

The  
**City of Springdale Health Department**

11700 Springfield Pike  
 Springdale, Ohio 45246

Phone: (513) 346-5725 Fax: (513) 346-5747

E-mail: [ejergens@springdale.org](mailto:ejergens@springdale.org)

**Food Service Operation (FSO)/Retail Food Establishment (RFE)  
 Plan Review Application**

Establishment Name: \_\_\_\_\_

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

Establishment Phone: \_\_\_\_\_

Prior Establishment Name \_\_\_\_\_

<p><b>Owner</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State _____</p> <p>Zip _____ Phone _____</p> <p>Fax _____ E-Mail _____</p>	<p><b>Food Service Equipment Supply Co.</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State _____</p> <p>Zip _____ Phone _____</p> <p>Fax _____ E-Mail _____</p>
<p><b>Architect</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State _____</p> <p>Zip _____ Phone _____</p> <p>Fax _____ E-Mail _____</p>	<p><b>General Contractor</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State _____</p> <p>Zip _____ Phone _____</p> <p>Fax _____ E-Mail _____</p>

Which of the above will serve as the primary contact? \_\_\_\_\_

To which of the above should all correspondence be mailed? \_\_\_\_\_

Proposed construction start date \_\_\_\_\_ Proposed Opening Date \_\_\_\_\_

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

_____ Springdale Health Department	_____ Hamilton County Plumbing Department
_____ Springdale Building/Zoning Department	_____ IBI (Inspection Bureau Inc.) – electric
_____ Springdale Fire Department	_____ Other _____

For reviewing agency use only:

Fee \$: \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

Copy of food code on the internet at [www.odh.ohio.gov/rules/final/f3717-1.aspx](http://www.odh.ohio.gov/rules/final/f3717-1.aspx)



**CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS (AS MANDATED BY THE STATE OF OHIO)**

1. Provide plans drawn to a minimum scale of ¼ inch = 1 foot that includes the layout of the floor plan.

Floor Plan – Facility layout drawn reasonably to scale to include:

- Total area to be used for the FSO/RFE including square footage.
  - All portions of premises in which FSO/RFE are to be conducted.
  - Location of entrances and exits.
  - Location, number and types of plumbing fixtures/supply facilities.
  - Lighting plan with foot candles indicated for critical surfaces; 10 fc walk-ins/dry storage, 20 fc buffets/salad bars, 50 fc food contact surfaces. Lighting must be shielded or shatterproof.
  - Show general layout of fixtures and equipment.
2. Equipment List – Provide a list of all equipment complete with manufacturers' make and model numbers. (May include manufacturers' specification sheets/cut sheets.) Please note: all equipment must be commercial grade.
  3. Menu - Include proposed menu, seating capacity, and projected daily meal volume for food service operations.
  4. Surface/Materials Finish Schedule – List building materials/surface finish to be used on floors, walls, cove basing, and ceilings of the FSO/RFE premises.

**ALL THE ABOVE ITEMS ARE MANDATED BY THE STATE OF OHIO.**

## Food Manager Knowledge

**Under the Ohio Food Code of Law March 2005, Food Service Operations (FSO) and Retail Food Establishments (RFE) are required to have a person in charge (PIC) during all hours of operation.**

CHECK ALL THAT APPLY

- A designated person in charge that can demonstrate knowledge of foodborne disease prevention, application of food safety (HACCP) principles, and the requirements of the Food Code, will be available during all hours of operation. (REQUIRED)
- A ServSafe certified food manager will be provided during hours of operation.
- I understand that standard operating procedures (SOPs) be established prior to opening or menu changes.
- There is a written policy that excludes or restricts food workers who are ill or have infected cuts or lesions. (OPTIONAL)
- A written food safety (HACCP) plan will be provided. (Only required under certain food processing techniques, i.e., vacuum packaging/meat/fish drying).
- Formal training program for new or existing staff will be provided. (OPTIONAL)
- Animal based foods, such as meat, poultry, fish, shellfish or eggs served raw, or undercooked or not otherwise processed to eliminate pathogens.\*\*

\*\*If you checked this item, then the customer must be informed by means of a written disclosure, at the point of ordering, that a particular menu item contains raw or undercooked foods of animal origin and a reminder that identifies the increased risk of Foodborne illness when consuming these foods. The disclosure and reminder must be made whether the food is normally prepared undercooked or is prepared undercooked only at the customer's order. Submit a copy of the disclosure and the reminder and state how it will be conveyed to the consumer. For further clarification please contact the City of Springdale Health Department.

## Food Preparation Review

1. How Will Potentially Hazardous Food Be Thawed? (Check all that apply)

Thawing Method	Foods less than 1" thick	Foods more than 1" thick
Refrigeration		
Running water (less than 70°F)		
Microwave as part of cooking process		
Cook from frozen		
Other		



6. Cooling Potentially Hazardous Food: List foods that will be cooled using each of the following methods. Foods must be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). More than one method may be used.

- A. Shallow pans in refrigerator: \_\_\_\_\_
- B. Ice baths: \_\_\_\_\_
- C. Volume reduction (i.e. quartering a large roast): \_\_\_\_\_
- D. Rapid chill devices (i.e. blast freezers): \_\_\_\_\_
- E. Ice paddles: \_\_\_\_\_
- F. Other: \_\_\_\_\_

7. Food Preparation

- A. List foods that will be prepared a day or more in advance of service or sale.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. How will employees avoid bare-hand contact with ready-to-eat foods? (Check all that apply).  
 Disposable gloves                       Suitable utensils  
 Deli tissue                                       Other: \_\_\_\_\_
- C. Will produce be cleaned on-site?               Yes               No
- D. If C is yes, describe which sink(s) will be used for food preparation:  
\_\_\_\_\_  
\_\_\_\_\_

**Date Marking: When potentially hazardous food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a last date of use must be placed on the item.**

- E. Will the establishment have food items that must be date marked?     Yes     No  
If yes, describe the date marking system that will be used or provide written standard operating procedures.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Catering/Off-Site/Satellite: Complete if establishment will cater foods to another location.

- A. List menu items to be catered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. Are there drain boards on **both** ends of the pot sink?  Yes  No
8. What type of sanitizer is used?
  - Chlorine  ( )
  - Quaternary ammonium  ( )
  - Other (list) \_\_\_\_\_

**Handwashing/Toilet Facilities/Dressing Rooms**

1. Is there a handwashing sink in each food preparation and warewashing area?  
 Yes  No
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet to provide no more than 110°F water  Yes  No
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet?  Yes  No
4. Is hand cleanser available at all handwashing sinks?  Yes  No
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?  Yes  No
6. Are covered waste receptacles available in each restroom?  Yes  No
7. Is hot and cold running water under pressure available at each handwashing sink?  
 Yes  No
8. Are all toilet room doors self-closing?  Yes  No
9. Are all toilet rooms equipped with adequate ventilation?  Yes  No
10. Is a handwashing sign posted at each handsink?  
 Yes  No
11. Are dressing rooms provided?  
 Yes  No
12. Describe storage facilities for employees' personal belongings (purse, coat, boots, umbrellas, etc.)

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## Room Finish Schedules

Fill in materials to be used

Area	Floor	Coving*	Wall	Ceiling
Preparation				
Cooking				
Dishwashing				
Food Storage				
Bar				
Dining				
Employee Restrooms				
Dressing Room				
Walk-in Refrigerator				
Walk-in Freezer				
Garbage Room				
Janitor Closet				

\*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Note: please explain abbreviations.

### Insect and Rodent Control

1. Will outside doors be self-closing? \_\_\_ Yes \_\_\_ No
2. Will the facility have a drive-thru or walk-up window? \_\_\_ Yes \_\_\_ No
3. If 2 is yes, describe how insects will be kept out (i.e. self-closer, air curtains, etc.)  
\_\_\_\_\_
4. Are other openable windows screened? \_\_\_ NA \_\_\_ Yes \_\_\_ No
5. Will openings around pipes, electrical conduits, chases and other wall perforations be sealed? \_\_\_ Yes \_\_\_ No
6. Will garage-style or loading bay doors be present? \_\_\_ Yes \_\_\_ No
7. If 6 is yes, how will the loading doors be protected against vermin entry?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Solid Waste Storage

### Outside Storage

1. What type of storage will be used? \_\_\_ Compactor\* \_\_\_ Dumpster\* \_\_\_ Cans
2. What type of surface will be under the container? \_\_\_\_\_
3. What is the minimum pick-up frequency? \_\_\_\_\_

\* Remember to show details on site plan, including unit location and slope of surface under the unit.

### Inside Storage

1. Please **SHOW** locations of trash containers on floor plans and describe how garbage, boxes, etc. will be stored inside: \_\_\_\_\_  
\_\_\_\_\_
2. Describe any inside garbage can storage or cleaning area:  
\_\_\_\_\_  
\_\_\_\_\_
3. Will any compactors or dumpsters be located inside? (If yes, show on plans  
\_\_\_ Yes \_\_\_ No
4. Describe any area where damaged merchandise returned for credit to vendor will be stored: \_\_\_\_\_  
\_\_\_\_\_
5. Describe how waste grease will be handled and stored: \_\_\_\_\_  
\_\_\_\_\_
6. Describe location, capacity and cleaning schedule of grease trap/interceptor: \_\_\_\_\_  
\_\_\_\_\_

## Plumbing Cross-Connection

The following technical information is needed on the proposed plumbing. This section is best completed by a qualified plumber, architect or engineer. Be sure to include all devices, equipment and fixtures that have cross-connection protection. Remember to complete both the water supply and waste side (i.e. dishwasher may have an AVB\* on the water supply and an air-gapped drain).

Fixture	Sewage Disposal			Water Supply					
	Air Gap	Air Break	Direct Connect	AVB*	PVB*	RPZ*	VDC*	HB*	Air Gap
Dishwasher									
Glasswasher									
Garbage grinder									
Ice machines									
Ice storage bin									
Mop sink									
3 compartment sink									
2 compartment sink									
1 compartment sink									
Steam tables									
Dipper wells									
Hose connections									
Refrigeration condensate drain lines									
Beverage dispenser with carbonator									
Water softener									
Potato peeler									
Walk-in floor drain									
Chinese range									
Detergent feeder on faucet									
Outside sprinkler or irrigation system									
Power washer									
Retractable hose reel									
Toilet									
Urinal									
Boiler									
Bain-marie									
Espresso machine									
Combi-style oven									
Kettle									
Rethermalizer									
Steamer									
Overhead spray rinse									
Hot water dispenser									
*AVB = atmospheric vacuum breaker				*HB = hose bib vacuum breaker					
*PVB = pressure vacuum breaker				*VDC = vented double check valve					
*RPZ = reduced pressure principle backflow preventer									

## Formula Information

Several calculations are required to determine if there will be adequate hot water, ventilation, dry storage space and refrigerated storage space. The information requested on the following two pages provides the necessary data for performing calculations. See the plan review manual for formulas and directions.

### Hot Water

List each type of plumbing fixture that uses hot water	# fixtures
Handsinks	
Bathroom sinks	
1 compartment sink	
2 compartment sink	
3 compartment sink	
Vegetable sink	
Overhead spray rinse	
Bar sink _____ 3 compartment _____ 4 compartment	
Cook sink	
Hot water filling faucet	
Bain-marie	
Coffee urn	
Kettle stand	
Garbage can washer	
9 & 12 lb. clothes washer	
Employee shower	
Mop sink	
Dishmachine _____ hot water _____ chemical	
Dishmachine make & model: _____	
Other:	
Other:	

### Water Heater #1

Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Hot water heater proposed size: Electric \_\_\_\_\_ KW  
 Gas \_\_\_\_\_ BTUs Thermal Efficiency: \_\_\_\_\_%  
 Hot water heater storage capacity: \_\_\_\_\_ gallons  
 Hot water heater recovery rate: \_\_\_\_\_ gallons per hour (@ 100<sup>o</sup> rise)

**Attach information for any additional water heaters. Specify what area each water heater services and whether or not units will be installed in parallel.**

Do hot water heater(s) serve any non-food equipment areas? If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**Dishmachine Booster Heater** \_\_\_\_\_ KW \_\_\_\_\_ BTU Make \_\_\_\_\_ Model # \_\_\_\_\_

### Refrigerated and Dry Food Storage

It is **essential** that a reliable estimate be made of the number of customers that are served or buy food between deliveries, in order to calculate dry and refrigerated storage capacities.

- A. Number of meals or people served per day = \_\_\_\_\_
- B. Number of days between deliveries = \_\_\_\_\_ Dry Food \_\_\_\_\_ Refrigerated Items
- C. Number of meals between deliveries \_\_\_\_\_ Dry Food \_\_\_\_\_ Refrigerated Items

Please describe any assumptions made in determining the meal quantity estimate:

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**Refrigerated Storage**

Walk-in Item	**Interior Usable Height (ft)	Interior Length (ft)	Interior Width (ft)

*Upright item #	Interior Depth (in)	Interior Width (in)	Interior Height (in)

\* Working, preparation and line refrigerators should not be included. Only storage units.

**Dry Storage**

**Usable room height (ft)	Interior Length (ft)	Interior Width (ft)

\*Please note the location of any auxiliary storage (i.e. outside storage).

\*\* To determine usable height, determine height from floor to ceiling, then subtract height of food off floor (usually 6”) and height of food from ceiling (usually 12-18”)

**Or if there is no dry storage room proposed**

For full height shelves

Total Shelving Length (ft)	Shelving Width (ft)

**Ventilation Air Balance Schedule**

Make-up air unit #	CFM*	Ventilation exhaust hood # or name	CFM*
		Toilet exhaust	
		Other exhaust	
Total Make-up Air		Total Exhaust	

\*CFM = cubic feet per minute