

**Mercer County Health Department  
New Food Service/Food Establishment Planning Checklist  
and Application for Plan Review**

Type of project:        \_\_\_ New            \_\_\_ Remodel            \_\_\_ Conversion

Name of establishment:

\_\_\_\_\_

Category:    Restaurant \_\_\_    Institution \_\_\_    Daycare \_\_\_    Retail Market \_\_\_  
                  Other \_\_\_\_\_.

Address:

\_\_\_\_\_

Phone number(s):

\_\_\_\_\_

Name of  
owner:

\_\_\_\_\_

Mailing  
address:

\_\_\_\_\_

Home phone number/cell phone number:

\_\_\_\_\_

Applicant's name:

\_\_\_\_\_

Title (owner, manager, architect,  
etc.):

\_\_\_\_\_

Mailing  
address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Plans/Applications have been submitted to the following authorities on the following dates:

\_\_\_\_\_ Zoning \_\_\_\_\_ Structural & Electrical \_\_\_\_\_ Fire  
(Local) (Miami County Building Inspection) (Local)  
937-440-8066

\_\_\_\_\_ Plumbing (Miami County Plumbing Inspection)  
937-573-3534 ; 937-573-3546 or 937-573-3535

\_\_\_\_\_ Ohio EPA – Northwest District  
(water, sewer – if in unincorporated area)  
1-800-686-6930

Hours of operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of seats: \_\_\_\_\_ Number of staff (maximum per shift): \_\_\_\_\_

Total square feet of facility: \_\_\_\_\_

Approximate idea of number of meals to be served: breakfast \_\_\_\_\_  
lunch \_\_\_\_\_  
dinner \_\_\_\_\_

Projected date for start of project: \_\_\_\_\_

Projected date for completion of project: \_\_\_\_\_

Type of service (check all that apply) \_\_\_\_\_ Sit down meals \_\_\_\_\_ Take Out  
\_\_\_\_\_ Caterer \_\_\_\_\_ Mobile Vendor \_\_\_\_\_ Other \_\_\_\_\_

**Please enclose the following documents:**

\_\_\_\_\_ Proposed Menu (including seasonal, off-site and banquet menus)

\_\_\_\_\_ Manufacturer Specification sheets for each piece of equipment shown on the plan

\_\_\_\_\_ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)

\_\_\_\_\_ Equipment schedule

Contents and Format of Plans and Specifications

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

9. Include and provide specifications for:
- a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish schedules for each room including floors, walls, ceilings covered juncture bases;
  - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
  - d. Lighting schedule with protectors;
    - 1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
    - 2) At least 220 lux (20 foot candles)
      - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
      - (b) Inside equipment such as reach-in and under-counter refrigerators;
      - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
    - 3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws .
  - e. Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an accredited certification program (when applicable).
  - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
  - g. A color coded flow chart demonstrating flow patterns for:
    - food (receiving, storage, preparation, service);
    - food and dishes (portioning, transport, service);
    - dishes (clean, soiled, cleaning, storage);
    - utensil (storage, use, cleaning);
    - trash and garbage (service area, holding, storage);
  - h. Ventilation schedule for each room;
  - i. A mop sink or curbed cleaning facility with places for hanging wet mops;
  - j. A three compartment sink or automatic dishwashing machine for washing/sanitizing food contact equipment;
  - k. A minimum of one handwashing sink in the food preparation area.

## Food Preparation Review

Check categories of potentially hazardous foods (phf's) to be handled, prepared and served.

<u>Category</u>	<u>Yes</u>	<u>No</u>
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	(   )	(   )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens hams)	(   )	(   )
3. Cold processed foods (salads, sandwiches, vegetables)	(   )	(   )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	(   )	(   )
5. Bakery goods (pies, custards, cream fillings and toppings)	(   )	(   )
6. Other _____		

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### Please Circle / Answer the Following Questions

#### Food Supplies:

1. Are all food supplies from inspected and approved sources (commercially produced)?  
Yes / No
2. What are the projected frequencies of deliveries for frozen foods \_\_\_\_\_,  
refrigerated foods \_\_\_\_\_, and dry goods \_\_\_\_\_.
3. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_  
Refrigerated storage \_\_\_\_\_  
Frozen storage \_\_\_\_\_.
4. How will dry goods be stored off the floor?

#### Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41 °F or below? Yes / No
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked or ready to eat foods? Yes / No

If yes, how will cross-contamination be prevented?

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3. Does each refrigerator have a thermometer? Yes / No

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

4. Is there a bulk ice machine available? Yes / No

Thawing Frozen Potentially Hazardous Food:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Running water less than 70° F		
Microwave (as part of the cooking process)		
Cooked from frozen state		
Other (describe)		

\* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

Cooking:

1. Will food product thermometers be used to measure final cooking / reheating temperatures of potentially hazardous foods? Yes / No

What type of measuring device?

Cooking time / temperature requirements:

beef roasts 130°F for at least 121 minutes

solid seafood pieces 145°F for at least 15 seconds

other potentially haz. foods 145°F for at least 15 seconds

eggs:

immediate service 145°F for at least 15 seconds

pooled\* 155°F for at least 15 seconds

\*pasteurized eggs must be served to a highly susceptible population (i.e. elderly, immunocompromized)

pork 145°F for at least 15 seconds

ground meats/fish 155°F for at least 15 seconds

poultry 165°F for at least 15 seconds

reheated potentially haz.  
foods

165°F for at least 15 seconds

Hot / Cold Holding:

1. How will hot potentially hazardous foods be maintained at 135°F or above during holding for service?

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2. How will cold potentially hazardous foods be maintained at 41°F or below during holding for service?

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Cooling:

Please indicate by checking the appropriate boxes how potentially hazardous foods will 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). Also, indicate where the cooling will take place.

<b>Cooling Method</b>	<b>Thick Meats</b>	<b>Thin Meats</b>	<b>Thin Soups/Gravy</b>	<b>Thick Soups/Gravy</b>	<b>Rice/Noodles</b>
Shallow pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

Reheating:

1. How will potentially hazardous foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds? \_\_\_\_\_

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2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

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Preparation:

1. Please list categories of foods prepared more than 12 hours in advance of service:

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2. Will food employees be trained in good food sanitation practices?

Yes / No

Method of training:

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3. Will disposable gloves, utensils, and/or food grade paper be used to prevent handling of ready to eat foods? Yes / No

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes / No

Describe:

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5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical type: \_\_\_\_\_

6. Will ingredients for cold ready to eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?

Yes / No

If not, how will ready to eat foods be cooled to 41 °F? \_\_\_\_\_

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7. Will all produce be washed on site prior to use? Yes / No

Is there a planned location for washing produce? Yes / No

Describe

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8. Describe the procedure used for minimizing the length of time potentially hazardous foods will be kept in the temperature danger zone (41 °F - 135 °F) during preparation.

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9. Will the facility be serving food to a highly susceptible population? Yes / No

A. Finish Schedule

Applicant must indicate which materials (quarry tile, stainless steel, 4” plastic covered molding, etc....) will be used in the following areas:

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Warewashing area				
Walk-in Refrigerators & Freezers				
Mop Service Basin Area				

B. Insect and Rodent Control

Please circle Yes or No.

1. Will all outside doors be self-closing and rodent proof? Yes / No
2. Are screen doors provided on all entrances left open to the outside? Yes / No
3. Do all openable windows have a minimum #16 mesh screening? Yes / No

4. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes / No

5. Is area around building clear of unnecessary brush, litter, boxes and other harborage? Yes / No

C. Garbage and Refuse

(Inside building)

1. Do all containers have lids? Yes / No

2. Will refuse be stored inside? Yes / No  
If yes, where?

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3. Is there an area designated for garbage can or floor mat cleaning? Yes / No

(Outside building)

4. Will a dumpster be used? Yes / No  
If yes, how many \_\_\_\_\_; what size \_\_\_\_\_; frequency of pick up \_\_\_\_\_; contractor \_\_\_\_\_.

5. Will garbage cans be stored outside? Yes / No

6. Describe the surface and location where dumpster / compactor/ garbage cans are to be stored:

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7. Describe the location of grease storage receptacle: \_\_\_\_\_

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8. Explain plan for frequency of grease receptacle cleaning: \_\_\_\_\_

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D. Water Supply

1. Is the water supply ( ) Public , or ( ) Private?
2. If private, has the source been approved by the Ohio EPA?  
Yes / No / Pending
3. Is ice made on the premises ( ) or purchased commercially ( )?  
If made on premise, are specifications for the ice machine provided?  
Yes / No  
Describe provision for ice scoop storage: \_\_\_\_\_

E. Sewage Disposal

1. Is the building connected to a municipal sewer? Yes / No
2. If no, is the sewage system approved by the Ohio EPA?  
Yes / No / Pending

F. Ventilation

Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

How is each listed ventilation hood system cleaned?

\_\_\_\_\_

\_\_\_\_\_

G. Sinks

1. Is a mop sink present? Yes / No  
If no, please describe facility for cleaning mops and other equipment:  
\_\_\_\_\_

2. If the menu dictates, is a food preparation sink present?  
  
Yes / No



3. Are covered waste receptacles available in each restroom?  
Yes / No
4. Are all toilet room doors self-closing?  
Yes / No
5. Are all toilet rooms equipped with adequate ventilation?  
Yes / No
6. Is a handwashing reminder sign posted in each employee restroom?  
Yes / No

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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Mercer County Health Department may nullify final approval.

Signature(s)

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owner(s) or responsible representative(s)

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

**Plan review application fee is required.** The fee is 30% of the license category that the facility will be licensed within. Please call the Health Department, food safety specialist to determine the appropriate level. 419-586-3251, extension 1274.

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Approval of these plans and specifications by the Mercer County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with the local and state laws governing food service operations / retail food establishments.