



Food Facility Planning Application



Toledo-Lucas County Health Department

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FOOD FACILITY PLANNING APPLICATION

LICENSING

Any facility offering food needs to have a license issued by the Toledo-Lucas County Health Department (3717.41 ORC). If you plan to open a food service operation or retail food establishment, remodel an already licensed facility, or change your licensing status (change of menu, equipment, or process), please contact the TLCHD for any questions you may have regarding plan approval or licensing.

GETTING STARTED

All new retail food establishments/food service operations and those performing extensive alterations or remodeling must complete the plan review process. The following is a breakdown of the necessary steps to obtain a food service license from the Toledo-Lucas County Health Department.

Step 1: Submit Plans (at least 30 days prior to construction)

In order to submit plans the following must be completed:

Plans will only be accepted by a sanitarian. Submit the completed Food Facility Planning Application (this document) including the following.

- A complete and detailed menu;
- The bulk ingredient and storage location list
- Submit the entire layout of the facility. This layout must include:
 - The total square footage to be used for the food service operation or the retail food establishment;
 - All portions of the premises of the food service operation or retail food establishment (this includes the exterior to show dumpsters);
 - Entrances and exits;
 - Location, number and types of plumbing fixtures, including all water supply facilities (show exactly where water lines are located including drains);
 - Plan of lighting (show exactly on the drawing where light fixtures will be);
 - A floor plan showing the fixtures and equipment (including large and small appliances);
 - Building materials and surface finishes to be used; and
 - An equipment list with equipment manufacturers and model numbers.
 - The facility layout shall be legible and drawn to scale (1/4 inch = 1 foot, 1/8 inch = 1 foot, etc.); the use of a ruler and graph paper is strongly suggested.
- Plan Review fee must be paid when the plans are submitted. Cash, check, money order, and credit card (with processing fees) are accepted. Make checks payable to: Toledo-Lucas County Health Department. The plan review fee is based on the proposed menu which is submitted with the plans.

2019 Plan Review Fee Schedule

Risk level I & II– \$300.00	Remodel/Replacement/Upgrade (No Change of Ownership) - \$200.00
Risk level III & IV– \$450.00	Expedited (3 business day turn around) – additional \$1200
	NOTE: Expedited plans received after 2:00pm will be considered received the next full business day.

All materials turned into the department become the property of the Health Department. You are responsible for making your own copies of the material submitted.

Please be advised that according to the Ohio Administrative Code Chapter 3701-21-03, Facility layout and equipment specifications:

No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. 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 specifications criteria set forth in rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications.

Step 2: Plan Review Process

- Within 30 days after completed plans are submitted, TLCHD will review the plans
- Plans may require additional information or changes – in this case, TLCHD will contact you

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved
- Plan approvals expire one (1) year after approval is issued.

Step 4: Construction/Preparation for Opening

- Ensure that all contractors and sub-contractors are licensed
- Ensure that contractors obtain necessary permits through the Building Department
- Please contact the appropriate officials listed below for requirements:

City of Oregon (419) 689-7071	City of Maumee Building & Zoning Inspection (Including Whitehouse, and Holland) (419) 897-7075
Lucas County Building Regulation (419) 213-2990	City of Toledo Building Inspection (419) 245-1220

- During construction is a good time to do any education that is required for food safety knowledge. **At least one Person In Charge from each work shift shall have certification in Level One training or equivalent**
- Obtain signatures (‘sign offs’) from all building inspectors before contacting TLCHD for an opening inspection – arrange for this inspection once approval for a **Certificate of Occupancy** has been given.
- The following items are needed **prior** to contacting the TLCHD for a pre-license inspection:
 - Level One Certification or equivalent
 - Certificate of Occupancy from your local Building and Fire Department if applicable

Step 5: Pre-license Inspections

- TLCHD requires a minimum of **2 business days’** notice to schedule an inspection (based on volume, it may take up to a week). Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary. **Call 419-213-4079 to schedule the inspection.**
- All refrigeration equipment shall be on for 24 hours prior to inspection and be maintaining 41°F or less at the time of inspection.
- Once the appropriate license fee is paid and the opening inspection is completed by TLCHD, you will be able to open for business.

PLEASE KEEP THE PREVIOUS PAGES FOR YOUR REFERENCE

FOOD FACILITY PLANNING APPLICATION

Facility Name: _____

Facility Address, City, Zip: _____

Facility Phone Number: _____

Owner's Name _____

Owner's Address _____

Primary Contact Person _____ Work Phone _____

Contact Person Email _____ Cell Phone _____

I certify that the plan review application package submitted is accurate to the best of my knowledge and all the required materials have been provided.

Signature of owner or representative _____ **Date:** _____

Please print name and title here: _____

Internal use only:

The following criteria have been submitted for plan review:

- Complete Food Facility Planning Application:
 - A complete and detailed menu;
 - The bulk ingredient and storage location list
- Entire layout of the facility to include the following:
 - The total square footage
 - All portions of the premises of the facility (this includes the exterior to show dumpsters);
 - Entrances and exits;
 - Location, number and types of plumbing fixtures, including all water supply facilities (show exactly where water lines are located including drains);
 - Plan of lighting (show exactly on the drawing where light fixtures will be);
 - A floor plan showing the fixtures and equipment (including large and small appliances);
 - Building materials and surface finishes to be used; and
 - An equipment list with equipment manufacturers and model numbers.
 - The facility layout legible and drawn to scale (1/4 inch = 1 foot, 1/8 inch = 1 foot, etc.)
- Plan Review fee:
 - _____ C1 & C2 - \$300.00
 - _____ C3 & C4 - \$450.00
 - _____ Remodel/Replacement/Upgrade (No Change of Ownership) - \$200.00
 - _____ Expedited (72 Business Hours) - additional \$1200.00

<input type="checkbox"/> FSO <input type="checkbox"/> RFE
Date Plans Received _____
Received By _____
Plan Review # _____
District _____
Political Sub _____

COMMENTS _____

GENERAL INFORMATION

Hours of Operation: _____

Seating Capacity (including bar): _____ Facility Size (Square Feet) _____

Number of Meals Served (Daycare, Schools, & Residential) _____

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)? Yes No

If yes, explain: _____

What type of water will be supplied? Public (City) Water Private/Well Water

Please summarize the proposed project.

LEVEL ONE & LEVEL TWO CERTIFICATION

All food service operations and retail food establishments must have at least one person-in-charge per shift that is certified in Level One Basic Food Training. The facility cannot be licensed until successful completion of at least a Level One Basic Food Training Course. All food service operations and retail food establishments require one person with managerial/supervisory authority to have completed a Level 2 food safety course for all risk level 3 and risk level 4 facilities. The facility may sign up to attend one of the courses taught by this department or attend any of the Ohio Department of Health certified food safety courses. The facility may sign up to attend one of the courses taught by this department or attend any of the Ohio Department of Health certified food safety courses.

Names: _____

MENU REVIEW SHEET

1. Attach a menu of items that you will be serving/selling and give a brief description of ingredients.
Example: Grilled Chicken Sandwich – chicken breast with applewood smoked bacon, fresh sliced tomato, lettuce, swiss cheese and honey-mustard
2. Attach a list of how your bulk ingredients will be received and where they will be stored.
Example:

<i>Ground Beef – Walk-in Freezer/Cooler</i>	<i>Chili – Canned-Dry Storage</i>
<i>Green Peppers – 2 door reach-in cooler</i>	<i>Potatoes – Dry Storage</i>
<i>Raw Chicken – Walk-in Cooler</i>	<i>Lettuce – 2 door reach-in cooler</i>
<i>Pre-Cooked Chicken – Walk-in Cooler</i>	

Please provide more information on various cooking steps:

3. Does your menu have a consumer advisory printed on it? (See *OAC 3717-1-3.5* for details on when a consumer advisory is needed and how it must be worded on your menu.)

Yes No

4. Provide a list of your food suppliers and frequency of delivery. *Example: US Foods – twice a week*

5. Will your facility cater events?

Yes No

If yes, catered events will be (circle one): on premises (or) off premises

If yes, the CATERING WORKSHEET must be completed. Contact this department for the worksheet.

FOOD PREPARATION REVIEW

HOW WILL YOU PREPARE PRODUCE? (Check all that apply)

<input type="checkbox"/> No produce will be used or served
<input type="checkbox"/> All produce will come into the facility pre-washed and pre-cut. (Supply invoices on request)
<input type="checkbox"/> All produce will be prepared in a food preparation sink that has at least a 2-inch air gap to the sewer line.

COOLING OF TEMPERATURE CONTROLLED FOR SAFETY (TCS) FOOD

List **ALL** foods that will be cooled. Foods must be cooled from 135° F to 70° F within 2 hours and from 70° F to 41° F or lower in additional 4 hours. More than one method may be used. Use the back of this sheet or an additional paper if needed.

- Check box if your facility will not cool down temperature controlled for safety (TCS) food.

Please indicate below what foods you will cool and how you will cool them.

REHEATING OF TEMPERATURE CONTROLLED FOR SAFETY (TCS) FOOD

List **ALL** food items that will be reheated. All temperature controlled for safety (TCS) food must be reheated by a direct heat source to a temperature of 165° F for 15 seconds within 2 hours. Use the back of this sheet or additional paper if needed.

- Check box if your facility will not reheat temperature controlled for safety (TCS) food

Please indicate below what foods you will reheat and how you will reheat them.

How will employees avoid bare-hand contact with ready-to-eat foods? Check all that apply.

- Disposable Gloves Utensils/Tongs Deli Paper Other _____

WAREWASHING

Check the method(s) your facility will use for warewashing

- 3-Compartment Sink
 Warewashing Machine (please circle one: High temperature sanitizing or chemical sanitizing)

Check the appropriate box for the type of sanitizer that will be supplied.

- Chlorine (regular bleach) Quaternary ammonium Iodine

Note: Warewashing machines installed after March 1, 2005, shall be equipped to:

- (1) **Automatically dispense detergents and sanitizers; and**
- (2) **Incorporate a visual means to verify that detergents and sanitizers are delivered (or) a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the warewashing and sanitizing cycle.**

Please note: If you only have a dish machine, and no 3-compartment sink you will be required to close if your dish machine is not working properly.

Grease Trap: Contact the appropriate building inspection department regarding grease trap requirements. The largest item that must be washed and sanitized must be able to fit in either your dish machine or your 3-compartment sink.

EQUIPMENT LIST

Please provide the following information for all equipment you will provide in your establishment. All equipment must be approved by the Health Department before it can be used. If you need more space, please use the back of this sheet or additional paper.

Note: All equipment must be maintained in proper repair and hold appropriate temperatures at the time of pre-licensing inspection.

Hot water tank is circle one: Gas (or) Electric

What is capacity in gallons of your hot water tank? _____

What is the BTU per hour the hot water tank is capable of? _____

(See the front panel of your hot water tank for this information)

Check box if equipment list information is printed on the plans provided.

NOTE :(Spec sheets are preferred)

MANUFACTURER	MODEL NUMBER	DESCRIPTION	OFFICE USE: APP/DISAP
Example: ABC Manufacturing	A-125-RT	Convection oven	

ROOM FINISH MATERIALS

Please note that all surfaces must be smooth and easily cleanable. List the material that will be used to provide a smooth, rounded and cleanable surface. Please explain abbreviations.

Check the box if room finish schedules are listed on your plans

Area	Floor Material	Coving Material	Wall Material	Ceiling Material
<i>Example: Kitchen</i>	<i>Commercial tile</i>	<i>Rubber base molding</i>	<i>Painted dry wall/stainless behind cook line</i>	<i>Vinyl coated ceiling tiles</i>
Preparation				
Cooking				
Dishwashing/Warewashing				
Food Storage				
Bar				
Dining				
Employee Restrooms				
Dressing Rooms				
Walk-in Cooler				
Walk-in Freezer				
Garbage Room				
Janitor Closet				
Other:				

INSECT AND RODENT CONTROL

1. Pesticides can only be applied by a licensed commercial applicator. If necessary, what applicator will you be using for pest control measures? _____

2. Are all outside doors tight fitting to prevent the entry of insects and pests?

Yes No

3. Do all windows that can be opened have a screen on them?

Yes No N/A

4. If you want to open an outside door it must be supplied with a tight fitting screen that meets both building and fire code. Have you supplied tight fitting screen doors that meet both fire and building codes?

Yes No Will not prop open outside doors

Comments:

SOLID WASTE STORAGE/REMOVAL

1. What type of storage will be used?
 Compactor Dumpster Cans
2. What is the frequency of trash pick-up? _____
3. Have you provided covered trash cans for all women's restrooms?
 Yes No

Note: Dumpsters must be on a solid surface/pad and it must be properly drained.

Note: All dumpster lids must be kept shut to prevent trash from blowing around your property. We recommend that you place locks on your dumpsters. Your facility is responsible for keeping the property cleaned free of litter and weeds.

Comments:

CLEAN UP PROCEDURES OF VOMITTING OR DIARRHEAL INCIDENTS (CONCERNS DUE TO NOROVIRUS)

The PIC shall ensure that the FSO or RFE has written procedures for employees to follow when responding to vomiting or diarrheal incidents that involve discharge onto surfaces in the FSO or RFE. 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. Attach a copy of the procedures.