



Facility Layout and Equipment Specification Review Checklist and Application

Please print clearly. Submit applications with all required drawings, specifications and \$85.00 plan review fee.

<input type="checkbox"/> New Facility <input type="checkbox"/> Existing Facility	
Name of Facility:	
Facility Address:	Phone:
City/Zip:	Fax:

Name of Operator (Owner):	Phone:
Operator Mailing Address:	Fax:
City/State/Zip/E-mail:	

Name of Contact for Plans:	Phone #
E-mail:	Fax:

Estimated Date Construction Will Begin:
Estimated Date to be in operation:
Type of Food/Style of Service Offered/Setting <i>(Check all that apply):</i>
<input type="checkbox"/> Individual Meals/Portions <input type="checkbox"/> Retail Packaged Food <input type="checkbox"/> School <input type="checkbox"/> Seating <input type="checkbox"/> Prepare & Package food in store <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Buffet <input type="checkbox"/> Meat Processing <input type="checkbox"/> Catered meals <input type="checkbox"/> Food Delivery <input type="checkbox"/> Bakery <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Drive up window <input type="checkbox"/> Alcohol served/sold
<input type="checkbox"/> Seasonal, open from(Month): _____ to _____

Please include the \$85 plan review fee with the completed application

Applicant Signature: _____ Date: _____
<p>No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation or retail food establishment until the facility layout and equipment specifications therefore have been submitted to and approved in writing by the licensor, or its authorized representative. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after date of receipt. The licensor shall use the facility layout and equipment specification criteria set forth in the rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications.</p>

Internal use only: Date received _____ Received by _____ Amount paid _____



Facility layout and Equipment Specification Checklist

Name of Operation: _____

Please answer these questions and return this form with your plans. Mark the appropriate check boxes for all questions

FOOD PROTECTION AND STORAGE	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will each refrigerator and hot holding cabinet have a thermometer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will food shields such as those on a buffet line be used to protect foods on display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will metal stem type thermometers with a range of (0- 220°F) be available to the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient storage space designated for dry goods to support the proposed menu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient equipment capacities for refrigerated, frozen, and hot held foods to support the proposed menu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will containers of food be stored at least 6 inches above the floor on approved storage/dunnage racks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will Outbuildings or Auxiliary structures on the property be used for storage of: <input type="checkbox"/> dry food, <input type="checkbox"/> refrigerated food, <input type="checkbox"/> frozen food, <input type="checkbox"/> utensils, <input type="checkbox"/> paper products, or <input type="checkbox"/> chemical supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT/UTENSILS	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will all equipment be approved by a recognized equipment-testing agency (such as NSF) for commercial use or can otherwise be approved for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the required equipment list with the manufacturer’s name and model number enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To provide for easy cleaning; will equipment be installed with: (mark any that apply) <input type="checkbox"/> casters, <input type="checkbox"/> gas quick disconnects, <input type="checkbox"/> sealed to the wall/floor, or <input type="checkbox"/> sufficient spacing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If utensils used with foods such as hard dip ice cream, mashed potatoes or steamed rice are not stored in the product, will the required dipper well provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If this operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules (i.e. – reduced oxygen packaging, acidification of sushi rice for holding between 41°F and 135°F, smoking for preservation, or bottling/canning of food product), is the required written HACCP plan enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAREWASHING:

What methods of cleaning/sanitizing utensils will be used?

Mechanical (Dish machine)

Manual (3 compartment sink)

MECHANICAL WAREWASHING **Not Applicable**

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
What type of sanitization will the machine use? <input type="checkbox"/> 180°F water <input type="checkbox"/> chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a high temperature dish machine is used, will it be installed with all required equipment to measure water temperatures for the wash & rinse cycles, and rinse pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a pre-scrapping facility (spray assembly/basin/food waste disposer) be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the required stainless steel drain-tables be provided on both sides of the machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will test papers be available to check the final rinse sanitizer concentration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANUAL WAREWASHING **Not Applicable**

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will the dimensions of <u>each compartment</u> in the 3-compartment sink be sufficiently sized to be effective? (i.e. could your largest sheet pan or bowl be at least half submerged in the liquid that is contained within them?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the 3 compartment sink include the required integrated drain-boards on opposite ends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the hot water temperature at the 3 compartment sink be 120°-140° F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What type of sanitizer will be utilized? <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will test papers be available to check for required sanitizer solution concentration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOILET FACILITIES

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will public toilet rooms be accessible without passing through food preparation or warewashing areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Toilet tissue dispensers <input type="checkbox"/> Covered waste receptacle for women’s restroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tight fitting doors? <input type="checkbox"/> Self-closing room doors if opening into a food prep area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLUMBING

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will all plumbing work be done under permit from the plumbing authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be sufficient hot water for the needs of the operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the grease interceptor be sized and located by the plumbing inspector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a required mop sink be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the <u>drains</u> that accept wastewater from the <input type="checkbox"/> Ice machine <input type="checkbox"/> Ice storage bins <input type="checkbox"/> Food processing sinks <input type="checkbox"/> Steam tables <input type="checkbox"/> kettles, <input type="checkbox"/> Dipper Wells, <input type="checkbox"/> Other _____ be provided with at least a two-inch air gap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the potable water <u>supply</u> at the <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Dipper Well <input type="checkbox"/> Steam Table <input type="checkbox"/> Ware washing scrap hose <input type="checkbox"/> Beverage machines, <input type="checkbox"/> Kettle filler <input type="checkbox"/> Urn Filler <input type="checkbox"/> Mop sink <input type="checkbox"/> Can Wash <input type="checkbox"/> Other _____ be protected from cross-contamination using either an ASSE Backflow prevention device or air gap? Indicate where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all equipment drain lines, exposed utility service lines and soda/beer lines be installed so as not to interfere with cleaning of floors, walls, ceilings, equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your facility be in compliance with the requirement that any sinks used for food preparation, utensil washing or mop sinks may not be provided with hand washing aids and devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the mop sink is located in the food prep or ware washing areas will there be a partition to protect food and equipment from splash?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HANDWASHING FACILITIES

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will all dedicated handwashing sinks be equipped with the following required items?	• Hand drying facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Waste receptacles where disposable towels are used for hand drying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Mixing valve or combination hot/cold faucet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Water under pressure, between 100°F - 120°F?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Sign or poster that notifies food employees to wash their hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a dedicated hand sink to allow convenient use by employees in food preparation, food dispensing, warewashing areas, and in or immediately adjacent to toilet rooms? Number of handwashing sinks _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REFUSE STORAGE AND DISPOSAL

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will all the outdoor refuse receptacles be placed on the required graded and paved surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all the indoor and outdoor refuse receptacles have the required lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will spent cooking fat be stored in a covered, tight container while waiting for recycling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIGHTING SCHEDULE

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
At least 108 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 215 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, at a distance of 30 inches above the floor in toilet rooms and in all areas used for handwashing, warewashing, equipment/utensil storage,. Inside equipment such as reach-in and undercounter refrigerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shatterproof light bulbs or shields/protectors on fixtures installed in all food preparation and warewashing areas, and where exposed foods are stored in any applicable pieces of equipment for purposes of display, serving, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WATER SUPPLY AND SEWAGE DISPOSAL

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will your water be provided by a <input type="checkbox"/> public authority or <input type="checkbox"/> private well? If a private well, attach the Ohio EPA approval documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the building connected to a <input type="checkbox"/> municipal sewer or <input type="checkbox"/> private treatment system? If a private system, attach the Ohio EPA approval documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENTILATION

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will a commercial exhaust hood be provided to service cooking appliances producing grease-laden vapors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will the canopy hoods completely cover the cooking equipment, by extending a minimum horizontal distance of 6 inches beyond the edge of the cooking surface on all open sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a commercial exhaust hood be provided to service 180-degree dishwashing machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will make-up air be supplied during the operation of the exhaust hood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MISCELLANEOUS & PLANS

	Yes	No	NA	SHOWN ON PLANS	(Health Dept. Use Only)
Will a separate storage area be provided for employee's personal belongings (i.e. coats, boots, purses, and medications)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the required menu enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the required surface finish schedule enclosed? Complete reverse side if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will areas/fixtures be provided for the orderly storage of maintenance tools such as brooms, mops, vacuum cleaners, etc. and be located separate from food, equipment, utensils, and single service articles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all toxic chemicals be stored away from food preparation and storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will a <input type="checkbox"/> clothes washer and <input type="checkbox"/> dryer be located on the premises? What will be laundered? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the kitchen is not air-conditioned, will all exterior kitchen doors be screened or be provided with an air curtains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all exterior kitchen doors be self-closing and tight fitting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all openings to the exterior be designed to keep out rodents and insects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all insect control devices used to electrocute or stun flying insects be designed to retain the insect within the device as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any living quarters proposed or existing? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the required exterior site plan included with the plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU FILLED OUT ALL SECTIONS OF THIS APPLICATION?

PlanApChecklist Rev. 09/15



Surface finish schedule form

If not included separately on your plans, complete and submit this form by describing the finish materials to be used, where applicable

Name of Operation: _____

All room surface finishes on floors, walls and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject 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 water. Please contact the Henry County Health department if you have specific questions on approvable materials.

Area	Floor	Walls	Coved Wall Base	Ceiling
Food Prep.				
Warewashing				
Dry Storage				
Cold Storage				
Other Storage: _____				
Toilet Rooms				
Mop Room				
Bars				
Other (describe) _____				