

***Sidney-Shelby County Health  
Department  
Food Service Operation (FSO)  
and  
Retail Food Establishment (RFE)  
Plan Review Application***

*(Rev 9/2024)*

|                                                               |
|---------------------------------------------------------------|
| <b>Internal Use Only:</b>                                     |
| Date received: _____                                          |
| Received by: _____                                            |
| \$50 deposit receipt number: _____                            |
| Application #: _____                                          |
| *****                                                         |
| Number of review hours: _____                                 |
| Reviewer: _____                                               |
| Total fee less deposit: _____<br>(Plan review fee is \$50/hr) |
| Date balance received: _____                                  |
| Receipt number: _____                                         |

**If you are constructing and FSO/RFE, extensively altering the menu/equipment/facilities of an existing FSO/RFE, re-opening an FSO/RFE that has not been licensed for 12 consecutive months, or converting an existing building that has never been an FSO/RFE into a new FSO/RFE, you must complete the enclosed plan review application and submit it to the Sidney-Shelby County Health Department for approval prior to operating.**

## **Instructions:**

1. Complete and submit the enclosed application, along with any other required documents and the \$50 plan review deposit, to the Sidney-Shelby County Health Department (SSCHD). The deposit covers the first hour of review. The plan review fee is \$50/hour thereafter. Make copies of your submitted plans for your records. **Failure to fully complete the application or to submit all required documents for review may result in the plans being disapproved.**

2. The SSCHD will notify you in writing of plan approval or disapproval within 30 days of receipt. If there are minor issues or questions regarding the plans, you will be contacted by phone or email for additional information/clarification. **Failure to respond to requests for additional information/clarification within 30 days of the request may result in the plans being disapproved.** Read the approval or disapproval letter carefully, as there may important information included regarding your proposed FSO/RFE. **Plan approval is valid for 2 years.** Extensions may be granted at the SSCHD's discretion if requested in writing prior to plan expiration. \*Please note that if the plans are disapproved or if plan approval has expired prior to licensing, a new \$50 deposit plus the balance of the previous plan review must be paid if plans are re-submitted.

3. Once you have received plan approval and the work has been completed, you will need to contact the SSCHD for a plan review inspection. This inspection is to ensure that the FSO/RFE has been constructed/altered/converted according to the approved plans. **All facilities and equipment must be fully functional and clean.** Please note that prior to the SSCHD plan review inspection, plan review balances must be fully paid and all other involved departments and agencies (e.g. building, electrical, plumbing, fire, EPA) must have given final approval to operate.

4. After the plan review inspection has been conducted, there are no major issues, and you are an already licensed facility, you will be given written approval to operate the altered FSO/RFE. If you do not already have a license, you must complete a license application and pay the required license fee. This fee is based on the square footage and risk level of your facility (see attached). Once the SSCHD has received the completed application and fee, your license to operate will be sent to you by mail. Please note that most licenses expire at the end of February each year. Renewal applications must be received by March 1<sup>st</sup> or a mandatory late fee will be assessed.

**SIDNEY-SHELBY COUNTY HEALTH DEPARTMENT**  
**FOOD SERVICE OPERATION (FSO) / RETAIL FOOD ESTABLISHMENT**  
**(RFE) PLAN REVIEW APPLICATION**

Please check all that apply:

- NEW CONSTRUCTION
- ALTERATION (MENU, EQUIPMENT, AND/OR FACILITIES) OF EXISTING FSO/RFE
- CONVERSION OF EXISTING BUILDING INTO NEW FSO/RFE
- REOPENING OF FACILITY THAT HAS NOT BEEN LICENSED FOR 12 CONSECUTIVE MONTHS

Name of FSO/RFE: \_\_\_\_\_

Address of FSO/RFE:

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Title (Owner, Architect, etc): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address to Send Plan Review Letter:

\_\_\_\_\_

Name of Business Owner (if not applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Food Service Operation / Retail Food Establishment (e.g. Sit-Down Restaurant, Convenience Store, Childcare Facility, etc.):

\_\_\_\_\_

Proposed Hours of Operation:

|      |       |       |       |
|------|-------|-------|-------|
| Sun  | _____ | Thurs | _____ |
| Mon  | _____ | Fri   | _____ |
| Tues | _____ | Sat   | _____ |
| Wed  | _____ |       |       |

If Seasonal, List Months of Operation: \_\_\_\_\_

Indoor Seating Capacity (if applicable): \_\_\_\_\_ Outdoor Seating Capacity (if applicable) \_\_\_\_\_

Total Square Feet of Facility: \_\_\_\_\_ If >25000, Square Feet Devoted to Food: \_\_\_\_\_

Number of Floors on Which Operations are to be Conducted: \_\_\_\_\_

Estimated Number of Meals to be Served Daily (if applicable): Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

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

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

Will your operation/establishment primarily serve a highly susceptible population? Y\_\_\_\_ N\_\_\_\_

*A "highly susceptible population" is defined in the Ohio Uniform Food Code (Ohio Administrative Code 3717-1) to mean persons who are more likely than other people in the general population to experience foodborne disease because they are: a) immunocompromised; preschool age children; or older adults; and b) obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult daycare center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.*

Will your facility provide catering services? Y\_\_\_\_ N\_\_\_\_

*"Catering" is defined as "preparing food for serving at a function or event held at an off-premises site, for a charge determined on a per function or per event basis; not on the basis of an individual meal." Catering involves having staff serve or plate the meals at the function or event, and is more involved than standard delivery.*

## PLEASE SUBMIT THE FOLLOWING DOCUMENTS

- \_\_\_\_\_ Proposed menu (including seasonal, catering, and other menus, if applicable) or list of all foods and beverages to be sold.
- \_\_\_\_\_ Manufacturer specification sheets or a listing of the manufacturer make and model number for each piece of equipment shown on the plans. Equipment includes items such as tables, sinks, shelving, etc. as well as standard equipment (coolers, cooking appliances, etc.). **All equipment, except items specifically listed on the SSCHD's list of approved non-commercial equipment, must be certified or classified for sanitation by an ANSI accredited testing agency such as NSF, UL, ETL, and CSA (see enclosed guide for more info).** Equipment that is not easily moveable shall be installed to allow cleaning on all sides (including underneath) or sealed to the floor, walls, and/or neighboring equipment.
- \_\_\_\_\_ Site plan showing location of building in relation to alleys, streets, and other landmarks; and location of any outside equipment (dumpsters, accessory buildings, walk-in coolers, well or septic system -if applicable).
- \_\_\_\_\_ Floor plan of entire FSO/RFE (including attics and basements/cellars) drawn to scale (min. ¼ inch = 1 foot) showing location of all equipment (including tables and shelving), plumbing fixtures (including water heater, floor drains, overhead sewage lines-if applicable), intake and exhaust vents, entrances and exits, etc. Each piece of equipment must be clearly labeled or notated to an equipment list.
- \_\_\_\_\_ Lighting plan which includes the type and location of all light fixtures. For lights in areas where there is exposed food; clean equipment, utensils, and linens; and unwrapped single-use or single-service items, please note that plastic covers, shields, or shatter-proof bulbs must be used to protect these items from broken glass. (Min. requirements: 50 ft candles in cooking and food prep areas; 20 ft candles inside reach-in coolers, restrooms, equipment/utensil storage areas, and customer self-service, handwashing, and warewashing areas; 10 ft candles in walk-in coolers and dry storage areas)
- \_\_\_\_\_ Complete finish schedule for each room, including floors, walls, ceilings, and coving. With few exceptions, floors, walls, and ceilings must be durable, smooth, non-absorbent, and easily cleanable. A blank finish schedule for you to complete is attached to this packet.
- \_\_\_\_\_ Copy of employee illness reporting policy (contact SSCHD for more information; example attached)
- \_\_\_\_\_ Copy of vomit/diarrhea incident clean-up policy (contact SSCHD for more information; example attached)

**\*\*\*\*\*Always check with the building department to see if plans need to be submitted to them first. If so, submit a copy of the stamped plans to the SSCHD after building department approval.**

## PLEASE ANSWER THE FOLLOWING QUESTIONS

### **FOOD SOURCES:**

Will all foods sold and served in your facility come from sources that comply with Ohio law? Y\_\_\_\_ N\_\_\_\_

*An “approved source”, according to Ohio Uniform Food Safety Code, means that a food is from: a processor that is inspected by a federal food safety regulatory agency or Ohio Dept. of Agriculture, a cottage food production operation, an exempt tree syrup, honey, sorghum, or apple syrup/butter processor, and/or a food service operation/ retail food establishment licensed by a local health department that is not subject to federal or state regulation. The term is not applicable to fresh unprocessed fruits & vegetables with the exception of mushrooms & sprouts. For the full definition and a more detailed description of approved food sources, please see sections 3717-1-01(B)(4) and 3717-1-3.1 of the Ohio Administrative Code (Ohio Uniform Food Safety Code).*

### **DRY STORAGE:**

Where and how will dry goods (packaged or containerized bulk food that is not time/temperature controlled for safety (TCS) and single-service items) be stored at least 6 inches off the floor?

---

---

*All food containers (including bins for bulk items such as flour, rice, etc.) must be made of food-grade materials. Shelving must be corrosion-resistant, non-absorbent, and smooth.*

### **RAW OR UNDERCOOKED ANIMAL FOODS:**

Do you intend to serve or sell raw or undercooked animal foods (Ex. Sushi, hamburgers cooked to order, “sunny-side up” eggs, etc.) either in a ready-to-eat form or as an ingredient in another ready-to-eat food? Y\_\_\_\_ N\_\_\_\_

If “yes”, which foods?

---

---

*A written consumer advisory may be required.*

### **COLD STORAGE/HOLDING**

Do you intend to store or hold TCS foods frozen in your facility? Y\_\_\_\_ N\_\_\_\_

If “yes”, with what equipment?

---

---

Do you intend to store or hold TCS foods cold ( $\leq 41^{\circ}\text{F}$ ) in your facility? Y\_\_\_\_ N\_\_\_\_

If “yes”, with what equipment?

---

---

*All cold holding units must be equipped with thermometers that are accurate and easily readable.*

Will raw animal foods be stored in refrigerators and freezers with cooked/ready-to-eat foods? Yes\_\_\_\_ No\_\_\_\_

If “yes”, how will cross-contamination be prevented?

---

---

**THAWING:**

Do you intend to thaw TCS foods in your facility? Y\_\_\_\_ N\_\_\_\_

If “yes”, which method(s) will be used? Methods are limited to thawing under refrigeration, completely submerging under cold running water, as part of the cooking process in conventional cooking equipment, or in a microwave and immediately transferring the food to conventional cooking equipment. In addition, if thawing will be done under cold running water, which foods will be thawed by this method and in which sink will this be done?

---

---

---

If “yes”, do you intend to thaw reduced oxygen packaged fish in your facility? Y\_\_\_\_ N\_\_\_\_

**COOKING:**

Do you intend to cook foods in your facility? Y\_\_\_\_ N\_\_\_\_

If “yes”, with what equipment?

---

---

---

Do you intend to cook raw animal foods which are thin (Ex. Hamburgers, pork tenderloins, etc.)? Y\_\_\_\_ N\_\_\_\_

*Accurate food thermometers (reading in increments no greater than 2°F) must be provided to monitor cooking temperatures. The cooking of thin, raw animal foods requires a small-diameter temperature probe.*

Do you intend to cook raw animal foods using a non-continuous cooking process? (Ex. Partially cooking a sausage patty, cooling it, and finish cooking it at a later time) Y\_\_\_\_ N\_\_\_\_

If “yes”, which foods? \_\_\_\_\_

*Written procedures approved by the Health Department are required in order to use a non-continuous cooking process for TCS foods.*

**HOT HOLDING:**

Do you intend to hold TCS foods hot ( $\geq 135^{\circ}\text{F}$ ) in your facility? Yes\_\_\_\_ No\_\_\_\_

If “yes”, with what equipment?

---

---

---

*Please note that hot holding equipment may not be designed to actually heat or reheat the food. Cold or room temperature ready-to-eat TCS foods should be heated to 135°F or reheated to 165°F (as applicable) in equipment designed for this task prior to being placed in hot holding equipment. All hot holding units shall be equipped with thermometers that are accurate and easily readable.*

**COOLING:**

Do you intend to cool hot TCS foods in your facility? Yes\_\_\_\_ No\_\_\_\_

If “yes”, which foods and what method(s) will be used to ensure that the foods will be cooled to 41°F within 6 total hours (135°F to 70°F within 2 hours and 70°F to 41°F within 4 hours)? Methods include, but are not limited to, placing the food in shallow pans, separating the food into smaller or thinner portions, using rapid cooling equipment (e.g. a blast freezer), using an ice bath/ice wand/adding ice to the food, etc. In addition, please indicate the equipment (if applicable) in which the cooling will take place.

---

---

---

**REHEATING:**

Do you intend to reheat TCS foods in bulk quantities that have **previously been cooked and cooled in your facility?** Y\_\_\_\_ N\_\_\_\_

If “yes”, will more than one food be reheated in a given week? Y\_\_\_\_ N\_\_\_\_

If “yes”, which foods and what equipment will be used to ensure that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours?

---

---

---

---

**TIME IN LIEU OF TEMPERATURE:**

Do you intend to use time without temperature control as a public health control for a working supply of TCS foods before cooking (Ex. Staging pre-made, un-cooked pizzas at room temperature) **or** for ready-to-eat TCS foods that are displayed or held for sale or service? Yes\_\_\_\_ No\_\_\_\_



If “yes”, which foods? \_\_\_\_\_

*Written procedures approved by the Health Department are required in order to use time without temperature control for TCS foods.*

**SPECIAL PROCESSES:**

Do you intend to use any of the following processes in your facility? (check if “yes”)

- 1) Smoking food as a method of preservation rather than as a method of flavor enhancement\_\_\_\_\_
- 2) Curing food\_\_\_\_\_
- 3) Using food additives or adding components such as vinegar as a method of food preservation rather than as a method of flavor enhancement, or to render a food so that it is not a TCS food\_\_\_\_\_
- 4) Packaging TCS food using a reduced oxygen packaging method\_\_\_\_\_
- 5) Operating a molluscan shellfish life-support system display tank used to store or display shellfish that are offered for human consumption\_\_\_\_\_
- 6) Custom processing of animals that are for personal use as food and not for sale or service\_\_\_\_\_
- 7) Pressing or bottling juice\_\_\_\_\_
- 8) Use of a heat treatment dispensing freezer\_\_\_\_\_
- 9) Sprouting seeds or beans\_\_\_\_\_

*Some of these processes require a variance from the Ohio Department of Health or the Ohio Department of Agriculture.*

**PACKAGING:**

Do you intend to package any foods in your facility for consumer self-service? Y\_\_\_\_\_ N\_\_\_\_\_

*“Packaged” is defined in the Ohio Uniform Food Code (Ohio Administrative Code 3717-1) to mean “bottled, canned, cartoned, bagged, or wrapped. Does not include wrapped or placed in a carry-out container to protect the food during service or delivery to the customer, by a food employee, upon consumer request”.*

If “yes”, which foods?

\_\_\_\_\_  
\_\_\_\_\_

**PREPARATION:**

If preparing produce (i.e. fruits and vegetables) or foods that contain produce, do you intend to purchase bagged, pre-washed produce or do you intend to wash produce on site? N/A

\_\_\_\_\_

If washing produce on site, where do you intend to wash it?

\_\_\_\_\_

*The washing of a small amount of produce can be done in a footed colander in the 3-compartment sink (with approval from the SSCHD). All other produce washing must take place in a separate food prep sink.*

Do you intend to prep raw animal foods at a sink in your facility? Y\_\_\_\_ N\_\_\_\_

If “yes”, which sink? \_\_\_\_\_

If handling ready-to-eat foods (e.g. making sandwiches), what will be used to prevent bare hand contact (e.g. single use gloves, deli tissue, etc.)?  
\_\_\_\_\_

Will ice be used/served/sold on the premises? Y\_\_\_\_ N\_\_\_\_ If “yes”, will it be made on site or purchased commercially pre-packaged?  
\_\_\_\_\_

**INSECT AND RODENT CONTROL:**

Except for exterior emergency exit doors, will all exterior doors and toilet room doors be self closing? Y\_\_\_\_ N\_\_\_\_

If “no”, why not? \_\_\_\_\_

*If windows or doors are kept open for ventilation, the openings shall be protected against the entry of insects and rodents by #16 mesh screen, air curtains, or other effective means. It is highly recommended that drive-thru windows be self-closing to prevent the entrance of insects.*

Will insect control devices be used, such as fly strips or electrocution devices? Y\_\_\_\_ N\_\_\_\_

If “yes”, please identify placement location on the plan.

Will you be using the services of a licensed pest control operator on a routine maintenance basis? Y\_\_\_\_ N\_\_\_\_

*General use pesticides (with few exceptions) cannot be applied in a licensed food service operation or retail food establishment without a commercial applicator license.*

**GARBAGE AND REFUSE:**

Other than in-use containers, will refuse or recyclables be stored inside? Y\_\_\_\_ N\_\_\_\_ If “yes”, where?  
\_\_\_\_\_

Where will returnables/damaged items be stored prior to pick-up?  
\_\_\_\_\_

Will outdoor containers other than dumpsters be used to store refuse or recyclables? Y\_\_\_\_ N\_\_\_\_ If “yes”, what kind of containers? \_\_\_\_\_

*Please note that all containers must be durable, cleanable, insect/rodent resistant, leak-proof, and non-absorbent. All outdoor containers and indoor containers used for storage must also have tight-fitting lids, doors, or covers. At least one waste container in each women’s restroom must be supplied with a lid for the disposal of feminine hygiene products. Outdoor container storage surfaces must be constructed of concrete or asphalt, and sloped to drain. Receptacles shall be of sufficient capacity to hold all accumulated wastes in between pick-ups.*

**WATER SUPPLY:**

Is the water supply from a public system (municipal or EPA approved well) or a private well? \_\_\_\_\_

*If it is an EPA approved well, please attach copy of written approval for use from the EPA.*

*If it is a private well, a water sample meeting the requirements of Chapter 3701-28 of the Ohio Administrative Code for total coliform bacteria must be obtained by the Health Department prior to licensure and annually thereafter.*

*Water capacity (hot and cold) must be of sufficient quantity to meet the peak demands of the operation/establishment.*

*Water conditioning devices shall be designed and located to facilitate disassembly for periodic service and cleaning. Approved backflow preventers shall be installed where required and located where they may be easily serviced and maintained.*

**SEWAGE DISPOSAL:**

Is the building connected to a municipal sewer or an EPA approved sewage treatment system?  
\_\_\_\_\_

*If an EPA approved sewage treatment system, please attach copy of written approval for use from the EPA.*

Will a grease trap be provided? Y\_\_\_ N\_\_\_ If “yes”, please note location on plans.

*A grease trap is required if you prepare any food containing fat, grease or oil. Please note that grease traps must be easily accessible for cleaning.*

Will a grease storage receptacle be provided? Y\_\_\_ N\_\_\_ If “yes”, please note location on plans.

**MISC. STORAGE AND CLEANING:**

Where will employees be required to store their personal belongings/personal care items (e.g. purse, coat, medicine, etc.)?  
\_\_\_\_\_

Where will employees be required to store maintenance tools (e.g. brooms, mops, vacuum cleaners, etc.)?  
\_\_\_\_\_

*All facilities are required to have a floor mounted utility sink designated for the cleaning of refuse containers, mops and other cleaning tools, and the disposal of mop water. Mops must be hung where they can air dry.*

Where will employees be required to store poisonous or toxic materials (e.g. cleaners, degreasers, etc.)?  
\_\_\_\_\_

*All of the above items must be stored so that they do not contaminate food, equipment, utensils, linens, single-service articles, or single-use articles.*

Will water flushing be used to clean the floors? Y\_\_\_ N\_\_\_ If “yes”, please note floor drain locations on plans.

**LAUNDRY:**

Will linens be laundered on site? Y\_\_\_ N\_\_\_ If “yes”, where? \_\_\_\_\_

If “no”, how will linens be cleaned? \_\_\_\_\_

Is a mechanical dryer available? Y\_\_\_ N\_\_\_ If “no”, how will linens be dried? \_\_\_\_\_

Where will clean linens be stored? \_\_\_\_\_

Where will dirty linens be stored? \_\_\_\_\_

**WAREWASHING FACILITIES:**

*If you have equipment or utensils that need to be cleaned, a 3-compartment sink is mandatory in your facility.*

*Self-draining drainboards, utensil racks, or tables large enough to accommodate all soiled and cleaned items shall be provided before cleaning and after sanitizing. All equipment and utensils shall be air-dried. Each basin of a 3-compartment sink must be large enough to submerge the largest piece of food equipment or utensil. A fourth compartment is recommended for soaking.*

In your 3-compartment sink, will you sanitize using hot water or chemicals? \_\_\_\_\_

*A temperature measuring device shall be provided and readily accessible for measuring wash and sanitizing temperatures. For chemical sanitizers, a test kit that accurately measures the concentration in ppm (mg/L) shall be provided.*

Will you be using a mechanical dishwasher in your facility? Y\_\_\_ N\_\_\_

If “yes”, does it sanitize using hot water or chemicals? \_\_\_\_\_

*For hot water sanitizing, besides the required integrated thermometer and pressure gauge of the dishwasher, an irreversible registering temperature indicator shall be provided and readily accessible for measuring the utensil surface temperature. For chemical sanitizers, a test kit that accurately measures the concentration in ppm (mg/L) shall be provided.*

**HANDWASHING FACILITIES:**

*All facilities are required to have adequate employee handwashing sinks, conveniently located in each restroom, food handling, and warewashing area. These sinks must be equipped with warm water (= $\geq$ 85°F), soap, and hand dryers or disposable towels with a waste can. “Conveniently located” means that a sink is easily accessible and visible from each area. All handwashing sinks are required to have signage reminding employees to wash hands. Splash guards may be required depending on the proximity of exposed food, equipment, etc. Handwashing sinks may only be used as “dump sinks” for patron beverage cups with the approval of the SSCHD.*

**VENTILATION AND FIRE SUPPRESSION SYSTEMS:**

*Air intake and exhaust vents shall be installed so that they do not contaminate food, food-contact surfaces, equipment, or utensils.*

*A ventilation hood may be required where cooking equipment and ware-washing machines are located to prevent the accumulation of steam, heat, condensation, smoke, fumes, and vapors. If you plan to use grease producing equipment (fryers, grill, etc), a ventilation hood with fire suppression is required. The fire suppression system acts like a fire extinguisher in case of a grease or cooking fire. Installation of a ventilation hood requires a permit and*

inspections. Contact your applicable building department with questions about ventilation requirements or permits for installation.

**MISC. BUILDING REQUIREMENTS:**

The roof and exterior walls must effectively protect against weather, insects, rodents, and other animals. Outer openings must be protected by filling holes and gaps, using closed and tight fitting windows, and using solid self-closing and tight-fitting doors. Utility lines and pipes shall not be unnecessarily exposed. If exposed, they shall be installed so they do not obstruct or prevent the cleaning of floors, walls, or ceilings. No exposed horizontal lines on the floor. Studs, joists, and rafters shall not be exposed in areas subject to moisture.

**FOOD SAFETY EDUCATION:**

At least one person-in-charge (PIC) per shift of a level I, II, III, or IV facility shall have obtained Person In Charge Certification. PIC is defined as the individual present at a FSO or RFE who is responsible for the operation at any given time. This does not apply to any PIC working in a FSO or RFE that was licensed prior to March 1, 2010, provided that the FSO or RFE has not been implicated in a foodborne disease outbreak or the licensor has not documented a failure to maintain sanitary conditions.

At least one employee of a level III or IV facility that has supervisory and management responsibility and the authority to direct and control food preparation and service shall obtain Manager Certification in food protection.

Please contact the SSCHD or visit [odh.ohio.gov/know-our-programs/food-safety-program/food-safety-certification](http://odh.ohio.gov/know-our-programs/food-safety-program/food-safety-certification) for more info.

\*\*\*\*\*

Approval of these plans by the Sidney-Shelby County Health Department does not indicate compliance with any other law or regulation that may be required---federal, state or local. It further does not constitute endorsement or acceptance of the completed FSO/RFE (neither facilities nor equipment). A plan review inspection of the completed FSO/FRE will be necessary to determine if it complies with the local and state laws and regulations governing food service operations and retail food establishments. Links to current versions of the Ohio Uniform Food Safety Code and other State laws and regulations relating to the operation of your food business can be found on the internet at:

[shelbycountyhealthdept.org/environmental-health/food-service/](http://shelbycountyhealthdept.org/environmental-health/food-service/)

These items may also be obtained at the Sidney-Shelby County Health Department for a printing fee.

\*\*\*\*\*

**HELPFUL CONTACT NUMBERS**

**Miami County Health Department** (Plumbing Plan Reviews/Inspections) 937-573-3504

**Shelby County Building Department** (Bldg, HVAC, Electric Plan Reviews/Inspections for all unincorporated parts of Shelby County, plus Jackson Center, Anna, Botkins, Russia, and Sidney) 937-658-6220

**Ohio Department of Commerce, Div. of Industrial Compliance and Labor** (Bldg, HVAC, Electric Plan Review for all incorporated villages except those listed above) 614-644-2223

**Ohio EPA** (Drinking Water Permits/Inspections) 614-644-2752 (Septic System Permits/Inspections) 614-644-2001

**Ohio Department of Taxation** (Vendor Licenses) 1-888-405-4089

**Ohio Department of Agriculture** (Wholesale Licenses and Home Bakeries) 614-728-6250

**FSO/RFE SURFACE FINISH SCHEDULE**

**Use the chart below to describe the surface finishes in each area of your FSO/RFE (if not already listed on plans). Light colors are recommended to aid in cleaning. Acceptable surfaces commonly used are:**

Floors: quarry tile, sealed concrete, vinyl composition tile

Walls: ceramic tile, stainless steel, FRP (fiberglass reinforced plastic), glossy painted (enamel or epoxy) drywall, glossy painted (enamel or epoxy) concrete block with block filler and non-absorbent grout

Ceilings: vinyl coated tile (drop ceiling), glossy painted (enamel or epoxy) drywall

Coving: quarry tile, rubber

|                             | <b>Floor</b>       | <b>Wall</b> | <b>Ceiling</b>                    | <b>Coving</b>      |
|-----------------------------|--------------------|-------------|-----------------------------------|--------------------|
| <i>Example:<br/>Kitchen</i> | <i>Quarry Tile</i> | <i>FRP</i>  | <i>Enamel Painted<br/>Drywall</i> | <i>Quarry Tile</i> |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |
|                             |                    |             |                                   |                    |



**Ohio Administrative Code**  
**Rule 901:3-4-05 Risk level of retail**  
**food establishments.**

Effective: February 12, 2024

The licensor shall determine the risk level based on the highest risk level activity of the retail food establishment in accordance with the following criteria:

(A) Risk level I poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates.

(1) Examples of risk level I activities include, but are not limited to, an operation that offers for sale or serves:

(a) Coffee, self-service hot beverage dispenser drinks, self-service fountain drinks, prepackaged non-time/temperature controlled for safety food beverages;

(b) Pre-packaged refrigerated or frozen time/temperature controlled for safety food;

(c) Fresh unprocessed fruits and vegetables;

(d) Pre-packaged non-time/temperature controlled for safety food; or

(e) Baby food or formula.

(2) A "food delivery operation" as defined in division (H) of section 3717.01 of the Revised Code shall be classified as risk level I.

(3) A "micro market" as defined in paragraph (B) of rule 3717-1-01 of the Administrative Code shall be classified as a risk level I.

(B) 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:

- (1) Handling, heat treating, or preparing non-time/temperature controlled for safety food;
- (2) Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
- (3) Heating individually packaged, commercially processed time/temperature controlled for safety food for immediate service; or
- (4) Hand dipping of commercially manufactured ice cream.

(C) 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 the product as ready-to-eat. Examples of risk level III activities include, but are not limited to:

- (1) Handling, cutting, or grinding raw meat products;
- (2) Cutting or slicing ready-to-eat meats and cheeses;
- (3) Assembling, partially cooking, or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
- (4) Operating a soft serve ice cream or frozen yogurt machine;
- (5) Reheating in individual portions only; or
- (6) Heating of a product from an intact hermetically sealed package and holding the product hot.

(D) 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. Examples of risk level IV activities include, but are not limited to:

- (1) Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days;
- (2) Operating a heat treatment dispensing freezer;
- (3) Catering food service operations as defined in division (G) of section 3717.01 of the Revised Code;
- (4) Offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients;
- (5) Using freezing as a means to achieve parasite destruction;
- (6) Preparing food for a primarily high risk clientele including immune-compromised or elderly individuals in a facility that provides either health care or assisted living;
- (7) Using time as a public health control for time/temperature controlled for safety food;
- (8) Non-continuous cooking of raw time/temperature controlled for safety food;
- (9) Performing activities requiring a HACCP plan, as defined in paragraph (B)(52) of rule 3717-1-01 of the Administrative Code; or
- (10) Activities requiring a variance for the process.

## Guide to Food Equipment: How to recognize "Commercial" that meets food code requirements

### NSF International

<http://www.nsf.org/Certified/Food/>

This is the firm that has the largest listing of products and is a good place to begin your search.



The presence of the NSF mark on food service equipment means that the equipment has been evaluated, tested, and certified by NSF International as meeting international commercial food equipment standards.

### Intertek (ETL)

<http://www.intertek.com/directories/>

Choose the ETL Listed Mark Directory to search product listings



The presence of the ETL Sanitation mark on food service equipment means the equipment was tested and complies with the applicable ANSI/NSF sanitation requirements.

**Canadian Standards Association – CSA** <http://directories.csa-international.org/>  
To search the CSA listed products; choose "Sanitation" for the directory.



For the U.S.: A CSA mark with the indicator "SANITATION" means that the product is certified for the U.S. market to the requirements of the applicable NSF/ANSI food equipment standard. Manufacturers may also choose to display the applicable NSF/ANSI standard beneath the CSA Sanitation mark

### Underwriters Laboratories Inc.

<http://database.ul.com/cgi-bin/XYV/template/LISLXI/JFRAME/goodsrch.html>



The UL EPH mark appears on products that have been evaluated to Environmental and Public Health Standards. The "Classified" version is used for products complying with ANSI/NSF Standards and other food equipment hygiene codes and requirements. The "Blue Sanitation Mark" is a supplemental mark and can be in addition to the Classification Mark.

### \*American National Standards Institute (ANSI) Food Equipment Standards

|            |                                                                                            |             |                                       |
|------------|--------------------------------------------------------------------------------------------|-------------|---------------------------------------|
| NSF/ANSI 2 | Food equipment                                                                             | NSF/ANSI 3  | Commercial warewashing equipment      |
| NSF/ANSI 4 | Commercial cooking, rethermalization, and powered hot food holding and transport equipment |             |                                       |
| NSF/ANSI 6 | Dispensing freezers                                                                        | NSF/ANSI 7  | Commercial refrigerators and freezers |
| NSF/ANSI 8 | Commercial powered food prep equipment                                                     | NSF/ANSI 12 | Automatic ice making equipment        |

\*Not a complete list

### County Health Department

As the licensing authority for your facility, you may request an evaluation of equipment if it is not listed by one of the 4 agencies outlined above.

Ohio Department of Health  
or the Ohio Department of  
Agriculture

According to the rule requirement, Equipment may be deemed acceptable in an FSO or RFE by one of these State agencies. Written approval from ODH or ODA must be provided by the operator to the County Health Department prior to using it in your facility.



## Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

**Note: Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.**

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against *Norovirus* (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.
7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. *Food contact surfaces that have been disinfected must be **washed, rinsed, and sanitized prior to use** to remove disinfectant residue and prevent contamination of food.*
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste (<http://epa.ohio.gov/portals/34/document/guidance/SmG%20IW%20guidance.pdf>).
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

### Additional Resources:

CDC Preventing Norovirus Infection:

<http://www.cdc.gov/norovirus/preventing-infection.html>.

U.S. EPA Registered Hospital Disinfectants

*Effective against Norovirus (Norwalk-like virus):*  
[https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg\\_.pdf](https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg_.pdf)

Ohio Uniform Food Safety Code:

<http://www.odh.ohio.gov/rules/final/3717-1.aspx>

Ohio Department of Health Food Safety Program:

<http://www.odh.ohio.gov/odhprograms/eh/foodsafety/food2.aspx>

Ohio Department of Agriculture Division of Food Safety:

<http://www.agri.ohio.gov/divs/FoodSafety/foodsafety.aspx>

## Example Food Employee Illness Reporting Policy

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees report to the “person in charge” (PIC) information about their health as it relates to diseases that are transmissible through food.

### Reporting

A food employee shall report the information in a manner that allows the PIC to reduce the risk of foodborne disease through transmission if the food employee or conditional employee:

1. Has any of the following symptoms:
  - a. Vomiting
  - b. Diarrhea
  - c. Jaundice
  - d. Sore throat with fever
  - e. Lesions (containing pus or an infected wound that is open or draining)
  
2. Has an illness diagnosed by a health care provider due to:

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"><li>a. Campylobacter</li><li>b. Cryptosporidium</li><li>c. Cyclospora</li><li>d. Entamoeba histolytica</li><li>e. <b>Escherichia coli *</b></li><li>f. Giardia</li><li>g. <b>Hepatitis A *</b></li></ol> | <ol style="list-style-type: none"><li>h. <b>Norovirus *</b></li><li>i. Salmonella ssp.</li><li>j. <b>Salmonella Typhi *</b></li><li>k. <b>Shigella *</b></li><li>l. Vibrio cholerae</li><li>m. Yersinia</li></ol> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
  
3. Had a previous illness, diagnosed by a health care provider, within the past three months due to Salmonella Typhi, without having received antibiotic therapy, as directed by health care provider. (Applies only to a conditional employee)
  
4. Has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person infected with any diseases bolded above. (Applies only to a conditional employee who will work with a highly susceptible population)
  
5. Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and had knowledge about, an individual who works or attends a setting where there is confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by the diseases noted with a \* above. (Applies only to a conditional employee who will work with a highly susceptible population)

## Exclusions and Restrictions

The PIC shall **restrict** the duties of a food employee from a food service operation or retail food establishment that has any of the **symptoms** listed on previous page.

The PIC shall **restrict or exclude** the duties of a food employee from a food service operation or retail food establishment that has any of the **illnesses** listed on the previous page (refer to Ohio Administrative Code 3701-3-13 for specific isolation requirements).

- Restrict- the employee may come to work, but duties may be limited so that there is no risk of transmitting a disease through food and the food employee does not work with exposed food; clean equipment, utensils, linens, and un-wrapped single-service or single use articles.
- Exclude- the employee may not come to work

**The PIC shall notify the licensor if an employee is diagnosed with any of the listed illnesses.**

## Returning to Work

The PIC may remove a restriction or exclusion if the employee is released by a health care provider or by approval of the licensor. This provision does not prohibit a PIC from removing the restriction of a food employee if the restriction was due to symptoms listed on previous page, the symptoms have ceased, and the illness was not from an infectious disease agent listed on previous page.

## Policy

\_\_\_\_\_ is committed to ensuring the health, safety and wellbeing of our employees and customers by complying with all health department regulations and the purpose statement listed.

\_\_\_\_\_  
Employee Name (Printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Conditional employee: A potential food employee to whom a job offer is made, conditional on responses to subsequent medical questions or examinations designed to identify potential food employees who may be suffering from a disease that can be transmitted through food and done in compliance with Title 1 of the Americans with Disabilities Act of 1990.*

*Highly susceptible population: Persons who are more likely than other people in the general population to experience foodborne disease because they are a) immunocompromised, preschool age children, or older adults; and b) obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.*