

**FOOD SERVICE & RETAIL FOOD ESTABLISHMENTS  
PLAN REVIEW APPLICATION PACKET**



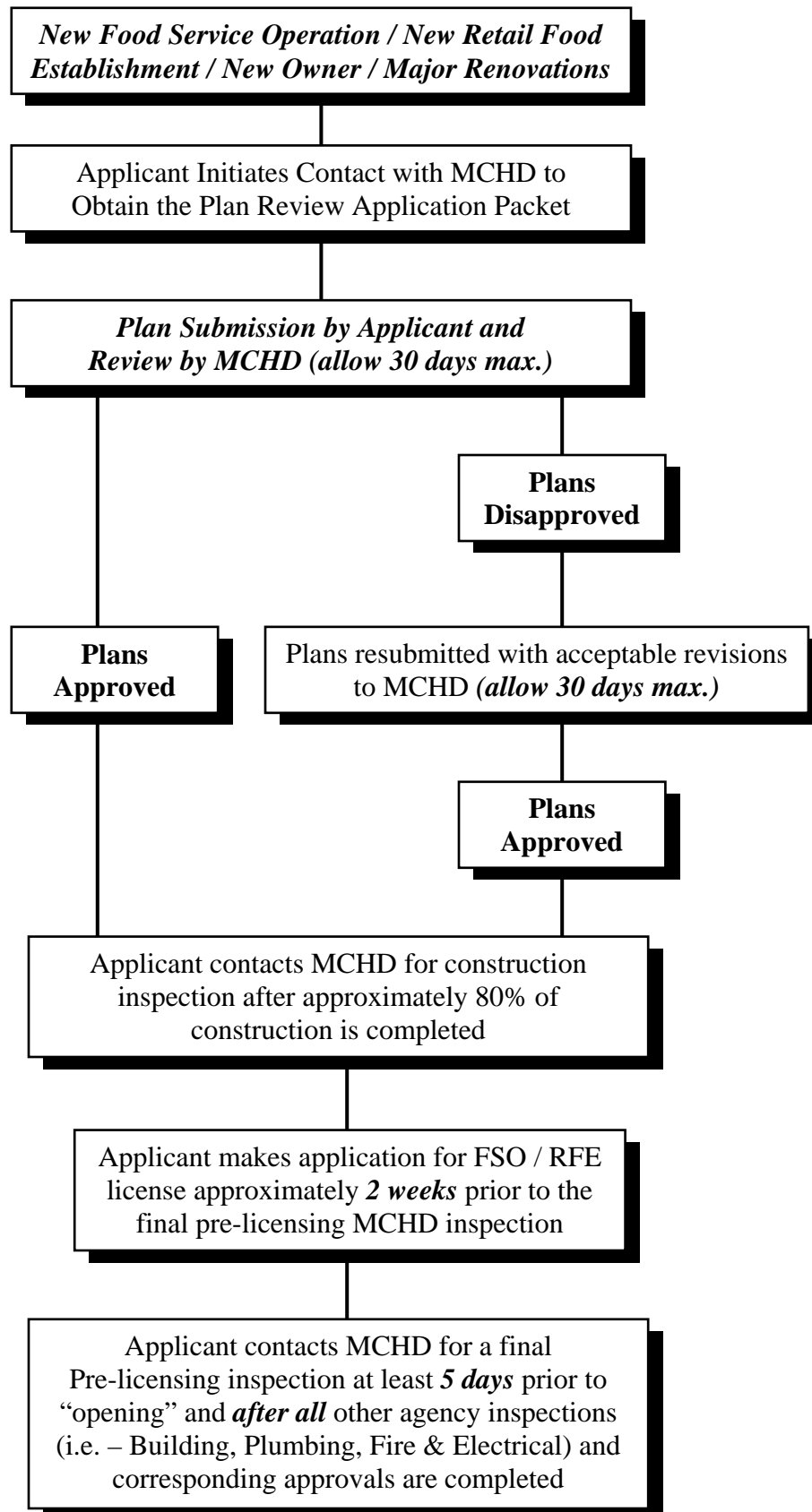
**Middletown City Health District  
One Donham Plaza  
Middletown, OH 45042  
513-425-1818**

**Please keep the first three pages for your information!!**

***Note: Failure to provide all required information may result in disapproval of your plans***

*Revised June 2017*

**PLAN REVIEW PROCESS FLOW CHART**



**MIDDLETOWN CITY HEALTH DISTRICT**  
**PLAN REVIEW GUIDELINES**

1. Submit 1 complete set of 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 ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include the proposed menu, seating capacity, and projected meal volume for the food operation. Indicate how foods will be purchased (fresh, frozen, and canned).
3. Show the proposed location and placement of all food equipment. Each piece of equipment must be clearly identified and referenced to the Equipment Schedule included with the make and model number. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Label and locate all dedicated hand and dump sinks. **Note:** Where applicable, dedicated dump sinks will be required (i.e. – bars, front portions of convenience stores, etc.) that are separate from any required hand sinks. Dual-use sinks are not permitted and will not be accepted. Also note on your plans the installation of any splash guards as may be applicable given their proposed location.
5. Provide clear and accurate drawings identifying the layout of all proposed restroom facilities.
6. Identify any auxiliary areas such as storage rooms, garbage rooms/dumpster pads, ware washing rooms, walk-in coolers/freezers, basements, cellars, etc. and their intended use. Must also indicate if and/or how food and food-related items (i.e. – To Go Items, linens, straws, etc.) will be stored (i.e. – shelving, dunnage racks, etc.) in these areas (as applicable). Also, clearly indicate how and where all multi-use items, small wares, utensils, etc. will be staged for air drying and subsequent final storage.
7. Include and provide specifications for:  
Entrances, exits, loading/unloading areas and docks, etc.:
  - Complete finish schedules for all rooms/areas including the floors, walls and ceilings and coved wall/juncture bases. **Note:** If ceiling tiles are proposed, vinyl-clad ceiling tiles must be installed in all food preparation rooms, bathrooms, and ware washing areas.
  - Plumbing schedule including the location of all floor drains, floor sinks, water supply lines, all waste/water lines, hot water generating equipment with capacity and recovery rates, backflow prevention devices, wastewater line connections, and grease traps.
  - Lighting schedule:
    - (a) At least 110 lux (10 foot-candles) at a distance of 30-inches above the floor in walk-in coolers/freezers and dry food storage areas and in other areas/rooms during periods of cleaning. **(Note: The health department recommends a minimum of 440 lux (40 foot-candles) in all walk-in coolers/freezers in order to provide sufficient illumination for cleaning after the units are filled with food items).**

- (b) At least 220 lux (20 foot-candles) where food is provided for consumer self-service such as buffets and salad bars, or where fresh produce or packaged foods are sold for consumption. Also, in all areas used for handwashing, ware washing, equipment/ utensil storage, and in toilet rooms.
  - (c) At least 540 lux (50 foot-candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders or saws where employee safety is a factor.
  - (d) Shatterproof light bulbs or shields/protectors on fixtures installed in all food preparation and ware washing areas, and where exposed foods are stored in any applicable pieces of equipment for purposes of display, serving, etc.
- Food Equipment Schedule to include the manufacturer's name and model numbers and listing of commercial-grade equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). Accreditations accepted are **NSF, UL- EPH, ETL Sanitation** and **CSA**.
  - Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
  - A floor-mounted mop sink or curbed cleaning facility along with the capability for hanging wet mops.
  - Garbage can washing area.
  - Cabinets or shelving appropriate for the storage of toxic chemicals.
  - Dressing rooms, locker rooms, employee rest areas, and/or coat racks.
  - Site plan showing the proposed location for this facility, including alleys, streets, and outside support infrastructure such as dumpsters, portable water source, sewage treatment systems and interior and exterior seating areas.
8. Include the total square footage to be used for the food service operation or retail food establishment.

**MIDDLETOWN CITY HEALTH DISTRICT**  
**PLAN REVIEW APPLICATION**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone \_\_\_\_\_

**PLAN SUBMISSION PACKAGE CHECKLIST**

**Please mark each item that is included with the Plan Submission Package:**

- \_\_\_\_\_ Plan Review Fee. Checks must be made out to the Middletown City Health District.
- \_\_\_\_\_ Completed Plan Review Application, Food Preparation Review and Planning Questions Packet, and Risk Level Questionnaire. **Ensure all questions are answered or marked as N/A (not applicable) as appropriate.**
- \_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus). Include consumer advisory if applicable. Include retail items; package frozen/refrigerated food, can food items, drinks, ice etc.
- \_\_\_\_\_ Proposed meal volume for the food operation.
- \_\_\_\_\_ Manufacturer's name, make and model number for each piece of equipment shown on the submitted Floor Plan. *It is highly recommended that manufacturer's cut sheets be provided.*
- \_\_\_\_\_ Floor Plans drawn to scale of the food operation showing:
  - ✓ The location and layout of all proposed pieces of equipment and sinks
  - ✓ All overhead lighting, including inside walk-in coolers/freezers
- \_\_\_\_\_ Finish Schedule (include materials to be used and the final finishes proposed)
- \_\_\_\_\_ Equipment Schedule (referenced back to the Floor Plan)
- \_\_\_\_\_ Plumbing Connection Schedule (include connection information and/or an isometric drawing)
- \_\_\_\_\_ Provide proof of Level One and Level Two Certification
- \_\_\_\_\_ Plans submitted to Building Department and/or Zoning Division
- \_\_\_\_\_ Site plan provided with required information (see on page 3)

<b>OFFICE USE ONLY</b>	
Plan Review Fee Paid _____	Date Paid: _____
Approved Date: _____	Disapproved Date: _____
Date: Resubmitted: _____	Approved Date: _____
Class: 1 2 3 4 Restrictions: Y N Endorsement: Y N	
25,000: Under /Over	

**FOOD SERVICE OPERATION / RETAIL FOOD ESTABLISHMENT  
PLAN REVIEW APPLICATION**

**Date:** \_\_\_\_\_ **Type:** FSO \_\_\_\_\_ RFE \_\_\_\_\_  
Non-Comm \_\_\_\_\_ Comm \_\_\_\_\_

**New** \_\_\_\_\_ **Renovation** \_\_\_\_\_ **Other** \_\_\_\_\_

**Minor Renovation (To What Extent)** \_\_\_\_\_

**Facility Information:**

Name of Facility: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Facility Telephone \_\_\_\_\_ Facility Email \_\_\_\_\_

**Applicant / Owner Information:**

Applicant's Name: \_\_\_\_\_

Title (Owner, Manager, Architect, etc.) \_\_\_\_\_

Correspondence / Mailing Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Projected Date for Start of Project:** \_\_\_\_\_ **Projected Date for Completion:** \_\_\_\_\_

**Proposed Number of Seats:** \_\_\_\_\_ **Total Square Footage of Facility:** \_\_\_\_\_

**Total Square Footage of Non-Food Areas (for retail food establishments only):** \_\_\_\_\_

**Days / Hours of Operation:** Mon \_\_\_\_\_ Tues \_\_\_\_\_ Weds \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**If Seasonal Operation Month(s) of Operation:** \_\_\_\_\_

**Type of Service:** Sit Down Meals \_\_\_\_\_ Take Out \_\_\_\_\_ \*Catering \_\_\_\_\_ Buffets \_\_\_\_\_ Grocery \_\_\_\_\_  
(Check all that apply)

*\*Equipment specification for catering equipment must be submitted with facility plans*

**Meals To Be Served:** Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Other \_\_\_\_\_

**Will undercooked or raw foods be served or sold?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, a consumer advisory must be provided with a disclosure and reminder on menus, placards etc.

**FOOD PREPARATION REVIEW  
AND PLANNING QUESTIONS**

1. Check the categories of time/temperature controlled for safety food (TCS) to be **handled, prepared and served**:

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
a. Thin meats, poultry, fish, eggs (Hamburgers, sliced meats, fillets)	( )	( )
b. Thick meats, whole poultry (Roast beef, whole turkey, chickens, hams)	( )	( )
c. Cold processed foods (Salads, sandwiches, vegetables)	( )	( )
d. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
e. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
f. N/A (No foods prepared)	( )	( )
g. Other: _____		

2. **Food Supplies:**

a. How will dry goods be stored off of the floor? \_\_\_\_\_

3. **Cold Storage:**

a. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked and ready-to-eat foods? **YES NO** (Please circle)

If answered **YES**, how will potential food-to-food cross-contamination be prevented? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Hot / Cold Holding:**

a. How will hot time/temperature controlled for safety food (TCS) be maintained at 135° F or more during hot holding of food for service?

\_\_\_\_\_

\_\_\_\_\_

b. How will cold TCS be maintained at 41° F or less during holding for service? \_\_\_\_\_

\_\_\_\_\_

5. **Cooling:**

Please indicate the method(s) by which time/temperature controlled for safety food (TCS) will be cooled down to 41° F within 6 hours (from 135° F to 70° F in 2 hours and from 70° F to 41° F in 4 hours). Will you use shallow pans, ice baths, reduction in volume or size, rapid chilling, or some other method? Please indicate how and where such cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

6. **Reheating:**

- a. Do you intend on reheating any foods within your facility? **YES NO** (Please circle)
- b. If **YES**, how will time/temperature controlled for safety food (TCS) that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165° F for 15 seconds within 2 hours or less? Please indicate how and where food will be reheated.

7. **Preparation:**

- a. Which methods will be used to handle ready-to-eat foods? Check all that apply.  
 Gloves \_\_\_\_\_ Utensils (i.e. tongs) \_\_\_\_\_ Food-grade paper (i.e. deli paper) \_\_\_\_\_
- b. How will cooking equipment, cutting boards, counter tops, and other food contact surfaces which cannot be submerged in sinks or put through a dishmachine be sanitized? Please describe.

Chemical Type \_\_\_\_\_ Concentration \_\_\_\_\_ Test Kit: **YES NO**  
 (Please circle)

- c. Will all fruits and vegetables be washed on-site prior to use? **YES NO** (Please circle)
- d. Is there a planned location used for washing fruits and vegetables? **YES NO N/A** (Please circle and describe).



8. **Thawing:**

- a. What method will be used for thawing of foods? Please describe.

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9. **Food Training**

- a. **Level One Certification** -Person-In-Charge (PIC: (Required for all Facilities)

The Ohio Revised Code requires that *at least one person in charge per shift* of a food service operation or retail food establishment must attend level one training or an equivalent approved training prior to the business being licensed.

Submit names of employees and proof of level one certification \_\_\_\_\_

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- b. **Level Two Certification** (Required for Risk III and Risk IV Facilities)

Effective March 1, 2016 the Ohio Revised Code requires at least one employee that has supervision and management responsibility and the authority to direct and control food preparation and service obtain an approved Level Two Certification in Food Protection.

Submit name(s) of employee(s) and proof of Level two certification \_\_\_\_\_

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10. **Policies and Procedures**

(Required for all facilities)

- a. A written employee health policy must be provided and submitted. The Person in Charge must ensure that employees and conditional employees are informed in a **verifiable manner** of their responsibilities to report to the person in charge information about their health as it relates to diseases that are transmissible in food. **(Please attached your employee health policy)**

Employee health policy attached? **YES NO** (Please circle)

Employee health policy written in a verifiable manner **YES NO** (Please circle)

- b. A written procedure for employees to follow when responding to vomiting or diarrheal events must be provided. **(Please attached procedure)**

Written Body fluid procedure attached? **YES NO** (Please circle)

11. **Garbage and Refuse:**

- a. Where and how will garbage/refuse be stored inside your facility? \_\_\_\_\_

- b. Is there an area designated for garbage can or floor mat cleaning? **YES NO** (Please circle)
- c. Will a dumpster be used to collect/store refuse outside the facility? **YES NO** (Please circle)  
 Number of dumpsters? \_\_\_\_\_ Size? \_\_\_\_\_ Frequency of pickup? \_\_\_\_\_  
 Contractor \_\_\_\_\_
- d. Is there a grease storage receptacle? **YES NO** (Please circle)  
 Describe location and how will be pumped or cleaned. \_\_\_\_\_  
 \_\_\_\_\_

**12. Plumbing Connections:**

Applicants must specify how the various items (i.e. all sinks, toilets, dishmachine, ice makers, steam wells, water heater, drink fountains, walk-in coolers/freezers etc.) in your facility will be plumbed and connected to the waste system. (*Please provide isometric within the submitted plans*).

Isometric submitted with plans? **YES NO** (Please Circle)

**13. Water Supply:**

- a. Is the water supply public ( ) or private ( )? (Check which applies)
- b. If private, has the source been approved? **YES NO PENDING** (Please circle)
- c. Is ice made on the premises ( ) or purchased commercially ( )? (Check which applies)
- d. Is the water tank sufficient for all of the needs of this facility, particularly during peak demand periods? **YES NO** (Please circle)
- e. List capacity and recovery and location of **Water Heater** \_\_\_\_\_

**14. Sewage Disposal:**

- a. Is the building connected to a municipal sewer? **YES NO** (Please circle)
- b. Is the building connected to an approved private disposal system? **YES NO PENDING**  
 (Please circle)  
*Please attach a copy of written approval and/or permit if applicable.*
- c. Are grease traps provided in this facility? **YES NO** (Please circle)

If so, where? \_\_\_\_\_

Provide schedule for cleaning & maintenance: \_\_\_\_\_

**15. Dressing Rooms / Personal Belongings:**

- a. Describe the storage facilities provided for employee's personal belongings (i.e. purses, coats, boots, etc.), and how items will be stored separate from and/or below foods and food contact surfaces?

\_\_\_\_\_

16. **General Facility Considerations:**

- a. Are insecticides/pesticides/toxic chemicals (including personal medications) stored separately from cleaning/sanitizing agents as well as away from all foods, food preparation, food contact surfaces and multi-use item storage (i.e. pans, pots, utensils, etc.) areas? **YES NO** (Please circle – **if YES indicate location**)

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b. Where will clean linen be stored? \_\_\_\_\_

c. Where will dirty linen be stored? \_\_\_\_\_

- d. Are the containers proposed for use to store bulk food products constructed of food-grade plastic and of safe materials designed to be in direct contact with food? **YES NO** (Please Circle)  
Please indicate the type of containers to be used: \_\_\_\_\_

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e. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks as well as instructions (signs/posters) as to how to properly wash hands? **YES NO** (Please circle)

f. Are covered waste receptacles available in each restroom? **YES NO** (Please circle)

g. Is hot and cold running water under pressure available at each handwashing sink (*Note – hot water must be at least 100° F*)? **YES NO** (Please circle)

h. Are all toilet room doors self-closing? **YES NO** (Please circle)

17. **Sinks:**

a. Is there a floor-mounted mop sink present? **YES NO N/A** (Please circle)

b. If the menu dictates, is a food preparation sink present? **YES NO N/A** (Please circle)

c. If the menu or facility layout dictates, are there dedicated dump sinks present? **YES NO N/A**  
(Please circle)

d. Have you ensured that there is a least one hand sink located within **15 to 18 feet** of all food preparation and warewashing areas within your facility? **YES NO** (Please circle)

e. Is there a 3-compartment sink with dirty and clean-side drainboards present? **YES NO**  
(Please circle)

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18. **Dishwashing Facilities:**

a. Will sinks or a dishmachine be provided for warewashing? \_\_\_\_\_  
(Specify)

High Temp. Machine \_\_\_\_\_ Booster Heater? **YES NO** (Please circle)

Chemical Machine: \_\_\_\_\_ (Type of sanitizer)

- b. Does the largest pot and pan fit into each compartment of the sink? **YES NO** (Please circle)  
 If **NO**, then what is the procedure for manually cleaning and sanitizing such food contact surfaces?
- 
- 

- c. Are there drainboards on both ends of the 3-Compartment Sink? **YES NO** (Please circle)

- d. What type(s) of sanitizer(s) will be used in this facility? (Check all that apply)

Chlorine	( )	<b>YES</b>	<b>NO</b>	<b>N/A</b>	(Please circle)
Quaternary Ammonia	( )	<b>YES</b>	<b>NO</b>	<b>N/A</b>	(Please circle)
Iodine	( )	<b>YES</b>	<b>NO</b>	<b>N/A</b>	(Please circle)
Hot Water	( )				

- e. Describe how and where will multi-use items (i.e. – pans, smallwares, etc.) be properly air-dried prior to final storage? \_\_\_\_\_

19. **Finished Schedule**

Applicants must indicate which materials (i.e. – quarry tile, stainless steel, FRP, VCT, vinyl-clad ceiling tiles, gypsum board w/paint, etc.) will be used in the following areas. (*Please provide this information within the submitted plans*).

	<b>FLOORS</b>	<b>COVE BASE</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Chemical Storage</b>				
<b>Restrooms</b>				
<b>Garbage Storage</b>				
<b>Mop Service Area</b>				
<b>Warewashing Area</b>				
<b>Walk-In Refrigerators/Freezers</b>				
<b>Employee Rooms</b>				



**MIDDLETOWN CITY HEALTH DISTRICT  
FSO/RFE RISK LEVEL QUESTIONNAIRE**

Firm Name:		
Address:		
City, State:		Zip Code:
Phone Number:		Fax:
Email:		
Total Square Footage of Operation:	Percentage of Business Retail Food Establishment (Grocery):	Percentage of Business Food Service Operation (Restaurant):

**Please check all items below that apply to your operation:**

<input type="checkbox"/> Self-service coffee/fountain drinks <input type="checkbox"/> Prepackaged non-time/temperature controlled for safety food and/or beverages <input type="checkbox"/> Prepackaged refrigerated or frozen time/temperature controlled for safety food <input type="checkbox"/> Baby food or formula <input type="checkbox"/> Baking of non-time/temperature controlled for safety food <input type="checkbox"/> Bulk display of non-time/temperature controlled for safety food <input type="checkbox"/> Re-packaging of non-time/temperature controlled for safety food <input type="checkbox"/> Prepare or serve only non-time/temperature controlled for safety food <input type="checkbox"/> Maintaining hot time/temperature controlled for safety food until sold or served <input type="checkbox"/> Heating individually prepackaged food for immediate service <input type="checkbox"/> Bulk water machine	<input type="checkbox"/> Brewing beer for sale <input type="checkbox"/> Brewing beer for sale/wholesale <input type="checkbox"/> Hand dipped/dispensed frozen desserts <input type="checkbox"/> Heat treatment dispensing freezer <input type="checkbox"/> Processing produce for read-to-eat sale <input type="checkbox"/> Cutting or grinding raw meats <input type="checkbox"/> Cutting or slicing ready-to-eat meat/cheese <input type="checkbox"/> Cook – serve food <input type="checkbox"/> Cook – keep food hot <input type="checkbox"/> Cook – cool – keep food cold <input type="checkbox"/> Reheat in individual portions only <input type="checkbox"/> Heating food from an intact hermetically sealed package and keep it hot <input type="checkbox"/> Use time in lieu of temperature as a public health control <input type="checkbox"/> Non-Continuous Cooking	<input type="checkbox"/> Cook – cool – reheat (with or without additional ingredients being added) <input type="checkbox"/> Reheat bulk quantities of time/temperature controlled for safety food <input type="checkbox"/> Transport food as a caterer or commissary <input type="checkbox"/> Service primarily to a high risk clientele, including immuno-compromised or elderly <input type="checkbox"/> Offer raw/undercooked time/temperature control for safety of meats, poultry, fish or shellfish as menu items or as ingredients <input type="checkbox"/> Custom processing <input type="checkbox"/> Canning, bottling, reduced oxygen packaging <input type="checkbox"/> Smoking for preservation <input type="checkbox"/> Use additives for preservation or to render food non-time/temperature controlled for safety food <input type="checkbox"/> Juice production for packaging <input type="checkbox"/> Other process (describe in comment section)
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Comments:

Name/Title of Person Completing Form	Date
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**Application for a License to Conduct a:** (check only one)  **Food Service Operation**  
 **Retail Food Establishment**

**Instructions:**

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **City of Middletown**
4. Return check and signed application

to: **Middletown City Health Department**  
**One Donham Plaza**  
**Middletown, OH 45042**

\* There is a mandatory penalty fee of 25% of the renewal fee operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		Email	
City	State	Zip	
Phone #	Fax #	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

**Mailing address for annual renewal if different than above:**

Name of parent company or owner		Phone #	
Address		Email	
City	State	Zip	
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature		Date	

**Licensors to complete below**

Category			
License fee	+ Late fee	+ State amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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As per AGR 1269 Rev. 08/09 CHC Software, Inc.  
 As per HEA 5319 Rev. 08/09 CHC Software, Inc.