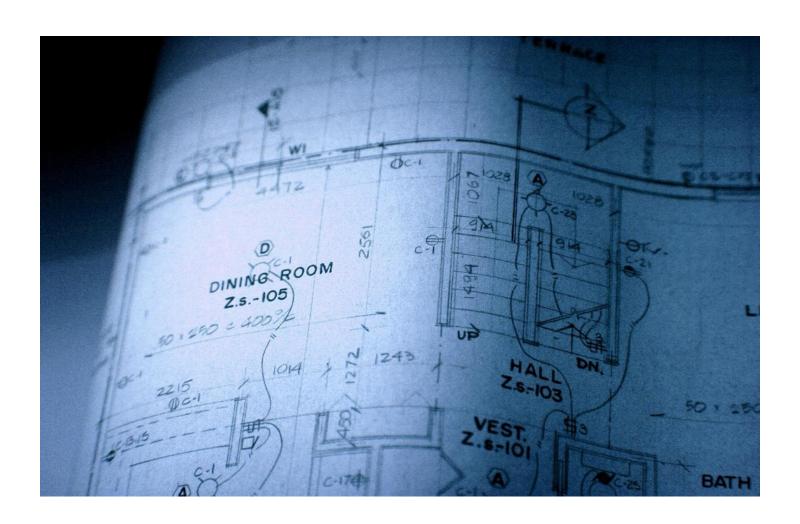
Facility Layout and Equipment Specifications





Trumbull County Combined Health District

Licensing

All food businesses in Trumbull County are required by Ohio law to have a food service operation or retail food establishment license issued by Trumbull County Combined Health District (TCCHD). All new food service operations/retail food establishments and those performing extensive alterations or remodeling must complete the plan review process.

If you have any questions regarding plan approval or licensing, please contact the Environmental Health Division at (330) 675-2489.

Getting Started

Step 1: 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 electronically.
- Submit menu or complete list of food and beverage items to be sold.

Step 2: 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.

Step 3: Construction

- Ensure that all contractors and subcontractors are properly licensed.
- Ensure that your contractors obtain all of the necessary permits through our Plumbing Inspector and the Building Department in your jurisdiction.
- Contact your local Fire Department for inspection of your facility.

Step 4: Inspection

- Prior to opening your establishment, you must have a pre-licensing inspection by TCCHD.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection.
- All building, plumbing, and/or fire inspections must be completed and passed before a license will be issued.
- The application for the license will be made available at the pre-licensing inspection if the inspection is successfully passed.

Note: TCCHD personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for re-inspections, if necessary.

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; location of the business in a building such as a shopping mall or stadium;
 - b. Location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems;
 - 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. Provide cut sheets for all equipment. If you are unsure of the equipment you are purchasing, please contact the health department. Examples of recognized testing agencies include:









^{*}These symbols do not guarantee commercial equipment status. Verify before purchasing.

Note: All materials submitted for review become property of Trumbull County Combined Health District and are subject to record retention laws. You are responsible for making your own copies of the materials submitted.

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 Person In Charge 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 operation and retail food establishment must have at least one management or supervisory employee with a Certified Manager certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course and passing a comprehensive exam.

PLEASE KEEP PAGES 1-4 FOR YOUR REFERENCE

Trumbull County Combined Health District Food Safety Program Plan Review Application

Facility Information:				
Name of Facility:				
Address:				
City:		State:	Zip:	
Non-Commercial: ☐ Yes □	☐ No (if yes, a co	opy of your 501(c) (3)	must be provided)	
Applicant/Operator Infor	mation:			
Name of Licensee (Owner):			Phone:	
Mailing Address for License R	enewal:			
City:		State:	Zip:	
Contact Person (For Plan R	eview Response):			
Title (Owner, Manager, Archit	ect, etc.):		Phone:	
Address:				
City:		State:	Zip:	
Email:				
Seating Capacity: Indoor:	Outdoor:	Total Size	of Operation (sq. ft.):	
Plan Review Type:				
□ New constructio	n or facility has n	ever operated as a f	ood facility	
□ Remodel or exte	nsive alteration of	f an existing license	d food facility	
Type of Establishment:	□ Food Servi	ce Operation (FSO)	□ Retail Food Establi	shment (RFE)
Risk Level:	□ Level 1	□ Level 2	Level 3 🗆 Level 4	
Off-Premise Catering (Food determined on a per-function		ving at a function or ☐ Yes ☐ No	*	site, for a charge
Anticipated Construction D	ate:	Anti	cipated Opening Date:	

Plan Review Checklist

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

Please indicate that the following components are included ($\sqrt{}$) or not applicable (N/A)

Components	() or (N/A)	REHS Use Only	Supervisor Use Only
Proposed Menu (complete list of food items to be prepared, served, or sold)-Provide Consumer Advisory Statement on menu, if required			
Facility floor plan or layout, drawn reasonably to scale (to include):			
total square footage to be used			
restroom location(s)			
location of entrances and exits			
 location of dry goods and chemical storage areas 			
location of personal belongings storage			
 location of designated hand sinks and dump sinks 			
location of the three compartment sink			
 location of food preparation sink (must have indirect waste line) 			
location of mop sink			
 location of dish machine- indicate □ Low or □ High temperature 			
location of all equipment			
Site Plan (to include):			
drawing showing an arrow indicating north			
 location of the business in a building such as a shopping mall or stadium 			
 location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters 			
potable water source, sewage treatment system			
interior and exterior seating areas			
Lighting Plan			
Interior finish schedule (materials for floors, walls, ceilings, and coving)			
Equipment list, include make and model numbers (commercial equipment only, NSF or equivalent)- Provide cut sheets for review			
Plumbing Plan (location, type, and number of all plumbing fixtures)			

Failure to provide all information may result in a delay or disapproval of your submittal.

Food Safety and Storage

Will there be adequate cold holding equipment?	□ YES	□NO	
Will each refrigerator, freezer, or warmer have a temperature measuring device?	□ YES	□NO	\square N/A
Will sneeze guards be used to protect foods on display?	□ YES	□NO	
Will temperature measuring devices be provided, readily accessible, and properly temperature of the food product is being accurately measured?			that the
Will there be adequate hot holding equipment?	\square YES	□ NO	
If food will be reheated, will there be proper reheating equipment?	\square YES	□NO	
Will an adequate amount of shelving space be available for dry goods storage?	\square YES	□NO	
Will food be stored at least 6 inches above the floor?	□ YES	□ NO	
Equipment/Utensils			
If utensils used with moist foods such as ice cream, or mashed potatoes are not st required dipper well be provided?		-	et, will the
Are all containers used to store bulk food products constructed of safe materials with food?	_		irect contac
To provide for easy cleaning will equipment be installed with: □ casters □ ga □ a seal at the wall and floor □ sufficient open space	s disconr	nects	
Warewashing			
What method of warewashing will be used: ☐ Manual ☐ Mechanical ☐ Bo	oth		
The specifications for the primary hot water generator are: Gallons gallons per minute for tank-less water heaters @ 90° Fahrenheit ri		ery Rate	of
Manual Warewashing			
Will the dimensions of the three-compartment sink be large enough to accommod surface completely submerged (including large pots and pans)?	date the la	_	d contact
Dimensions of each compartment of the three compartment sink are inches wide inches deep.	_ inches l	long	
Will drain-boards be provided on both ends of the three-compartment sink?	□ YES	□ NO	
What type of sanitizer will be used? □ Chlorine □ Quaternary Ammonia □	Other:		
Will test strips be available to verify the concentration of sanitizer being used?	\square YES	⊓NO	

Mechanical Warewashing

Type of sanitization to be used: ☐ High Temperature (180° F)	□ Chemical		
Capacity: racks per hour. Final Rinse Water U	Jsage:	gallon	s per hour.
Will the required drain boards be provided on both sides of the mach	ine?	□ YES □ I	NO
Does the dish machine have visual and/or audible notifications to verdelivered during the respective washing and sanitizing cycles?	, .	ents and san	
If a high temperature dish machine is used, will an irreversible registe maximum registering thermometer or thermolabels) be provided?	0 1		(such as a NO □ N/A
Plumbing and Fixtures Will all plumbing work be completed under permit from the plumbin			
Will a grease interceptor be installed, if applicable?			NO DN/A
Will the potable water supply be protected from cross- contamination? Indicate where applicable:	ASSE Backflow Prevention Device	Air-Gap	N/A
Ware Washing Hoses			
Kettle Filler			
Steam Table			
Cleaning Hoses/Mop sink/Chemical dispensers			
Dipper Well			
Table top food equipment with water connection (ie. coffee)			
Will the drains of the following equipment be provided with at least a two-inch air gap?	YES	NO	N/A
Ice Machine/Ice Storage Bins			
Pop Gun Holster			
Food Processing Sinks			
Steam Tables			
Dipper Wells			
Steam Kettles and Ovens			

Examples of air gaps: Diameter 'D' '2D' AIR GAP

Plumbing and Fixtures continued

Will the required mop sink be provided on each floor?	□ YES □ NO
Will the required mop hanger be provided at the mop sink?	\square YES \square NO
If the mop sink is located in the food prep or ware washing areas, will there equipment from splash?	be a partition to protect food and ☐ YES ☐ NO ☐ N/A
Will the bar or server area have a dedicated dump sink available?	\square YES \square NO \square N/A
If produce is washed or frozen foods are thawed in a sink, will the required of indirect (air gapped) drain be provided?	dedicated food prep sink with an □ YES □ NO □ N/A
Water Supply and Sewage Disposal	
Water Supply: □ Municipal/ Public Authority □ Well*	
*Attach the Ohio EPA/TCCHD approval documentation and provide PWS	6#
Sewage Disposal: ☐ Municipal/Sanitary Sewer ☐ Semi-Public*	
*Attach the Ohio EPA/TCCHD Small Flow Onsite Waste Water Treatmen	t approval documentation.
Handwashing Facilities	
Will there be a dedicated hand sink available near all food handling or ware va doorway?	vashing areas without going through ☐ YES ☐ NO
Will all hand sinks be installed in a manner that prevents splash contamination surfaces?	on to food and food contact □ YES □ NO
Will soap, paper towels/ hand drying facilities, trash receptacles, and signage provided at all hand sinks?	promoting hand washing be □ YES □ NO

Refuse Storage and Disposal

Will all outdoor refuse receptacles			
Be placed on a graded and paved surface?	\square YES	\square NO	
> Be located away from storm drains?	\square YES	\square NO	
Be rodent proof and leak proof?	\square YES	\square NO	
Have tight fitting lids/covers/ drain plugs?	\square YES	\square NO	
➤ Be shown on the enclosed site plan?	\square YES	\square NO	
Are drain plugs in dumpster?	\square YES	\square NO	
Is there an outdoor grease storage receptacle?	\square YES	□ NO	
Is there an area designated for garbage can or floor mat cleaning inside or outside ☐ Inside ☐ Outside	e the buildi	ng?	
If you answered outside, you must clean equipment (including carts, mats a designated wash area that allows NO discharge to the storm drains.	, garbage	cans, ar	nd racks) in
Lighting			
Will at least 50 foot-candles of light be provided at:			
> Food preparation areas?	□ YES	□NO	□ N/A
Areas employees work with utensils or equipment?	□ YES	□NO	□ N/A
Will at least 20 foot-candles of light be provided at:			
Consumer self-service areas?	\square YES	\square NO	\square N/A
➤ Inside equipment?	\square YES	\square NO	\square N/A
➤ Areas used for handwashing?	\square YES	\square NO	\square N/A
Areas used for warewashing?	\square YES	□ NO	\square N/A
Areas used for equipment storage?	\square YES	\square NO	\square N/A
> In restrooms?	\square YES	□ NO	\square N/A
Will at least 10 foot-candles of light be provided at:			
➤ Walk-in coolers and freezers?	\square YES	\square NO	\square N/A
Dry storage areas?	\square YES	\square NO	\square N/A
> All areas when cleaning?	\square YES	□ NO	\square N/A
Will the required shielding or shatter-resistant lamps be provided for light fixture display, and service areas?			reparation, □ N/A
Ventilation			
Will a commercial exhaust hood with an approved fire suppression system be pro-	ovided to se	ervice co	oking
equipment producing grease-laden vapors? (Check with local fire if applicable)			$\square N/A$
Will a commercial exhaust hood be provided to service a hot temperature dish m	iachine?		
	\square YES	\square NO	\square N/A

Interior Finishes

All room finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/ vapors, food/ wet bars, buffet lines, drink dispensing areas, mop sinks/ service sinks, steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to moisture. Fiberglass Reinforced Plastic (FRP), tile, stainless steel, or other approved materials such as painted drywall or sealed block are required.

Complete the following chart to indicate all interior building materials.					
Area	Floor	Walls	Coved Base	Ceiling	
Example	Quarry Tile	FRP	Rubber Base Molding	Vinyl Coated Tile	
Food Preparation					
Cooking					
Warewashing					
Food Storage					
Bar					
Restrooms					
Service Areas/ Buffets/Salad Bars					
Dining					
Mop Room					

General Facility Considerations

Will public restrooms be accessible without passing through food preparation, foo	od storage, o	or warewas	shing
areas?	\square YES	□ NO	\square N/A
Will restrooms be equipped with self-closing room doors (if located in the food preventilation?	reparation a	rea) and a	dequate
Will a separate storage area be provided for employees personal belongings?	□ YES	□ NO	
Will there be a designated employee smoking/break area provided outdoors with a	a cigarette a	nd trash r	eceptacle?

Will all toxic chemical	s be stored away from food preparation and storage areas?	□ YES	□ NO
Where will cleaning su	applies and chemicals be stored?		
Will laundry facilities l	be located on premise?	□ YES	□NO
Where will clean linen	s be stored?		
	ns be stored?		
Will all openings to th and insects?	e exterior (doors, windows, ventilation discharges, etc.) be d	lesigned to	
3	n exterior door or window open, it must be supplied with a codes. Is your facility compliant with this requirement?	0	g screen that meets □ NO □ N/A
1	taurant is designed to be open air for part of the year, will the sor screens to prevent entrance of pests?		be fully enclosed □ NO □ N/A
Pesticides can only be instituted?	applied by a licensed commercial applicator. Will there be	a pest mar	
Plan Review	Submission		
Plans Review Submitts	als Requiring a Hazard Analysis Critical Control Point (HAC	CCP) Plan	:
Acidified Wh	ite Rice (i.e. sushi rice)		
Vacuum Pack	raging (including ROP, cook-chill, sous vide)		
Prepared and	Packaged On-site Fresh Squeezed Juice		
-If not p	asteurized, provide label sample with Warning Statement		
-If No W	Varning label, submit HACCP plan and state variance or pro-	oof of past	eurization
submittal may delay th	mplete and accurate to the best of my knowledge. I understance plan review process. I understand that any deviation from CCHD may nullify final approval.		
I have enclosed a co	mpleted TCCHD Plan Review Checklist.		
Signature of applica	nt:		
Date:			
Submit to:	Trumbull County Combined Health District		
	194 W. Main St.		
	Cortland, Ohio 44410 (330) 675-2489		

Facility Layout and Equipment Specifications

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