance and HACCP attached

OFFSITE SERVICE	
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Will the facility be catering? <i>Catering is defined as "an operation where food is prepared for serving at a function or event held at an off-premise site, for a charge determined on a per-function or per-event basis. The charge is contracted for on the basis of the entire luncheon, banquet, or event and not on the basis of an individual meal or lunch.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
How will temperatures be maintained during transport? <i>Please include any transportation equipment along with plans</i>	Explain: _____ Process Attached <input type="checkbox"/>

How will handwashing be conducted at offsite locations?	Explain: _____
Will any food be transported from your operation to be sold/served in other locations (not catering)? <i>Wholesaling requires an additional license from the Ohio Department of Agriculture (614) 728-6250.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so, which other locations?	Location: _____
How will temperatures be maintained during transport?	Explain: _____
CUSTOMER SELF SERVICE	
Will there be any of the following:	
Salad bar/buffet?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Bulk foods for customer self-service? <i>Examples: donuts, bulk nuts, bulk candies</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, how will contamination from customers be prevented? <i>Example: Sneezeguard, covered containers, use of deli tissue, tongs</i>	Type: _____
EMPLOYEE HEALTH*	
Is a copy of the employee health policy attached? (we will provide if needed) <i>A written employee health policy is required. The plan must detail how the facility complies with rule 3717-1-02.1 of the Administrative Code. The plan must be acknowledged by each employee in a verifiable manner.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> Process Attached <input type="checkbox"/>
Is a copy of the vomitus cleanup policy attached? (we will provide if needed) <i>Written procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the facility. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> Process Attached <input type="checkbox"/>
Are test strips with the appropriate range available for chemical sanitizer used in the vomitus cleanup policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
EDUCATION REQUIREMENTS	
Will there be a member of management with ODH Manager Certification in Food Protection? <i>Required of all risk level III and IV food facilities. Please attach copy of certificate(s) if available.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> Certificate Attached <input type="checkbox"/>