

# CONNEAUT CITY HEALTH DEPARTMENT

## FSO/RFE PLAN REVIEW APPLICATION

All new or extensively remodeled food service operations (FSO) and retail food establishments (RFE) are required to submit prepared plans with specifications to the local board of health for approval before license can be issued and food can be prepared and served.

The following application must be filled out in its entirety and the appropriate fee (**\$75.00**) submitted before plans will be accepted for review. When such plans are accepted by the board of health, they shall be acted upon within thirty (30) days of receipt.

**Submittal of Plans** (application should be submitted at least 30 days prior to construction)

- Complete the attached Plan Review Application
- Submit one (1) complete set of drawings and other applicable information for the facility
- Submit menu or complete list of food and beverage items to be sold
- Submit the plan review fee made payable to the Conneaut City Health Department

### **Plan Review Process**

- Written approval, disapproval, or a request for additional information will occur within 30 days of receipt of the application and plan review fee

### **Construction**

- Ensure that all contractors and subcontractors are properly licensed
- Ensure that your contractor obtain all the necessary permits through the County Building Department, Plumbing Department, and Conneaut Housing and Zoning Department
- Contact your local Fire Department for inspection of your facility

### **Inspection**

- Prior to opening your establishment, you must have a pre-licensing inspection by Conneaut City Health Department
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection

### **Content and Format Requirements for Submittal**

The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale.
3. The total square footage to be used by the food service operation or retail food establishment for food preparation and serving.



4. A detailed drawing of the portions of the premises being used including all entrances/ exits, loading/ unloading areas, docks, etc.
5. A site plan of your property that includes the following:
  - a. Drawing showing an arrow indicating north
  - b. Location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters
  - c. Interior and exterior seating areas
6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities.
7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces.
8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and coved wall/ juncture bases. Note: ceiling tiles installed in food preparation areas and ware washing areas must be vinyl-clad or coated.
9. A list of all equipment with the manufacturer name and model numbers listed. Only commercial equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1(kk) of the Ohio Administrative Code.
10. Label and locate all dedicated hand sinks and dump sinks. Where applicable, dump sinks may be required (i.e. behind bars, front portions of convenience stores, etc.) that are separate from designated hand sinks.

## **Education Requirements**

As of March 1, 2010, the Ohio Revised Code requires that all food service operations and retail food establishments opened after this date have at least one person-in-charge per shift that has a minimum of **LEVEL ONE** certification in food protection or an equivalent approved training within 90 days of being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 food service operations and retail food establishment **must have at least one management or supervisory employee with a level two certification in food protection.** This certification is obtained through the Ohio Department of Health after completing an approved course (15 hours of instruction and passing a comprehensive exam). A ServSafe® certificate itself and the level one certificate does not comply with this rule.

If you have any questions throughout this application please call the Conneaut City Health Department at 440-593-3087.

# Conneaut City Health Department: Plan Review Application

## Facility Information:

Name of Facility: \_\_\_\_\_

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

City: Conneaut State: Ohio Zip: 44030

Seating Capacity: \_\_\_\_\_ Total Size of Operation (sq. ft.): \_\_\_\_\_

## Applicant/Operator Information:

Name of Licensee (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address for License Renewal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Plan Review Type:

- New construction or facility has never operated as a food facility
- Remodel or extensive alternation of an existing licensed food facility

**Type of Establishment:**       Food Service Operation (FSO)       Retail Food Establishment (RFE)

**Risk Level:**       Level 1       Level 2       Level 3       Level 4

**Off- Premise Catering** (Food is prepared for serving at a function or event, held at an off-premises site, for a charge determined on a pre-function or pre-event basis)

- Yes       No

**Anticipated Construction Date:** \_\_\_\_\_

**Anticipated Opening Date:** \_\_\_\_\_

## OFFICE USE ONLY:

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_

- Check # \_\_\_\_\_       Cash       M/O
- New       Remodel       Level 1    2    3    4

Received By: \_\_\_\_\_

## Plan Review Checklist

The following information must be included as part of your plan review.

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

Components	(X) or (N/A)	Official Use Only
<b>Plan Review Fee</b> made payable to Conneaut City Health Department		
<b>List of Food Suppliers</b>		
<b>Facility floor plan or layout</b> , drawn reasonably to scale (to include):		
• Total square footage to be used		
• Location of entrances and exits		
• Location of personal belongings storage		
• Location of designated hand sinks		
• Location of mop sink		
• Restroom location		
• Location of three compartment sink		
• Location of dish machine (high or low temp)		
• Location of all equipment		
<b>Site Plan</b> (to include):		
• Interior and exterior seating areas		
• Location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters		
• Drawing showing an arrow indicating north		
<b>Lighting Plan</b>		
<b>Equipment List</b>		
<b>Interior finish</b> (Floors, ceiling, walls, covering (washable))		
<b>Plumbing Plan</b>		
<b>Education:</b> please provide a copy (ServSafe)		

**REMINDER: plans that are missing any of the above information will be considered incomplete and the approval process will be delayed. After 30 days, incomplete plan may not be approve. A new application, fee and re-submittal of plans will then be required.**

## Food Protection

Will there be at least one person-in-charge per shift with minimum of Level One Certification in Food Protection?       Yes       No

Will there be at least one PIC that has management or supervisory responsibilities with a Level Two Certification in Food Protection?       Yes       No

Do you have a written sick policy that ensures your food employees are informed of their responsibilities to report to the PIC information about their health as it related to diseases that are transmissible through food?       Yes       No

Do you have a written procedure for employees to follow when responding to vomiting or diarrheal events that address how to minimize the spread of contamination and the exposure to employees, consumers, and surfaces?       Yes       No

Will each refrigerator, freezer, or warmer have a temperature measuring device?  
 Yes       No       N/A

Will you be processing produce for ready to eat sale (i.e. wash and cut fruits and vegetables)  
 Yes       No

Will you be cooking or reheating potentially hazardous foods that are immediately served, held hot or cold, or cooled (i.e. bulk reheating of soups, chili, etc.)       Yes       No

Will sneeze guards be used to protect foods on display?       Yes       No

**I am submitting a complete plan review packet, all required information and the appropriate fee as determined above is included. I understand that incomplete plans may delay the opening of my facility.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit plan with this application and appropriate fee to:**

Conneaut City Health Department  
327 Mill Street  
Conneaut, Ohio 44030



## NEW FOOD SERVICE OPERATION APPROVAL CONNEAUT CITY HEALTH DEPARTMENT

It is the responsibility of the food service operation/retail food establishment/ owner to have the various departments inspect and grant approval of plans and work prior to final approval by the Conneaut City Health Department for a food services operation/ retail food establishment license.

**This form must be completed and returned to the:**

Conneaut City Health Department  
327 Mill Street  
Conneaut, Ohio 44030

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Name of Facility: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Approval of plans/construction granted by:

Date:

Building \_\_\_\_\_

\_\_\_\_\_

Plumbing \_\_\_\_\_

\_\_\_\_\_

Zoning \_\_\_\_\_

\_\_\_\_\_

Fire \_\_\_\_\_

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Comments:

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