

Facility and Equipment Review Guideline and Application

If you are a new owner, are planning major renovations or are planning on starting a new food service operation or retail food establishment in Shelby County, you must contact the Sidney-Shelby County Health Department to obtain the required information for a Facility Layout and Equipment Review before construction, remodeling or transfer of ownership occurs.

December 2013

Specific Instructions to Applicants

1. Complete and submit the application part of this document. If something does not pertain to your business, mark it as “n/a”. Make a copy for your records.
2. Provide blueprints. These blueprints must be:
 - Approved by the **Miami County Department of Development**, if this is a new building, extensive remodeling or a change of usage for an existing building, **within Sidney, Anna, Russia, or Jackson Center, or in any unincorporated area of Shelby County**. Plans will be brought to this office.
 - All other villages must be approved by the **Department of Commerce, in Columbus**.

If you are planning on re-opening an existing restaurant, a plan drawn-to-scale (usually ¼ inch = 1 foot) may suffice, as long as all needed information is supplied with it and there are no major changes. If there are many changes, it will probably need approved plans. Check with the building authority.
3. Submit equipment specification sheets. These are needed for all equipment, including sinks. Sometimes your architect will include an equipment list on the plans. If equipment specification sheets are not available, such as for existing or used equipment, please submit the equipment manufacturer and model number for each piece of equipment. **All equipment must be approved by an independent certifying agency, such as NSF, CTL, etc. No household equipment is allowed. If you are not sure if it is commercial equipment, contact our office before purchasing. Equipment that states it is “professional quality” may not necessarily be made for a commercial business. Examples would be Sub-Zero, Jenn-Air, Thermador, etc.**
4. Submit a proposed menu and or foods to be sold/ stored. Explain preparation and storage methods for each food. This helps to determine your equipment needs.
5. Provide a site plan of the outside of the building, indicating locations of dumpster pads, outside faucets, etc. Many times this is already on the plans.
6. Keep a copy of everything for your personal records.
7. Submit to Sidney-Shelby County Health Department for review. There is a facility review fee based on how long it takes. Also, the review must be done within 30 working days of submittal.

Questions to Consider:

1. Will the menu offer food that requires extensive preparation (washing, cutting, mixing, etc.)?

The number and placement of hand sinks becomes more important with more complex food preparation. A culinary or prep sink may be needed for washing fruits and vegetables and for other preparation.

2. What hours will the food service/establishment be open? For lunch and dinner? 24 hours per day?

Increased equipment capacity and storage space should be considered for establishments with extended hours of operation. Highly durable floor, wall and ceiling finishes should be considered.

3. How much food will be cooked and immediately served, or prepared in advance for later service?

Preparing food in advance requires more refrigeration space for thawing foods, cooling hot foods, and storing of cold foods.

4. How often will supplies be delivered?

The delivery frequency is important in determining the amount of refrigerated, frozen and dry food storage space.

5. What is the maximum number of employees working on one shift?

The number of employees is necessary to determine work/aisle space and the number of lockers to provide, if provided..

6. Have you or any of your employees been trained in food safety or Hazard Analysis Critical Control Point (HACCP) concepts? Have you taken a food safety certification course, such as ServSafe, or had prior experience as a person-in-charge in a food service or food establishment?

Training in both food safety principles and HACCP principles provides you and your employees with insight into the numerous hazards encountered in a food business.

If you have not had prior experience, **you and any other people who will be in a position as Person in Charge (PIC) will be required to take a Level 1 food safety course.** This can be done free at the Sidney-Shelby County Health Department for businesses located in Shelby County. It can also be taken online and at other health departments, usually for a fee.

7. Is this the first time you have considered opening a food service business in Shelby County?

There is a guideline on our web site, called "Starting a Food Business".

http://www.shelbycountyhealthdept.org/food-service_9_3454940117.pdf This will guide you through all the steps of opening a food business, who to contact, and what you will need. It is highly recommended you get a copy.

Application

FOOD ESTABLISHMENT/OPERATION FACILITY

LAYOUT & EQUIPMENT REVIEW APPLICATION

TO BE COMPLETED BY THE OPERATOR AND

SUBMITTED TO THE SIDNEY-SHELBY COUNTY

HEALTH DEPARTMENT

Internal Use Only:

Date Received: _____

Received by: _____

Number of review hours: _____

(Fee: \$50/ hr /minimum fee \$50)

Total fee: _____

Amount received: _____

Date Received: _____

Receipt number: _____

Sidney-Shelby County Health Department

FOOD ESTABLISHMENT/OPERATION REVIEW APPLICATION

___NEW ___REMODEL ___CONVERSION ___NEW OWNER

Name of Establishment/Operation: _____

Category: Restaurant___, Institution___, Daycare___, Retail Market___, Other_____

Address: _____

Contact for Plans _____ Phone _____

Name of Owner: _____

Applicant's Name: _____

Title (owner, manager, architect, etc): _____

Mailing Address to send review letter:

Telephone: _____

I have submitted plans/applications to the following authorities on the following dates:

Zoning _____

Plumbing _____

Ohio EPA (if applicable) _____
(need approval letters)

Building _____

Electric _____

Fire _____

Hours of Operation: Sun _____ Thurs _____
Mon _____ Fri _____
Tues _____ Sat _____
Wed _____

Number of seating: _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____ Square Feet Devoted to Food _____

Number of Floors on which operations are conducted _____

Maximum Meals to be served: Breakfast _____ (approximate number)
Lunch _____
Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: (check all that apply)

Sit Down Meals	_____	Take Out/Drive thru	_____
Caterer	_____	Grocery Store	_____
Meat Market	_____	Convenience Store	_____
Coffee Shop	_____	Bakery	_____
School	_____	Bar	_____
Child Care Facility	_____	Pizza Shop	_____
Long Term Care	_____	Other	_____

If Seasonal, List Months of Operation: _____

Please submit the following Documents:

- _____ Proposed Menu (including seasonal, off-site and banquet menus)
- _____ Manufacturer Specification sheets for each piece of equipment shown on the plan. (Optional)
You will need, at a minimum, the name of the manufacturer and the model number. **Only commercial equipment is allowed!**
- _____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system -if applicable)
- _____ Plan drawn to scale of food establishment/operation showing location of equipment, plumbing, electrical services, mechanical ventilation and room finishes. These may need to be approved by the state building department or NIC before submission.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

- Provide 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. **Always check with the state building department or NIC (see front page) to see if plans need to be submitted to them before bringing plans to the health department. If so, submit a copy of the stamped, approved blueprints.**
- Include: proposed menu, seating capacity, and projected daily meal volume for food service operation.
- Show the location and when requested, elevated drawing of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
- Designate, clearly on the plan, equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
- Label and locate separate food preparation sinks, when the menu dictates, to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and /or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
- Include and provide specifications for:

- Entrances, exits, loading/unloading areas and docks;
- Complete finish schedule for each room, including floors, walls, ceilings and coved juncture bases;
- Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention and wastewater line connections;
- Lighting schedule with protectors (shields);
 - At least 10 foot-candles (110 lux) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - At least 20 foot-candles (220 lux);
 - (1) At a surface where food is provided for consumer self-service, such as buffets, salad bars and drink lines, or where fresh produce or packaged foods are sold or offered for consumption;
 - (2) Inside equipment such as reach-in and under-counter refrigerators;
 - (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
 - At least 50 foot-candles (540 lux) at a surface where a food employee is working with food or working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by a ANSI accredited certification program (where applicable);
- 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 flow chart, preferably color coded, demonstrating flow patterns for;
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
- Ventilation schedule for each room;
- A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- Garbage can washing area/facility;
- Cabinets for storing toxic chemicals;
- Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- Completed facility review application;
- Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Time/Temperature Controlled for Safety (TCS) foods to be handled, prepared and served.

CATEGORIES	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (Hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (Roast beef; whole turkey; chickens, hams)	()	()
3. Cold processed foods (Salads; sandwiches; vegetables)	()	()
4. Hot processed foods (Soups; stews, rice/noodles; gravy; chowders; casseroles)	()	()
5. Bakery Goods (Pies, custards, cream fillings & toppings)	()	()
6. Other _____ _____		
7. Will there be any menu items that are served raw or undercooked? (If so, consumers must be advised of the increased risk of foodborne illness.) Please name the food and how it will be served.		

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES/ NO
2. What are the projected frequencies of deliveries for Frozen Foods _____, Refrigerated foods _____, and Dry Goods _____?
3. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage _____

Refrigerated storage _____

Frozen storage _____.

4. How will dry goods be stored off the floor? _____

COLD STORAGE

1. Is adequate and approved freezer and refrigeration space available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? YES/ NO

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES/ NO If yes, how will cross-contamination be prevented? _____

3. Does each refrigerator/freezer have a thermometer? YES/ NO

Number of refrigeration units: _____

Number of freezer units: _____

4. Is there a bulk ice machine available? YES/ NO

THAWING FROZEN TCS FOODS:

Please indicate by checking the appropriate boxes how TCS foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen State		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than one inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperature of TCS foods?
YES/ NO

What type of temperature measuring device: _____?

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roast	130°F (121 min)	poultry	165°F (15 sec)
solid seafood pieces	145°F (15 sec)	reheated TCS foods	165°F (15 sec)
other TCS foods	145°F (15 sec)		
eggs:			
Immediate service	145°F (15 sec)		
pooled*	155°F (15 sec)		
(*pasteurized eggs must be served to a highly susceptible population)			
pork	145°F (15 sec)		
comminuted (ground) meats/fish	155°F (15 sec)		

HOT/COLD HOLDING:

1. How will hot TCS foods be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold TCS foods be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 135°F to 41°F in 6 hours). Also, indicate where the 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)					

REHEATING:

1. How will TCS foods 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? Indicate type and number of units for reheating foods.

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? YES/ NO
Method of training:

Number of employees: _____

Dates of completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand handling of ready-to-eat foods? YES/ NO

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?
YES/ NO

Please describe briefly:

Will employees have paid sick leave? YES/ NO

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: YES/ NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and or assembled? YES/ NO

If not, how will ready-to-eat foods be cooled to 41°F?

7. Will all produce be washed prior to use? YES/ NO
Is there a planned location used for washing produce? YES/ NO
Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F-135°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site, canning, smoking and curing, using additives as preservatives, time in lieu of temperature, etc.

10. Will the facility be serving food to a highly susceptible population? YES/ NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

11. Will you be providing catering services? YES/ NO If yes, Describe:

12. Do you plan to prepare foods off site? YES/ NO If yes, describe.

13. Will food be transported from your operation to other locations? YES/ NO If yes, what equipment will be used to keep food at the proper temperatures during transport?

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Dry Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin area				
Warewashing Area				

Walk-in Refrigerators & Freezers				
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B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

- | | YES | NO | NA |
|---|------------|-----------|-----------|
| 1. Will all outside doors be self-closing and rodent proof? | () | () | () |
| 2. Are screen doors provided on all entrances left open to the outside? | () | () | () |
| 3. Do all operable windows have a minimum #16 mesh screening? | () | () | () |
| 4. Is the placement of electrocution devices identified on the plan? | () | () | () |
| 5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | () | () | () |
| 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | () | () | () |
| 7. Will air curtains be used?
If yes, where? _____ | () | () | () |

C. GARBAGE AND REFUSE

INSIDE

- | | | | |
|--|-----|-----|-----|
| 8. Do all trash containers have lids? | () | () | () |
| 9. Where will refuse be stored inside? | () | () | () |

10. Is there an area designated for

garbage can or floor mat cleaning? () () ()

OUTSIDE

11. Will a dumpster be used? () () ()
Number _____ Size _____
Frequency of Pick-up _____
Contractor _____

12. Will a compactor be used? () () ()
Number _____ Size _____
Frequency of Pick-up _____
Contractor _____

13. Will garbage cans be store outside? () () ()
14. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

15. Describe location of grease storage receptacle.

16. Is there an area to store recycled containers? **YES** **NO** **NA**
() () ()

Describe _____

Indicate what materials are required to be recycled:

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic

17. Is there any area to store returnable damaged goods? () () ()

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE BREAKER
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice Machine						
23. Ice Storage Bin						
24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Waiting station						
25. Steam Tables						
26. Dipper Wells						
27. Refrigeration condensate/ drain lines						
28. Hose Connection						
29. Potato Peeler						
30. Beverage Dispenser w/ carbonator						
31. Other _____						

***TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or wastewater through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

32. Are floor drains provided and easily cleanable? If so indicate locations:

E. WATER SUPPLY

33. Is supply public () or private ()?
34. If private, has source been approved? YES() NO () PENDING ()
35. Is ice made on premises () or purchased commercially ()?
If made on premise, are specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage:

Provide location of ice maker or bagging operation _____

36. What is the capacity of the hot water generator? _____

38. Is there a water treatment device? YES () NO ()
If yes, how will the device be inspected and serviced?

39. How are backflow prevention devices inspected and serviced?

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES () NO ()
41. If no, is an EPA approved disposal system installed? YES () NO () PENDING ()
Please attach copy of written approval and/ or permit.

42. Are grease traps provided YES () NO ()
If so, where? _____

Provide schedule for cleaning and maintenance _____

G. DRESSING ROOMS

43. Are dressing rooms provided? YES () NO ()

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

H. GENERAL

45. Are insecticides/ rodenticides stored separately from cleaning and sanitizing agents? YES () NO ()

Indicate how: _____

46. Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES () NO ()

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES () NO ()

48. Will linens be laundered on site? YES () NO ()
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

49. Is a laundry dryer available? YES () NO ()

50. Location of clean linen storage: _____

51. Location of dirty linen storage: _____

52. Are containers constructed of safe materials to store bulk food products? YES () NO ()
Indicate type: _____

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned?

I. SINKS

55. Is a mop sink present? YES () NO ()
If no, please describe facility for cleaning mops and other equipment:

56. If the menu dictates, is a food preparation sink present? YES () NO ()

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?
Dishwasher ()
Two compartment sink (only allowed in special circumstances) ()
Three compartment sink ()

58. Dishwasher
Type of sanitization used:
Hot water (temperature provided) _____
Booster heater _____
Chemical type _____

Is ventilation provided for the dishwasher? YES () NO ()

59. Do all dish machines have templates with operation instructions? YES () NO ()

60. Do all dish machines have temperature/pressure gauges, as required, that are accurately working?
YES () NO ()

61. Is there an audible or visual alarm that lets you know when the dishwasher needs new chemicals?
YES () NO ()

62. Does the largest pot and pan fit into each compartment of the 3 compartment sink? YES () NO ()
If no, what is the procedure for manual cleaning and sanitizing?

63. Are there drain boards on both ends of the pot sink? YES () NO ()

64. What type of sanitizer is used?
Chlorine ()
Iodine ()
Quaternary ammonium ()
Hot water ()
Other ()

65. Are test papers and/or kits available for checking the concentration of the sanitizer used?
YES () NO ()

K. HANDWASHING/TOILET FACILITIES

- 66. Is there a handwashing sink in each food preparation and warewashing area? YES () NO ()
- 67. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()
- 68. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()
- 69. Is hand cleanser available at all handwashing sinks? YES () NO ()
- 70. Are hand-drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES () NO ()
- 71. Are covered waste receptacles available in each restroom? YES () NO ()
- 72. Is hot and cold running or warm combined water, under pressure, available at each handwashing sink? YES () NO ()
- 73. Are all toilet room doors self-closing? YES () NO ()
- 74. Are all toilet rooms equipped with adequate ventilation? YES () NO ()
- 75. Is a handwashing sign posted at all handsinks? YES () NO ()

L. SMALL EQUIPMENT REQUIREMENTS

76. Please specify the number, location, and types of each of the following:

- Slicers _____
- Cutting boards _____
- Can openers _____
- Mixers _____
- Floor mats _____
- Other _____

Deviations from the information given may nullify final approval of plans.

Approval of these plans and specification by the Sidney-Shelby County Health Department does not indicate compliance with any other code, law or regulation that may be required---federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing Retail food establishments/ food service operations.

The current Ohio Retail Food Safety Code can be found on the internet at:

<http://www.shelbycountyhealthdept.org/pdf/environmental/food/MARCH%2009%203717-1.pdf>

It can also be obtained at our office at 202 West Poplar St., Sidney OH. There is a printing charge.

FACILITY REVIEW PROCESS FLOW CHART

