



NOBLE COUNTY  
HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

# FOOD PLAN REVIEW



Application Received Date: \_\_\_\_\_

Application Reviewed Date: \_\_\_\_\_

Pre-License Inspection Date: \_\_\_\_\_

Application Approved/Denied Date: \_\_\_\_\_

*Successfully serving the families of our community for more than 100 years*



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

### INSTRUCTIONS

1. Complete all applicable sections below
2. Sign and date the application

(please circle):

NEW

REMODEL

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

Address of Establishment: \_\_\_\_\_

Phone for Establishment (if available): \_\_\_\_\_ /Fax#: \_\_\_\_\_

Name of Owner(s)/License Holder: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ /Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Mailing Address(if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ /Fax # \_\_\_\_\_

Email address: \_\_\_\_\_

Projected Start Date of Project: \_\_\_\_\_ Projected Date of Completion of Project: \_\_\_\_\_

Days and hours of proposed operation:

---

**I understand that I must submit plans/applications to the following authorities (as applicable): Plumbing, Zoning, Electric, Building, Fire. I attest that the information provided in this application is true and accurate to the best of my knowledge.**

*Successfully serving the families of our community for more than 100 years*



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

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

### FOR DEPARTMENT USE ONLY

Risk Level: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ RFE or FSO Plan Review #: \_\_\_\_\_

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

Sanitarian assigned: \_\_\_\_\_



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

**FORMAT SPECIFICATIONS FOR PLANS: Rule 3717-1-09 Criteria for reviewing facility layout and equipment specifications.**

- The facility layout and equipment specifications submitted for the approval of the licensor are to clearly confirm that the applicable provisions of Chapter 3717-1 of the Administrative Code can be met.
- The facility layout and specifications are to be legible, be drawn reasonably to scale, and include:
  - (1) The type of food service operation or retail food establishment proposed and foods to be prepared and served;
  - (2) The total square footage to be used for the food service operation or retail food establishment;
  - (3) A site plan that includes:
    - (a) Location of business in a building such as a shopping mall or stadium;
    - (b) Location of building on site, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water source, sewage treatment system; and
    - (c) Interior and exterior seating areas.
  - (4) Entrances and exits;
  - (5) Location, number and types of plumbing fixtures, including all water supply facilities;
  - (6) Plan of lighting;
  - (7) A floor plan showing all fixtures and equipment;
  - (8) Building materials and surface finishes to be used; and
  - (9) An equipment list with equipment manufacturers and model numbers.
- Each piece of equipment (large or small) is to be designated on the floor plan and clearly labeled with its common name - make and model of equipment must be supplied or cut sheets provided.
- Clearly designate handwashing facilities for each restroom and in the immediate area of food preparation.
- Provide the square footage of all areas where food is to be stored, prepared, cooked or sold. Include locations of entrances, exits, loading and unloading areas as applicable.
- Provide complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.
- Lighting schedule describing the amount of light and how lighting is protected.
  - Note:
    - At least 10 foot candles (110 lux) is required in walk-in refrigeration units, dry storage areas, and other rooms during cleaning.
    - At least 20 foot candles (220 lux) is required at self service areas; inside equipment such as reach in coolers and under counter refrigerators; where handwashing, dishwashing, restrooms, and where equipment and utensils are stored

*Successfully serving the families of our community for more than 100 years*



# NOBLE COUNTY

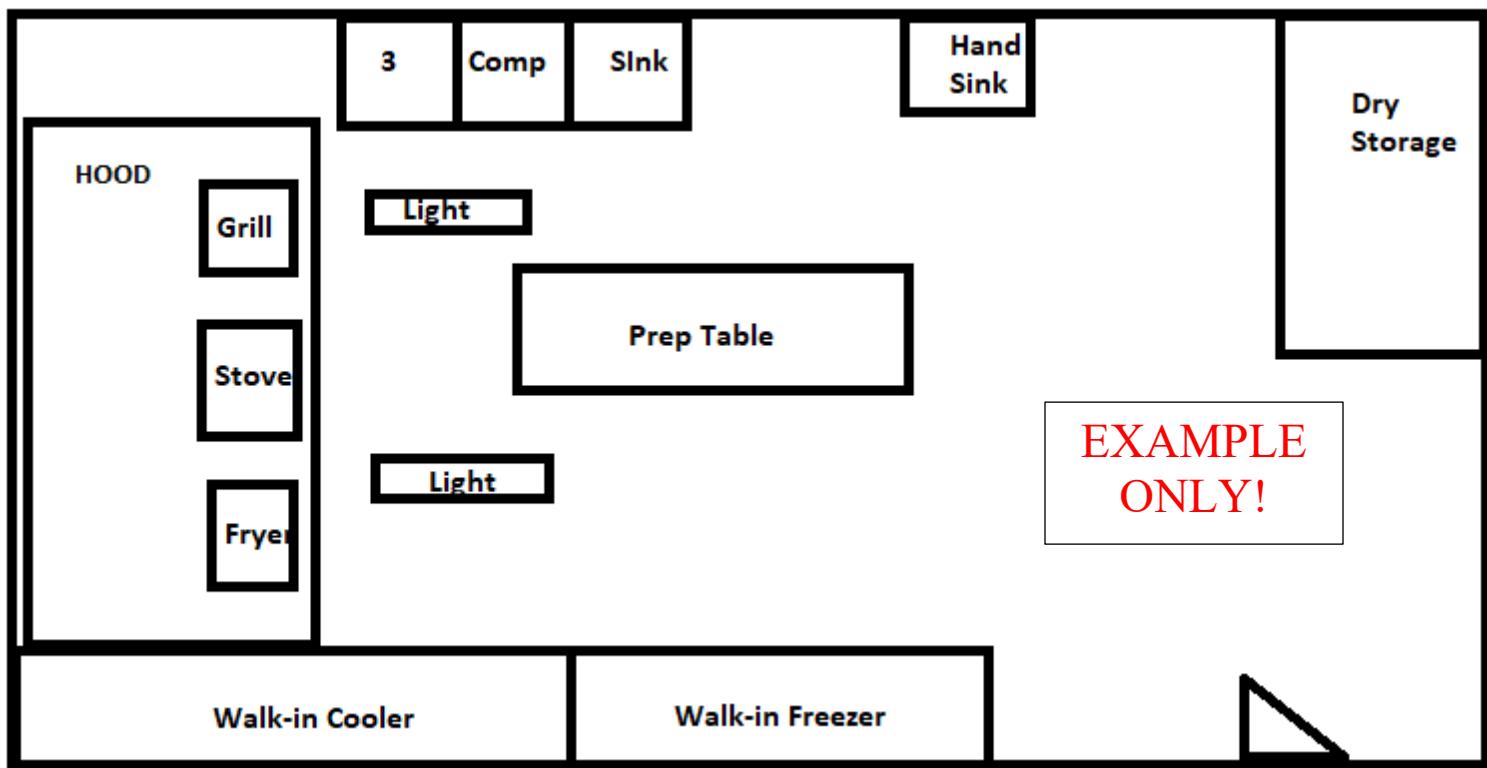
---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

• At least 50 foot candles (540 lux) is required where food employees work with food, utensils, and equipment (such as knives, slicers, grinders, etc.).

- Source of water supply and method of sewage disposal. (Whether you are on city water/sewer or have an EPA approved system).
- Location of mop sink or curbed cleaning facility.
- Cabinets/area for storing chemicals.
- Dressing room, locker area, employee rest area, and/or are designated for storage of employee personal items.
- Garbage storage/disposal area.



### FOOD PREPARATION REVIEW

Check categories of Time-Temperature Controlled for Safety (TCS) foods to be handled, prepared, and/or served.

CATEGORY	(YES)	(NO)
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)	(   )	(   )

*Successfully serving the families of our community for more than 100 years*



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

4. Hot processed foods ( ) ( )

(soups, stews, rice/noodles, gravy, chowders, casseroles)

5. Bakery goods ( ) ( )

(pies, custards, cream fillings & toppings)

6. Other \_\_\_\_\_

PLEASE CIRCLE/ANSWER THE FOLLOWING

QUESTIONS FOOD AND SUPPLIES:

1. Where will food and supplies be purchased? (provide name and location of all purveyors)

---

---

---

2. What are the projected frequencies of the deliveries for:

Frozen Foods: \_\_\_\_\_ Refrigerated Foods: \_\_\_\_\_

Dry Goods: \_\_\_\_\_

3. Provide information on the amount of space (in cubic feet) allocated for:

Frozen Storage: \_\_\_\_\_ Refrigerated Storage: \_\_\_\_\_

Dry Storage: \_\_\_\_\_

4. How will dry goods be stored 6 inches off the floor? \_\_\_\_\_

5. Are bulk storage containers constructed of a durable and safe material? YES / NO

Indicate material type \_\_\_\_\_

### **COLD STORAGE**

1. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If YES- How will cross-contamination be prevented? \_\_\_\_\_

2. Is there a bulk ice machine available? YES / NO

If YES- Will you be bagging ice for retail sale? YES / NO

If no bulk ice machine available, what source will you utilize for ice? \_\_\_\_\_



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

### **THAWING FROZEN TCS FOOD:**

How will frozen TCS foods be thawed? (More than one method may apply.) Please Circle

Refrigeration

Running Water

Microwave (As part of cooking process)

Other (describe) \_\_\_\_\_

---

### **COOKING:**

1. Please describe how employees will ensure proper minimum required cooking temperatures are being achieved:

---

---

2. Will the operation be performing special processes that require a variance or a HACCP plan? **Y/N**

If YES- please check all of the applicable processes: a. Acidification of white rice \_\_\_\_\_

b. Reduced Oxygen Packaging (ROP) or Modified Atmospheric Packaging (MAP) \_\_\_\_\_

c. Sous Vide or Cook/Chill \_\_\_\_\_

d. Addition of cure to products (Sodium Nitrate/Nitrite) \_\_\_\_\_

e. Custom processing of animals such as deer or wild game/waterfowl \_\_\_\_\_

f. Fresh juice packaging \_\_\_\_\_

3. How will employees be effectively trained in special process requirements? \_\_\_\_\_

---

---



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

### **HOT/COLD HOLDING**

1. How will TCS foods being held for service be maintained at 135°F or above or 41°F or less?

---

---

### **PREPARATION AND SERVICE**

Please list categories of food prepared more than 12 hours in advance of service:

---

2. Will all produce be washed on-site prior to use? **YES / NO**

If YES- Describe the planned location for washing produce: \_\_\_\_\_

If NO- How and where will produce be washed?



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

Describe: \_\_\_\_\_

3. Describe preparation practices that will minimize the amount of time that TCS foods will be in the Temperature Danger Zone (135°F-41°F): \_\_\_\_\_

4. Will the facility be serving food to a highly susceptible population? **YES / NO**

If YES- how will the temperature of foods be maintained while being transferred between the kitchen and service area? \_\_\_\_\_

### **EMPLOYEE TRAINING AND HYGIENIC PRACTICES**

1. Will food employees be trained in good food sanitation practices? **YES / NO** # Employees \_\_\_\_\_

Method of training: \_\_\_\_\_

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? **YES / NO**

If NO- Please describe how bare hand contact with ready-to-eat foods will be prevented: \_\_\_\_\_

3. Is there a written policy to exclude or restrict food workers who are sick, been diagnosed with a foodborne illness or have infected cuts or lesions? **YES / NO**

If YES- Please attach copy of policy with plans.

If NO- It is a requirement that all facilities have a policy or mechanism in place to ensure that food employees are reporting illness to the Person in Charge and that employees are excluded or restricted as necessary.

### **CLEANING**

1. Will a dish machine or 3-compartment sink or BOTH be used to clean and sanitize equipment and utensils?

2. 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 cleaned and sanitized? \_\_\_\_\_

3. Does the largest pot and pan fit into the dish machine or at least half into the compartments of the 3-compartment sink? **YES / NO**



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

If NO- What procedure will be used for cleaning and sanitizing those items?

---

---

4. Are there drain boards on both ends of the three compartment sink? **YES / NO**

If NO- Where will dirty dishes be stored prior to washing and clean dishes be allowed to air dry after sanitizing?

---

---

5. What type of sanitizer will be used for each of the following? (as applicable):

3 Compartment sink \_\_\_\_\_

Dishwashing machine \_\_\_\_\_

Food contact surfaces \_\_\_\_\_

Test kit provided? **YES / NO**

### **LIGHTING**

Does your facility meet the lighting requirements? **YES / NO**

### **GARBAGE/REFUSE**

1. Will a dumpster be used? **YES / NO**

If YES: Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of Pickup \_\_\_\_\_

Contractor \_\_\_\_\_

If NO- How will garbage/refuse be disposed of? Describe: \_\_\_\_\_

---

---

2. Describe surface and location where dumpster/garbage cans are to be stored: \_\_\_\_\_

---

---

3. Describe location of grease storage receptacle: \_\_\_\_\_

---

---

### **GENERAL**

1. Are all chemicals and toxics for use on the premise or for retail sale (this includes personal medications) located in an area separate from food preparation and storage areas? **YES / NO**

2. Will linens be laundered on site? **YES / NO**

*Successfully serving the families of our community for more than 100 years*



# NOBLE COUNTY

---

## HEALTH DEPARTMENT

44069 Marietta Road Caldwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-5043 ~ [www.noblecohd.org](http://www.noblecohd.org)

If YES- What will be laundered and

where? \_\_\_\_\_

If NO- How and where will linens be cleaned? \_\_\_\_\_

---

3. Will you be using a licensed pesticide company? **YES / NO**

If YES- List name and location of  
company. \_\_\_\_\_

If NO- How will insects/rodents be prevented from entering or eliminated from the  
premises? \_\_\_\_\_

---

### **HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and warewashing area?	<b>YES / NO</b>
2. Is hand cleanser available at all handwashing sinks?	<b>YES / NO</b>
3. Are hand drying facilities (paper towels, air dryers) available at all handwashing sinks?	<b>YES / NO</b>
4. Is hot and cold running water under pressure available at all handwashing sinks?	<b>YES / NO</b>
5. Are required handwashing signs posted at each handsink and restroom?	<b>YES / NO</b>
6. Are covered waste receptacles available in each restroom?	<b>YES / NO</b>
7. Are all toilet room doors that open into the kitchen self-closing?	<b>YES / NO</b>