



**Richland
Public Health**
Prevent. Promote. Protect.

Questions? Please call: (419)774-4520

Food Business Plan Review Application

The remaining portion of this document must be submitted
in its entirety to RPH **before** licensing can occur.



Richland Public Health
Environmental Division
555 Lexington Avenue
Mansfield, OH 44907
www.richlandhealth.org





Environmental Health Division
 Food Program
 555 Lexington Avenue
 Mansfield, OH 44907
 (419) 774-4520
 (419) 774-0845 Fax

Food Business Plan Review Application

The remaining portion of this document must be submitted, in its entirety, to RPH before licensing can occur.

Required with this application are the following items:

- Two (2) complete sets of site plans
- Two (2) complete sets of floor plans
- Food Protection Certifications
- Equipment List
- Menu

Date:

Plan Review Type:

Check one or ALL categories that apply below.

<input type="checkbox"/> New Food Establishment	<input type="checkbox"/> New Owner	<input type="checkbox"/> New Location	<input type="checkbox"/> Remodel and/or Alteration (fee required as determined by RPH)
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Facility Contact Information:

Food Facility Name:		
Address:	Phone:	
City:	State:	Zip:
Business E-mail:		

Owner Contact Information:

Name of Owner:		
Address:	Phone:	
City:	State:	Zip:
Owner E-mail:		
Contact for Plans:	Phone:	
Business Name:	Phone:	

Address to Mail Approval Letter:

Address:	Phone:	
City:	State:	Zip:

Type of Establishment:

Check ALL categories that apply below:

- Restaurant or Diner
- Meat/Fish Market
- Convenience Store
- Coffee Shop
- Grocery Store
- New Food Establishment
- Caterer
- Diner/Café
- School
- Bar
- Child Care Facility
- Pizza Shop
- Long-term Care
- Micro Market
- Other (Please specify) _____

Square Feet of Establishment: _____

Water Supply: City Other (Please specify):_____

Sewage Disposal: Sanitary Sewer Semi-public Sewage Treatment System*
*IF Semi-public, is it approved by OEPA?
 Yes No

Please answer all following questions regarding your establishment. When answering, ensure you are including equipment and food processes used. When answering “Yes” please include details. All questions must be answered “Yes,” “No,” or “N/A” (not applicable). ANY changes to processes or procedures within the operation stated on this plan approval, will require authorization from RPH.

Will you be hot-holding foods? If so, describe how you will maintain temperatures of 135°F or above when hot-holding.

- Yes (Explain in detail below.)
- No
- N/A

What will you do with leftover hot foods at the end of the day? Describe the process in detail and where this process will be done.

Will you be reheating foods? If yes, describe how foods will be rapidly reheated to 165°F.

- Yes (Explain in detail below.) No N/A

Describe how frozen foods will be thawed. (for example: refrigeration, microwave, as part of the cooking process, etc.)

Will all produce be washed on-site prior to use? Explain answer if no.

- Yes No (Explain in detail below.) N/A

Are there any menu items served undercooked or raw (i.e. Sunny-side up eggs)? If so, you must post a consumer advisory statement. See section 3717-1-3.5E(1-3) of the Ohio Revised Code for specific language.

- Yes (Explain in detail below.) No N/A

Will you be providing catering services? (Catering: preparing foods, transporting foods and

staying with foods through service, not delivery.) If yes, please describe the process including preparing off-site, washing equipment/utensils and transportation.

- Yes (Explain in detail below.) No N/A

Is there any product you will be removing from temperature control for a certain timeframe?

- Yes (Explain in detail below.) No N/A

Describe the procedure used for minimizing the length of Time/Temperature Control For Safety (TCS) foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

Will you be doing any specialized processes such as:

- | | | |
|---|------------------------------|-----------------------------|
| Reduced oxygen packaging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sous Vide | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sushi (If yes, answer questions below.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sashimi (If yes, answer questions below.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What species of raw fish will be used?

How will parasite destruction be achieved?

Interior Finishes:

Use the following chart to indicate all interior finishes (unless already included in plans).

This information is included in plans submitted.

Location/Room	Floors	Walls	Ceilings	Coving
<i>Example:</i> Dry Storage Room	Sealed Concrete	FRP	Vinyl tile	6" Quarry Tile
Kitchen				
Bar				
Dishwashing Area				
Walk-in Refrigerators And Freezers				
Restrooms				
Mop Service Area				
Service Areas/ Buffets/ Salad Bars				
Other: (Please Specify)				
Other: (Please Specify)				
Other: (Please Specify)				
Other: (Please Specify)				

All surfaces must be smooth and easily cleanable. Contact RPH if you have questions regarding whether specific surfaces are approved for use in a food service operation.

Equipment List:

Provide the following information for all equipment you will be using in your facility. All equipment must be commercial grade and certified by an approved agency. The back side of this form may be used if additional space is required.

This information is included in plans submitted.

Equipment Description	Certification Agency	Manufacturer	Model Number

Plan Review Components

The plans submitted to RPH must be legible, in English and include the following information. Lack of complete information may delay plan approval and/or the opening of your business. All items in bold are required for every new facility. Other items depend on the facility type.

Please indicate that the following are included (X) or indicate if not applicable (N/A).

Plan Review Components	Yes (It Is Included!)	N/A (Not Applicable)
<input type="checkbox"/> Site plan		
Show designated area for garbage, grease dumpsters, exterior storage		
Show the location of the building and surrounding streets		
<input type="checkbox"/> Proposed menu or list of food and beverage items (All facilities must submit!)		
<input type="checkbox"/> Facility floor plan, <i>drawn to scale</i>, to include:		
Location of dry goods, chemical, and personal belongings storage		
Location of entrances and exits		
Location of hand sinks available in food prep areas and restrooms		
Location of 3-compartment dish washing sink		
Location of dish machine (Indicate high or low temperature)		
Location of food preparation/vegetable washing sink (Must have indirect drain)		
Location of utility sink/mop sink		
Location of equipment		
<input type="checkbox"/> Completed Equipment list, include make & model numbers (Commercial equipment only!)		
Include elevations or indicate installation of equipment (Casters, legs, fixed/sealed)		
<input type="checkbox"/> Basic plumbing drawings including the following:		
Show grease trap location		
Show all indirect plumbing connections and floor drains and sinks		
<input type="checkbox"/> Completed Interior finish schedule with materials for floors, walls, ceilings and coving		
<input type="checkbox"/> Lighting plan (Include type of fixtures and location of lights)		
<input type="checkbox"/> Ventilation Hoods (As approved by local building jurisdiction)		

Education Requirement:

As of March 1, 2010 the Ohio Revised Code requires that at least one person in charge (PIC) per shift of a food service operation or retail food establishment must have attended the Level One training or an equivalent approved training prior to the business being licensed. Proof of completion will be required to obtain the proper food license.

Plan Review Submission:

A Plan Review Application must be submitted by the owner/operator to Richland Public Health before plans are reviewed. Upon approval of the Plan Review Application, the plan review fee will be due based on the assigned risk level.

Upon a satisfactory pre-licensing inspection, the appropriate fee will be collected and the proper license will be issued.

To the best of my knowledge, this application is complete and accurate. I understand that and incomplete application and/or plans may delay the plan approval process.

Applicant Signature:	Date:
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Submit Plans To: Richland Public Health
555 Lexington Avenue
Mansfield, OH 44907

(419)774-4520
envhealth@richlandhealth.org

Office Use Only! -----

Date Received:	Received By:
Amount Paid:	State:

AR #:
SR #:
IN #:
PE Code:
Plan Review #:

