

II. Plan Contents Checklist

The plans and specifications submitted for approval to the Board of Health shall be legible, drawn reasonably to scale and shall include the information below. Please indicate with a checkmark that ALL of the following are included in your plan packet, or indicate if not applicable (n/a). **IN PLACE OF PAPER COPIES, PLANS MAY BE SUBMITTED ELECTRONICALLY ON TWO (2) DISCS AND IN PDF FORMAT ONLY**

- Menu or food list (Required)
- Total area to be used for food service
- Floor plan of equipment, fixtures, and general layout of all areas used for food prep (with scale)
- Entrances and exits
- Type of seating and seating capacity
- List of all equipment including manufacturers and model numbers
 - Commercial equipment only (no homestyle equipment is permitted)
- Location, number and types of plumbing fixtures, including all water supply facilities
 - Direct/indirect plumbing (i.e. air gaps) designation for all plumbing fixtures and equipment drains (e.g. sinks, drains, ice bins, dipper wells)
 - Dish machine (high or low temp) or 3 compartment sink available
 - Adequate number of handsinks in food prep areas and throughout facility
 - Food preparation/vegetable washing sink
 - Mop/utility sink
 - Handsinks in all restrooms
 - Grease interceptor, capacity, location
 - Backflow prevention devices
- Plan of natural and artificial lighting (must be >50 foot candles in food prep areas)
- Building materials and surface finishes to be used, include trade names and manufacturer
 - Floors
 - Walls
 - Ceilings (washable, i.e. vinyl coated tiles)
- Ventilation/HVAC specifications
 - Hood at grill line (ANSI approved suppression system)
 - Hood at high temperature dish machines
- Adequate and separate storage space/ shelving for food products, chemicals, etc
- Designated location for garbage dumpster
- Two sets of identical plans with all of the above information submitted

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 plans may be disapproved. A new application, fee and resubmittal of plans will then be required.

III. Determining Plan Review Fee for Operation

Will your facility perform any of the following activities?

- Y N Process produce for ready to eat sale (i.e. wash and cut fruits and vegetables)
- Y N Handle or cut or grind raw meat products
- Y N Cut or slice ready to eat meats or cheeses
- Y N Heat product from an intact sealed package and hold hot
- Y N Assemble potentially hazardous foods that are immediately served, held hot or cold, or cooled for later service
- Y N Cook or reheat potentially hazardous foods that are immediately served, held hot or cold, or cooled (i.e. bulk reheating of soups, sauces, chili, etc)

If you answered YES (Y) to ANY of the above questions, your facility is a Class 3 or 4, and the plan fee is \$185.00.

If you answered NO (N) to ALL of the above questions, your facility is a Class 1 or 2, and the plan fee is \$150.00.

PLAN REVIEW FEE \$_____

IV. Food Safety Education

As of March 1, 2010 Ohio Uniform Food Safety Code requires all new food service operations and retail food establishments to have at least one person in charge per shift certified in food protection training. New owners of existing FSO and RFE will also be required to have food protection training. Facilities will be given a maximum of ninety (90) days from date of opening to have employees certified in food protection training. It is recommended that employees are trained in food protection prior to the facility opening. Food safety education courses are offered by many private and public entities including CCBH. Visit ccbh.net or call (216) 201-2000 for a schedule of courses at CCBH.

If employees are already certified in Level 1 or Level 2 food protection training, please list names, course name, certification number and date course was taken on the lines below:

I am submitting a completed plan review packet, including two sets of plans, all required information, and the appropriate fee as determined above. I understand that incomplete plans may delay the opening of my facility.

Applicant _____ Date _____

Submit 2 sets of plans with this application and appropriate fee to:

**Cuyahoga County Board of Health
5550 Venture Drive
Parma OH 44130**