



Geauga Public Health Plan Review Application

Licensing:

All food businesses in Geauga County are required by Ohio law to have a food service operation or retail food establishment license issued by Geauga Public Health (GPH). All new food service operations/retail food establishments and those performing extensive alterations or remodeling must complete the plan review process. If you have any questions regarding plan approval or licensing, please contact the Environmental Health Division at (440) 279- 1914.

Getting Started:

Step 1: Submittal of Plans (application should be submitted at least 30 days prior to construction)

- Complete the attached Plan Review Application.
- Submit one (1) complete set of drawings and other applicable information for the facility.
- Submit menu or complete list of food and beverage items to be sold.
- Submit the plan review fee made payable to Geauga Public Health.

Step 2: Plan Review Process

- Written approval, disapproval, or a request for additional information will occur within 30 days of receipt of a fully completed application and plan review fee.

Step 3: Construction

- Ensure that all contractors and subcontractors are properly licensed.
- Ensure that your contractors obtain all of the necessary permits through:
 - Building Department
 - Fire Department
 - Zoning Department
 - Plumbing
 - EPA approval for water
 - EPA approval for septic

****Your license will not be issued without approval from the departments listed above****

Step 4: Inspection

- Prior to opening your establishment, you must have a pre-licensing inspection by GPH.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection.
- You must submit written documentation that all of the building and/or fire inspections have been completed and passed before a license will be issued.

- The application for the license will be made available at the pre-licensing inspection if the inspection is successfully passed. The license fee must be paid at this time. GPH accepts cash or check.

Note: GPH personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for re-inspections, if necessary

Content and Format Requirements for Submittal

The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale.
3. The total square footage to be used by the food service operation or retail food establishment for food preparation and serving see page 7.
4. A detailed drawing of the portions of the premises being used including all entrances/exits, loading/ unloading areas, docks, etc.
5. A site plan of your property that includes the following:
 - a. Drawing showing an arrow indicating north; location of the business in a building such as a shopping mall or stadium;
 - b. Location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems;
 - c. Interior and exterior seating areas.
6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities.
7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces.
8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and coved wall/ juncture bases. **Note: ceiling tiles installed in food preparation areas and ware washing areas must be vinyl-clad or coated.**
9. A list of all equipment with the manufacturer name and model numbers listed. Only commercial equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1(kk) of the Ohio Administrative Code. Provide cut sheets for all equipment.
10. Label and locate all dedicated hand sinks and dump sinks. Where applicable, dump sinks may be required (i.e. behind bars, front portions of convenience stores, etc.) that are separate from designated hand sinks. Dual-use sinks are not permitted and will not be accepted.

Note: All materials submitted for review become property of Geauga Public Health and are subject to record retention laws. You are responsible for making your own copies of the materials submitted.

What is my risk level?

Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to Public Health and are based on the highest risk level activity of the food service operation/food establishment in accordance with the following criteria:

Risk level I: poses potential risk to the public in terms of sanitation, food labeling, and 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:

- coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages;
- pre-packaged refrigerated or frozen potentially hazardous foods;
- pre-packaged non-potentially hazardous foods;
- baby food or formula
- food delivery sales operations
- micro-markets

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:

- handling, heat treating, or preparing non-potentially hazardous food;
- holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received;
- heating individually packaged commercially processed potentially hazardous foods for immediate service;

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:

- handling, cutting, or grinding raw meat products;
- cutting or slicing ready-to-eat meats and cheeses;
- assembling or cooking potentially hazardous food that is immediately served, held hot or cold, or cooled;
- operating a heat treatment dispensing freezer;
- reheating in individual portions only; or
- heating of a product, from an intact, hermetically sealed package and holding it hot;

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 immuno-compromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for potentially hazardous food. Examples of risk level IV activities include, but are not limited to:

- reheating bulk quantities of leftover potentially hazardous food more than once every seven days;
- caterers or other similar food service operations that transport potentially hazardous food;
- non-continuous cooking
- Performing a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules adopted pursuant to section 3717.05 of the revised code. These facilities will need to have a written HACCP plan for these activities. Examples of these risk level IV variance activities include, but are not limited to:
 - reduced oxygen packaging;
 - smoking for preservation

What Is My Plan Review Fee? Please contact GPH at 440-279-1911 to determine your Risk Classification and Plan Review Fee.

Education Requirements

As of March 1, 2010, the Ohio Revised Code requires that all food service operations and retail food establishments opened after this date have at least one person-in-charge per shift that has a minimum of level one certification in food protection or an equivalent approved training within 90 days of being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 food service operations and retail food establishment must have at least one management or supervisory employee with a level two certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course (15 hours of instruction and passing a comprehensive exam). A ServSafe® certificate itself and the level one certificate does not comply with this rule.

****Keep pages 1 – 4 for your reference****



Public Health
Prevent. Promote. Protect.
Geauga Public Health

Geauga Public Health Food Safety Program Plan Review Application

Office Use Only

Amount Received: \$ _____
 Check (# _____) Cash New _____
Remodel _____ Risk Level: 1 2 3 4
Received by: _____

Facility Information:

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Political Sub Division/ Village/ Township: _____

Non-Commercial: Yes No (if yes, a copy of your 501(c) (3) must be provided)

Applicant/Operator Information:

Name of Owner: _____ Phone: _____

Mailing Address for License Renewal: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Contact Person (For Plan Review Response) _____

Title (Owner, Manager, Architect. Etc.): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Plan Review Type:

- New Construction or facility has never operated as a food facility
- Remodel or extensive alteration of an existing licensed food facility

Type of Establishment: Food Service Operation (FSO) Retail Food Establishment (RFE)

Risk Level: Level 1 Level 2 Level 3 Level 4

Off-Premise Catering (as defined in ORC 3717.01(G)): Yes No

Plans Concurrently Submitted to: Building Fire Plumbing

Anticipated Construction Date: _____

Anticipated Opening Date: _____

Plan Review Checklist

**The following information must be included on the scaled drawing as part of your plan review.

Components	(√) or (N/A)	Official Use Only
Plan review fee made payable to Geauga Public Health		
Proposed Menu (complete list of food items to be prepared, served, or sold)		
Consumer advisory (if applicable)		
Facility floor plan or layout, drawn reasonably to scale (to include):		
<ul style="list-style-type: none"> • total square footage to be used Indicate: _____ sq. ft. 		
<ul style="list-style-type: none"> • restroom locations 		
<ul style="list-style-type: none"> • Location of dry goods 		
<ul style="list-style-type: none"> • Location of chemical storage 		
<ul style="list-style-type: none"> • Location of personal belonging storage 		
<ul style="list-style-type: none"> • Location of 3 compartment sink 		
<ul style="list-style-type: none"> • Location of dish machine indicate: <ul style="list-style-type: none"> <input type="checkbox"/> High temperature <input type="checkbox"/> Low temperature 		
<ul style="list-style-type: none"> • Location of food preparation sink complete with indirect waste line 		
<ul style="list-style-type: none"> • Location of mop sink 		
<ul style="list-style-type: none"> • Location of hand sinks 		
<ul style="list-style-type: none"> • Location of all equipment 		
Site Plan (to include)		
<ul style="list-style-type: none"> • A scaled drawing 		
<ul style="list-style-type: none"> • drawing showing an arrow indicating north 		
<ul style="list-style-type: none"> • location of the business in a building such as a shopping mall or stadium 		
<ul style="list-style-type: none"> • location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters 		
<ul style="list-style-type: none"> • Potable water source 		
<ul style="list-style-type: none"> • Sewage treatment system 		
<ul style="list-style-type: none"> • Interior and exterior seating 		
Lighting plan		
Interior finish schedule (materials for floors, walls, ceilings, and coving)		
Equipment list , include make and model numbers (commercial equipment only, NSF or equivalent)		
Plumbing Plan (location, type, and number of all plumbing fixtures)		
Education : indicate:		

<input type="checkbox"/> Level One (Person in charge) and/or		
<input type="checkbox"/> Level Two (Manager) Certification		

****Failure to provide all information may result in a delay or disapproval of your submittal****

General Information: Fill in the information and or initial to acknowledge the requirement.

- What are the hours of operation: _____ Seating Capacity: _____
- Square Footage: _____ Will part of the operation be outdoors? Yes No
- One person-in-charge per shift with a minimum of Level One Certification (person in charge) in Food Protection will need to be on site all times. _____ (initial)
Name of employees: _____
Include the certificates
- One person with a management authority with Level Two (managers) Certification in Food Protection is required. _____ (initial)
Name of employees: _____
Include the certificates
- A written sick policy must be kept on file. See the Employee Health Agreement policy at the end of this packet. This form must be filled out by every employee and on file at the facility for review by this department. _____ (initial)
- A written procedure for employees to follow when responding to vomiting or diarrheal events that addresses how to minimize the spread of contamination and the exposure to employees, consumers, and surfaces must be available for the inspector to review during inspection. _____ (initial)
- If this operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance (such as reduced oxygen packaging, smoking for preservation, bottling or canning) a written HACCP plan must be enclosed _____ (initial) N/A
- Each refrigerator, freezer, or warmer must have a temperature measuring device. _____ (initial) N/A
- Food shields must be used to protect foods on display. _____ (initial) N/A
- Temperature measuring devices are required and must be readily accessible, and properly calibrated to ensure that the temperature of the food product is being accurately measured. _____ (initial) N/A
- Facility must have an adequate amount of shelving space be available for dry goods storage. _____ (initial)
- Food is required to be stored at least 6 inches above the floor _____ (initial)

Equipment/Utensils

- Equipment and utensils are required to be commercially certified NSF or equivalent. _____ (initial)

- The required equipment list with make and model numbers are enclosed. _____ (initial)
- If utensils used with moist foods such as ice cream, or mashed potatoes are not stored in the product, a dipper well is required. _____ (initial) N/A
- All containers used to store bulk food products must be constructed of safe materials designed to be in direct contact with food. _____ (initial)

What method of warewashing will be used: Manual Mechanical Both

Manual Warewashing Not applicable

- The dimensions of the three-compartment sink must be large enough to accommodate the largest food contact surface completely submerged. _____ (initial)
- Dimensions of each compartment of the three compartments sink are _____ inches long _____ inches wide _____ inches deep.
- Drain-boards must be provided on both ends of the three-compartment sink. _____ (initial)
- The hot water temperature delivered to the sink will be 120°F – 140°F. _____ (initial)
- What type of sanitizer will be used? Chlorine Quaternary Ammonia Iodine
- Test papers will be available to verify the concentration of sanitizer being used? _____ (initial)

Mechanical Warewashing Not applicable

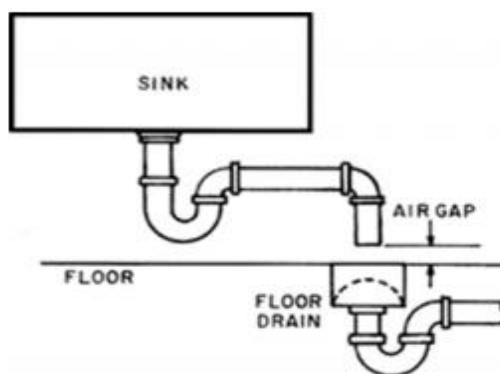
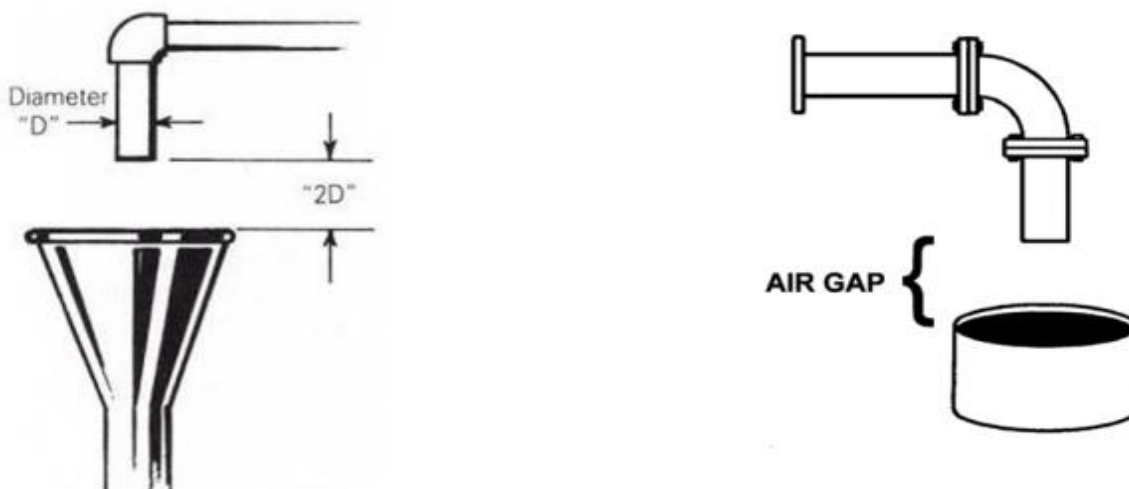
- Type of sanitization to be used: High Temperature (180° F) Automatic Chemical Dispensing
- Capacity: _____ racks per hour. Final Rinse Water Usage: _____ gallons per hour.
- Drain-boards must be provided on both ends of the three-compartment sink. _____ (initial)
- The dish machine must have visual and/or audible notifications to verify that detergents and sanitizers were delivered during the respective washing and sanitizing cycles. _____ (initial)
- If a high temperature dish machine is used, an irreversible registering temperature indicator (such as a maximum registering thermometer or thermos-labels) must be provided. _____ (initial)
- **I understand if I only have a dishmachine and do not have a three-compartment sink, I will be required to close if the dishmachine is not working properly.** _____ (initial)

Plumbing & Fixtures

Will the potable water supply be protected from cross contamination? Indicate where applicable:	ASSE Backflow Prevention Device	Air Gap	N/A
Garbage Disposal			
Ware Washing Hoses			
Kettle Filler			
Steam Table			
Cleaning Hoses/Mop sink/Chemical dispensers			
Dipper Well			
Table top food equipment with water connection (ie. coffee)			

Will the drains of the following equipment be provided with at least a two-inch air gap?	Yes	No	N/A
Ice Machine/Ice Storage Bins			
Pop Gun Holster			
Food Processing Sinks			
Steam Tables			
Dipper Wells			
Steam Kettles and Ovens			
Walk in Cooler and Walk in Freezer			

Examples of Air Gaps



- A mop sink be provided on each floor. _____ (initial)
- A mop hanger will be provided at the mop sink. _____ (initial)
- If the mop sink is in the food prep or ware washing areas, there must be a partition to protect food and equipment from splash? _____ (initial) N/A
- If the menu or layout dictates, dedicated dump sinks will be separate from handwashing sinks. _____ (initial) N/A

Water Supply and Sewage Disposal

- **Water Supply:** Municipal/ Public Authority Well*
*Attach the Ohio EPA approval documentation and provide PWS#_____.
- **Sewage Disposal:** Municipal/Sanitary Sewer Semi-Public*
*Attach the Ohio EPA Small Flow Onsite Waste Water Treatment approval documentation.

Handwashing Facilities

- Hand sinks must be available no farther than 20 feet of any food handling or ware washing area without going through a doorway. _____ (initial)
- Total number of hand sinks (not including restrooms): _____.
- Hand sinks must be installed in a manner that prevents splash contamination to food and food contact surfaces. _____ (initial)
- Hand sinks must be supplied with hot (100°F) and cold running water under pressure through a mixing valve or combination faucet. _____ (initial)
- Soap, paper towels/ hand drying facilities will have signage promoting hand washing at every hand sink. _____ (initial)

Refuse Storage & Disposal

Outdoor refuse receptacles must be shown on the plan review drawing.

The refuse receptacles must:

- Be placed on a graded and paved surface. _____ (initial)
- Be rodent proof and leak proof. _____ (initial)
- Have tight fitting lids/ covers. _____ (initial)
- Have an outdoor or indoor grease storage receptacle? _____ (initial) N/A
- Where will the garbage receptacle or floor mat cleaning take place?

_____ **if you answered outside, you must clean equipment (including carts, mats, garbage cans, and racks) in a designated wash area that allows NO discharge to the storm drains.**

_____ (initial)

Lighting

50 foot-candles of light will be provided at:

N/A

- Food preparation areas? _____ (initial)
- Areas employees work with utensils or equipment. _____ (initial)

20 foot-candles of light will be provided at:

- Consumer self-service areas. _____ (initial)
- Inside equipment. _____ (initial)

- Areas used for handwashing. _____ (initial)
- Areas used for warewashing. _____ (initial)
- Areas used for equipment storage. _____ (initial)
- In restrooms. _____ (initial)

10 foot-candles of light will be provided at:

- Walk-in coolers and freezers. _____ (initial) N/A
- Dry storage areas? _____ (initial)
- All areas when cleaning? _____ (initial)

Light shielding or shatter-resistant lamps are required for light fixtures in food storage, preparation, display, and service areas. _____ (initial)

Ventilation N/A

- A commercial exhaust hood with an approved fire suppression system is required to service cooking equipment producing grease-laden vapors. _____ (initial) N/A
- The canopy hoods completely must cover the cooking equipment. _____ (initial) N/A
- A commercial exhaust hood be provided is required to service a hot temperature dish machine. _____ (initial) N/A

Interior Finishes

All room finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/ vapors, food/ wet bars, buffet lines, drink dispensing areas, mop sinks/ service sinks, steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to moisture. Fiberglass Reinforced Plastic (FRP), tile, stainless steel, or other approved materials such as painted drywall or sealed block are required.

Is your facility compliant with this rule? _____ (initial)

Complete the following chart to indicate all interior finishes or provide a finish schedule.

Finish Schedule Attached YES NO

Area	Floors	Walls	Coved Base	Ceiling
Example	Quarry Tile	FRP	Rubber Base Molding	Vinyl Coated Tile
Food Preparation				
Cooking				
Warewashing				
Food Storage				

Bar				
Restrooms				
Service Areas/ Buffets/Salad Bars				
Dining				
Mop Room				
Other:				
Other:				

General Facility Considerations

- Public restrooms will be accessible without passing through food preparation, food storage, or warewashing areas. _____ (initial) N/A
- Restrooms will be equipped with self-closing room doors (if located in the food preparation area) and adequate ventilation? _____ (initial) N/A
- Where will employees store personal belongings? _____
- Where will employees take breaks? _____
- I understand employees cannot store their personal belongings in the food prep or storage areas. _____ (initial)
- I understand employees are not allowed to eat in the kitchen and must go to a designated break room or dining room. _____ (initial)
- I understand if employees have drinks in the kitchen they must be in a cup with a lid and straw. _____ (initial)

Layout and Equipment Specifications

- All toxic chemicals must be stored away from food preparation and storage areas? _____ (initial)
- Where will cleaning supplies and chemicals be stored? _____
- Will laundry facilities be located on premise? YES NO
- Where will clean linens be stored? _____
- Where will soiled linens be stored? _____
- All openings to the exterior (doors, windows, ventilation discharges, etc.) will be designed to keep out rodents and insects. _____ (initial)
- If you want to leave an exterior door open, it will be supplied with a tight-fitting screen that meets both building and fire codes. _____ (initial) N/A
- Pesticides can and will only be applied by a licensed commercial applicator. _____ (initial)

- Provide the name of the pest control company

- The completed GPH Plan Review Checklist enclosed with the materials submitted?
_____ (initial)

Food must come from an approved source per the Ohio Uniform Food Code section 3717-1-3.1, who are your supplier(s)?

- I understand I cannot sell any homemade food, other than cottage food or ODA licensed home bakeries, at my establishment. _____ (initial)

Hazard Analysis Critical Control Point (HACCP) Plan N/A

Processes requiring a HACCP plan must submitted with the plan review, and the activity cannot be conducted until the plan has been reviewed. _____ (initial)

- Acidified White Rice (i.e. sushi rice) _____ (initial)
- Vacuum Packaging (including ROP, cook-chill, sous vide) _____ (initial)
- Prepared and Packaged On-site Fresh Squeezed Juice _____ (initial)
 - If not pasteurized, provide label sample with Warning Statement –
 - If No Warning label, submit HACCP plan and state variance or proof of pasteurization

This application is complete and accurate to the best of my knowledge. I understand that an incomplete submittal may delay the plan review process. I understand that any deviation from the initial submittal without prior approval from GPH may nullify final approval. I have enclosed a completed GPH Plan Review Checklist.

Please contact the GPH for the appropriate plan review fee and submit with this application.

Signature of applicant: _____ **Date:** _____



Employee Health Policy Agreement



Reporting: Symptoms and Exposure of Illness

I agree to report to the manager when I have the following symptoms:

- Vomiting
- Diarrhea
- Sore Throat with fever
- Jaundice
- Lesions/infected wounds (depending on covering)

Reporting: Diagnosed Illnesses

I agree to report to the manager if diagnosed with any of these 13 reportable illnesses:

- | | | |
|--------------------------|----------------------|--|
| 1. Campylobacter | 6. Hepatitis A virus | 11. Vibrio cholera |
| 2. Cryptosporidium | 7. Norovirus | 12. Yersina |
| 3. Cyclospora | 8. Salmonella spp. | 13. Enterhemorrhagic or
Shiga toxin-producing
Escherichia coli |
| 4. Entamoeba histolytica | 9. Salmonella Typhi | |
| 5. Giardia | 10. Shigella spp. | |

Reporting: Exposure of Illness I agree to report to the manager or person in charge when I have been exposed to any of the illnesses listed above through:

- Previously having been diagnosed with a foodborne illness due to Salmonella Typhi by a health care provider within the past three months.
- Consumed or prepared food implicated in a confirmed outbreak.
- Attended or work in a setting confirmed with a disease outbreak.
- Live in the same household and has knowledge about an individual who works or have attended a setting where there is a confirmed disease outbreak.

Exclusions The manager must actively exclude employees while they continue to exhibit symptoms. If an employee has been diagnosed by a doctor with one of the above illnesses then the manager must actively exclude employees AND report to the Licensor (Health Department).

Exclusion and Restriction from Work

If you are excluded from work you are not allowed to come to work. If you are restricted from work you are allowed to come to work; however, duties will be limited to tasks that do not include handling of food and food contact surfaces.

Returning to Work If you are excluded from work for exhibiting symptoms, you will not be able to return to work until the symptoms have ended. If you are diagnosed with one of the reportable illnesses listed above, **you will not be able to return to work until the symptoms have ended and Geauga Public Health or doctor approval is granted.**

Agreement I understand that I must:

- Report when I have or have been exposed to any of the symptoms or illness listed above; and
- Comply with work restrictions (allowed to come to work, but duties may be limited) and/or exclusions (not allowed to come to work) that are given to me.

I understand that if I do not comply with this agreement, it may put the public at risk and can result in termination.

Food Employee Name: _____

Employee Signature: _____ **Date:** _____

Manager (Person in Charge) Name: _____

Manager Signature: _____ **Date:** _____