Columbiana County Health Department

7360 State Route 45

P.O. Box 309

Lisbon, OH 44432

PH: 330-424-0272

FAX: 330-424-1733

Revised 1/18/20 All previous editions prior to this revised date are obsolete.
LICENSING

Any facility offering food needs to have a license issued by the Columbiana County Health Department (3717.41 ORC). If you plan to open a food service operation or retail food establishment, remodel an already licensed facility, or change your licensing status (change of menu, equipment, or process), please contact the CCCHD for any questions you may have regarding plan approval or licensing.

GETTING STARTED

All new retail food establishments/food service operations and those performing extensive alterations or remodeling must complete the plan review process. The following is a breakdown of the necessary steps to obtain a food service license from the Columbiana County Health Department.

Step 1: Submit Plans (at least 30 days prior to construction to help prevent unnecessary costs)

* indicates the information may be included on floorplan/layout

In order to submit plans the following must be completed:

- Submit the completed Food Facility Planning Application (this document) including the following.
  - A complete and detailed menu;
  - The bulk ingredient and storage location list
- Submit the entire layout of the facility. This layout must include:
  - *The total square footage to be used for the food service operation or the retail food establishment;
  - A Site Map: All portions of the premises of the food service operation or retail food establishment (this includes the exterior to show dumpsters);
  - *Entrances and exits;
  - *Location, number (amount) and types of plumbing fixtures, including all water supply facilities (show where water lines are located including drains). **Must have adequate number of hand sinks in the food prep area. We recommend no more than 15 feet away from food prep/processing surface or area.**
  - *Plan of lighting - show exactly on the drawing where light fixtures will be and indicate unit of measure;
  - A floor plan showing the fixtures and equipment (including large and small appliances);
  - Building materials and surface finishes to be used; and
  - An equipment list with equipment manufacturers and model numbers.
  - The facility layout shall be legible and drawn to scale (for example: ¼ inch = 1 foot, or 1/8 inch = 1 foot, etc); the use of a ruler and graph paper is strongly suggested.

- **Plan Review fee must be paid when the plans are submitted.** Cash, check, and money order are accepted. Make checks payable to: Columbiana County General Health District. The plan review fee is based on the proposed menu and type of food with the plans. Plan fees.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Commercial Small (&lt; 25,000 sq. ft.)</th>
<th>Commercial Large (≥ 25,000 sq. ft.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1</td>
<td>$210.00</td>
<td>$296.00</td>
</tr>
<tr>
<td>Class 2</td>
<td>$235.00</td>
<td>$311.00</td>
</tr>
<tr>
<td>Class 3</td>
<td>$434.00</td>
<td>$1062.00</td>
</tr>
<tr>
<td>Class 4</td>
<td>$546.00</td>
<td>$1125.00</td>
</tr>
</tbody>
</table>

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All materials turned into the department become the property of the Health Department. You are responsible for making your own copies of the material submitted.

Please be advised that according to the Ohio Administrative Code Chapter 3701-21-03, Facility layout and equipment specifications:

No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after date of receipt. The licensor shall use the facility layout and equipment specifications criteria set forth in rules adopted pursuant to section 3717.05 of the Revised Code to approve or disapprove facility layout and equipment specifications.

**Step 2: Plan Review Process**
- Within 30 days after completed plans are submitted, CCHD will review the plans
- Plans may require additional information or changes – in this case, CCHD will contact you

**Step 3: Plan Approval Process**
- A letter will be sent informing you that the plans have been approved
- Plan approvals expire one (1) year after approval is issued.

**Step 4: Construction/Preparation for Opening**
- Ensure that all contractors and sub-contractors are licensed
- Ensure that contractors obtain necessary permits through the Ohio Department of Commerce (Industrial Compliance Division) i.e. Fire approval, electrical approval, plumbing, etc.
- Please contact the appropriate officials listed below for requirements:

<table>
<thead>
<tr>
<th>Columbiana County Health Dept.:</th>
<th>Food Safety Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Plumbing, and Plan Review</td>
<td>Columbiana County Health Dept.: 330-424-0272</td>
</tr>
<tr>
<td>330-424-0272</td>
<td>Other online option: see attached list and the Ohio Dept. of Health website for a list of approved online courses.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ohio Department of Commerce: Industrial Compliance</th>
<th>State Fire Marshall or Local Health Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For electrical, and building approval and guidance</td>
<td>Contact these agencies for guidance on obtaining Fire Dept. approval</td>
</tr>
<tr>
<td>Website: <a href="http://com.ohio.gov/">http://com.ohio.gov/</a></td>
<td>Website: <a href="http://www.com.ohio.gov/fire/">http://www.com.ohio.gov/fire/</a></td>
</tr>
</tbody>
</table>

- During construction is a good time to obtain food safety certification. **At least one Person-in-Charge (PIC) from each work shift shall have certification in Level One training or equivalent. Ohio Level Two Certification is required for one PIC per facility with a Risk Level 3 or 4 food license.**
- Obtain signatures (‘sign off’s’) from all building inspectors **before** contacting CCHD for an opening inspection – arrange for an opening inspection from CCHD once approval for a Certificate of Occupancy from the Dept. of Commerce has been given.
- The following items are needed **prior** to contacting the CCHD for a pre-license inspection:
  - Level One Certification or equivalent
  - Certificate of Occupancy from your local Building and Fire Department if applicable

**Step 5: Pre-license Inspections (a.k.a. opening inspection)**
- CCHD requires a minimum of **2 business days** notice to schedule an inspection (based on volume, it may take up to a week). Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspection if necessary. **Call 330-424-0272 to schedule the inspection.**
- **IMPORTANT:** All refrigeration equipment shall be on for 24 hours prior to inspection and be maintaining 41°F or less at the time of inspection. Place a container of water in each unit when turning them on for your inspector to take temperatures of.
- Once the appropriate license fee is paid and the opening inspection is completed by CCHD, you will be able to open for business.
FOOD FACILITY PLANNING APPLICATION

Facility Name: ____________________________________________________________

Facility Address, City, Zip: ________________________________________________

Address for Letters regarding plans: ________________________________________

Facility Phone Number: ____________________________

Owner’s Name __________________________________________________________

Owner’s Address ________________________________________________________

Primary Contact Person __________________ Work Phone ____________________

Contact Person Email _________________________ Cell Phone __________________

I certify that the plan review application package submitted is accurate to the best of my knowledge and all the required materials have been provided.

Signature of owner or representative_____________________________ Date: __________

Please print name and title here: ________________________________________________

Internal use only:
The following criteria have been submitted for plan review:

☐ Complete Food Facility Planning Application:
  ☐ A complete and detailed menu;
  ☐ The bulk ingredient and storage location list

☐ Entire layout of the facility to include the following:
  ☐ The total square footage

☐ All portions of the premises of the facility (this includes the exterior to show dumpsters);

☐ Entrances and exits;

☐ Location, number and types of plumbing fixtures, including all water supply facilities (show exactly where water lines are located including drains);

☐ Plan of lighting (show exactly on the drawing where light fixtures will be);

☐ A floor plan showing the fixtures and equipment (including large and small appliances);

☐ Building materials and surface finishes to be used; and

☐ An equipment list with equipment manufacturers and model numbers.

☐ The facility layout legible and drawn to scale (¼ inch = 1 foot, 1/8 inch = 1 foot, etc)

☐ Plan Review fee:
  _____ Class 1 - $210.00 Large -$296.00
  _____ Class 2 - $235.00 Large -$311.00
  _____ Class 3 - $434.00 Large -$1062.00
  _____ Class 4 - $546.00 Large -$1125.00

☐ FSO ☐ RFE

Date Plans Received ______
Received By ________________
Plan Review #______________
District ________________

** includes major equipment installation &.
Small scale change

COMMENTS

______________________________________________
GENERAL INFORMATION

Hours of Operation: ________________________________________________________________

Seating Capacity (including bar): ______________________ Facility Size (Square Feet) ________

Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?  □ Yes  □ No
If yes, explain: ________________________________________________________________

What type of water will be supplied?  □ Public (City) Water  □ Private/Well Water

Please summarize the proposed project.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
LEVEL ONE CERTIFICATION

All food service operations and retail food establishments must have at least one person-in-charge per shift that is certified in Level One Basic Food Training. The facility cannot be licensed until successful completion of at least a Level One Basic Food Training Course. The facility may sign up to attend one of the courses taught by this department or attend any of the Ohio Department of Health certified food safety courses.

Names: ____________________  ____________________  ____________________

____________________   ____________________  ____________________

____________________   ____________________  ____________________

____________________   ____________________  ____________________

LEVEL TWO CERTIFICATION

All food service operations and retail food establishments with Risk Level 3 or 4 food licenses must have at least one person-in-charge per facility that is certified in Level Two Food Training. The facility cannot be licensed until successful certification of at least one person-in-charge by an Ohio Department of Health approved Level Two Food Training Course.

Name(s) of Certified:

____________________   ____________________  ____________________

____________________   ____________________  ____________________
MENU REVIEW SHEET

1. Attach a menu of items that you will be serving/selling and give a brief description of ingredients.  
   Example: Grilled Chicken Sandwich – chicken breast with applewood smoked bacon, fresh sliced tomato, lettuce, Swiss cheese and honey-mustard

2. Attach a list of how your bulk ingredients will be received and where they will be stored.  
   Example:  
   Ground Beef – Walk-in Freezer/Cooler  
   Chili – Canned-Dry Storage  
   Green Peppers – 2 door reach-in cooler  
   Potatoes – Dry Storage

Please provide more information on various cooking steps:

3. Does your menu have a consumer advisory printed on it? (See OAC 3717-1-3.5 for details on when a consumer advisory is needed and how it must be worded on your menu.)  
   □ Yes    □ No

4. Provide a list of your food suppliers and frequency of delivery. Example: US Foods – twice a week

5. Will your facility cater events?  
   □ Yes    □ No

   If yes, catered events will be (circle one):  on premises  (or)  off premises

   If yes, the CATERING WORKSHEET must be completed. Contact this department for the worksheet.

FOOD PREPARATION REVIEW

HOW WILL YOU PREPARE PRODUCE? (Check all that apply)

□ All produce will be prepared in a food preparation sink that has at least a 2-inch air gap to the sewer line.

□ No produce will be used or served

□ All produce will come into the facility pre-washed and pre-cut. (Supply invoices on request)
COOLING OF TEMPERATURE CONTROLLED FOR SAFETY (TCS) FOOD

List ALL foods that will be cooled. Foods must be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or lower in additional 4 hours. More than one method may be used. Use the back of this sheet or an additional paper if needed.

□ Check box if your facility will not cool down temperature controlled for safety (TCS) food.

Please indicate below what foods you will cool and how you will cool them.

________________________________________________________
________________________________________________________
________________________________________________________

REHEATING OF TEMPERATURE CONTROLLED FOR SAFETY (TCS) FOOD

List ALL food items that will be reheated. All temperature controlled for safety (TCS) food must be reheated by a direct heat source to a temperature of 165°F for 15 seconds within 2 hours. Use the back of this sheet or additional paper if needed.

□ Check box if your facility will not reheat temperature controlled for safety (TCS) food

Please indicate below what foods you will reheat and how you will reheat them.

________________________________________________________
________________________________________________________
________________________________________________________

How will employees avoid bare-hand contact with ready-to-eat foods? Check all that apply.

□ Disposable Gloves □ Utensils/Tongs □ Deli Paper □ Other ______________________

WAREWASHING

Check the method(s) your facility will use for warewashing

□ 3-Compartment Sink
□ Warewashing Machine (please circle one: High temperature sanitizing or chemical sanitizing)

Check the appropriate box for the type of sanitizer that will be supplied.

□ Chlorine (regular bleach) □ Quaternary ammonium □ Iodine

Note: Warewashing machines installed after March 1, 2005, shall be equipped to:

(1) Automatically dispense detergents and sanitizers; and
(2) Incorporate a visual means to verify that detergents and sanitizers are delivered (or) a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the warewashing and sanitizing cycle.

Grease Trap: Contact the appropriate building inspection department regarding grease trap requirements.

The largest item that must be washed and sanitized must be able to fit in either your dishmachine or your 3-compartment sink.

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**EQUIPMENT LIST**

Please provide the following information for all equipment you will provide in your establishment. All equipment must be approved by the Health Department before it can be used. If you need more space, please use the back of this sheet or additional paper.  

*Note: All equipment must be maintained in proper repair and hold appropriate temperatures at the time of pre-licensing inspection.*

- Hot water tank is circle one: Gas (or) Electric
- What is capacity in gallons of your hot water tank? ________________
- What is the BTU per hour the hot water tank is capable of? ____________
  (See the front panel of your hot water tank for this information)

□ Check box if equipment list information is printed on the plans provided.  

*NOTE: Spec sheets are preferred.*

<table>
<thead>
<tr>
<th>MANUFACTURER</th>
<th>MODEL NUMBER</th>
<th>DESCRIPTION</th>
<th>OFFICE USE: APP/DISAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: ABC Manufacturing</td>
<td>A-125-RT</td>
<td>Convection oven</td>
<td></td>
</tr>
</tbody>
</table>
** Note: Equipment used in a commercial establishment shall be approved by a testing agency approved by the state. i.e. NSF, UL, CE are all testing agencies that approve food service equipment. The agencies’ seal will be on each piece of equipment approved by each agency. In certain circumstances exception may occur.
ROOM FINISH MATERIALS

Please note that all surfaces must be smooth and easily cleanable. List the material that will be used to provide a smooth, rounded and cleanable surface. Please explain abbreviations.

☐ Check the box if room finish schedules are listed on your plans

<table>
<thead>
<tr>
<th>Area</th>
<th>Floor Material</th>
<th>Coving Material</th>
<th>Wall Material</th>
<th>Ceiling Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Kitchen</td>
<td>Commercial tile</td>
<td>Rubber base molding</td>
<td>Painted dry wall/stainless behind cook line</td>
<td>Vinyl coated ceiling tiles</td>
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<tr>
<td>Preparation</td>
<td></td>
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<tr>
<td>Cooking</td>
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<tr>
<td>Dishwashing/Warewashing</td>
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<tr>
<td>Food Storage</td>
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<tr>
<td>Bar</td>
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<tr>
<td>Dining</td>
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<tr>
<td>Employee Restrooms</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dressing Rooms</td>
<td></td>
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<tr>
<td>Walk-in Cooler</td>
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<tr>
<td>Walk-in Freezer</td>
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<tr>
<td>Garbage Room</td>
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<tr>
<td>Janitor Closet</td>
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<tr>
<td>Other:</td>
<td></td>
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INSECT AND RODENT CONTROL

1. Pesticides can only be applied by a licensed commercial applicator. If necessary, what applicator will you be using for pest control measures? __________________________________________________________

2. Are all outside doors tight fitting to prevent the entry of insects and pests?
   ☐ Yes       ☐ No

3. Do all windows that can be opened have a screen on them?
   ☐ Yes       ☐ No       ☐ N/A

4. If you want to open an outside door it must be supplied with a tight fitting screen that meets both building and fire codes. Have you supplied tight fitting screen doors that meet both fire and building codes?
   ☐ Yes       ☐ No       ☐ Will not prop open outside doors

Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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SOLID WASTE STORAGE/REMOVAL

1. What type of storage will be used?
   □ Compactor    □ Dumpster    □ Cans

2. What is the frequency of trash pick-up? __________________________

3. Have you provided covered trash cans for all women’s restrooms?
   □ Yes       □ No

Note: Dumpsters must be on a solid surface/pad and it must be properly drained.

Note: All dumpster lids must be kept shut to prevent trash from blowing around your property. We recommend that you place locks on your dumpsters. Your facility is responsible for keeping the property clean and free of litter and weeds.

Comments:
______________________________________________________________________________________________________________________________________________________________