



Franklin County Public Health  
280 East Broad Street  
Columbus, Ohio 43215-4562  
(614) 525-3160  
www.myfcph.org

## Plan Review Submittal Packet

### Food Safety Program

#### **LICENSING**

All food businesses in Franklin County are required to have a food service operation or retail food establishment license issued by Franklin County Public Health (FCPH). If you plan to open a restaurant or retail food establishment, change ownership, remodel an existing location or change your license status (i.e. change of menu or food preparation and processing methods), you must submit a plan review packet. If you have any questions regarding plan approval or licensing, please contact the Food Safety Program at 614-525-3160, or by emailing [food@franklincountyohio.gov](mailto:food@franklincountyohio.gov).

#### **GETTING STARTED**

Ohio Law requires that every food operator be licensed prior to operating. All new retail food businesses and those performing extensive alterations or remodeling must complete the plan review process.

#### **STEPS FOR SUBMITTING A PLAN REVIEW:**

##### **STEP 1 – SUBMITTAL OF PLANS**

- Complete the attached “Plan Review Application”
- Submit the application along with the Plan Review fee
- Submit one (1) complete set of drawings of the facility
- NOTE: Your application should be submitted at least 30 day prior to construction.

##### **STEP 2 – PLAN REVIEW AND APPROVAL BY FCPH**

- Your application and information submitted will be reviewed by our department within 30 days upon receipt.
- A letter will be mailed informing you of any additional information or changes that are required to meet code requirements, if any.

##### **STEP 3 – CONSTRUCTION INFORMATION**

- Ensure all contractors and subcontractors are properly licensed.
- Ensure your contractors obtain all necessary permits through the Building Service Department in your jurisdiction.
- Contact your local Fire Department for fire code information and a Life Safety Inspection of your facility.
- Prior to plumbing installs or plumbing system modifications, contact the FCPH Plumbing Program at 614-525-3160

##### **STEP 4 – INSPECTION**

- Prior to opening your establishment, it must be inspected by FCPH.
- If the facility meets code requirements at the time of pre-licensing inspection, it will be approved to operate once a completed application and the corresponding fee is received (see Schedule of Fees).

**NOTE: FCPH will make all attempts to accommodate your timeline for the final inspection, but please plan in advance and contact us at least 1 week ahead of your desired inspection date. Call 614-525-3160 to schedule an appointment.**



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#### **EDUCATION REQUIREMENT**

As of March 1, 2010 the Ohio Revised Code requires that at least one person in charge (PIC) per shift of a food service operation or retail food establishment must have attended the Level One training or an equivalent approved training prior to the business being licensed. Proof of completion will be required to obtain the proper food license.

#### **PLAN REVIEW SUBMISSION**

An application to conduct a **food service operation or retail food establishment** may only be completed **after** the plans for the operation have been reviewed and approved.

In order for the plans to be reviewed, the owner/operator must **first** submit a **Plan Review Application**, along with the required fee for the plan review.

Once the plans, information and menu are reviewed and approved and the proper risk classification and licensing fee are determined, you will contact us to schedule a pre-licensing inspection. This inspection ensures that the operation as well as the menu and methods of food preparation are consistent with the plans that were submitted.

Upon a satisfactory pre-licensing inspection, the appropriate fee will be collected and the appropriate license will be issued.

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process. I am submitting a set of plans, a menu and the plan review fee.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Plans To:** Franklin County Public Health  
Food Safety Program  
280 East Broad Street  
Columbus, Ohio 43215-4562

**Questions:** Phone: 614-525-3160  
Fax: 614-525-3851  
www.myfcph.org  
food@franklincountyohio.gov



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#### **You must provide the following information in your plans:**

##### **General requirements:**

1. All plans must be legible and drawn reasonably to scale.
2. A detailed drawing of the area used by the business including all entrances, exits, windows, and doors.
3. A statement indicating the seating capacity and square footage.
4. The plans must contain the exact placement of all equipment within the food facility. This includes sinks, cooking equipment, and refrigeration units.
5. All surfaces must be smooth, easily cleanable, and non-absorbent. A complete list of surface finishes must be submitted along with the plans, or detailed on the plans.
6. A complete list of all food items that will be prepared and served.
7. The number and location of all lighting fixtures. All lighting in the storage, cooking, and preparation areas must be shielded.
8. All restroom doors that open into food preparation/cooking areas must be self-closing.

##### **Plumbing Requirements:**

1. The location of all plumbing fixtures. Including the placement of all hand sinks, toilets, food preparation sinks, and the three compartment sink.
2. The three compartment sink must have drain boards on each end, or a moveable cart to be used as a drain board.
3. The location of the mop sink.
4. The size and location of the hot water heater.
5. The size and location of the grease interceptor, if required.
6. An indirectly drained food –preparation sink will be required if food will be thawed in water or if food will be washed.

##### **Equipment Requirements:**

1. A list of all food equipment with the manufacturer and model numbers listed. All food equipment should be approved for commercial use by a testing agency such as NSF or UL.
2. All refrigerators must have a working thermometer and must maintain 41 degrees or less.
3. Proper thermometers available for testing food temperatures (stem thermometer).



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**PLAN REVIEW CHECKLIST**

The following information must be included as part of your plan review. Please complete the checklist and submit it with the application.

Please indicate if you have included the listed components in your plan, or if a component is not applicable to your establishment

COMPONENT	YES, IT IS INCLUDED	NOT APPLICABLE
Site Plan		
Floor Plan, drawn to scale		
Location of Entrances and Exits		
Grease trap location		
Food Preparation Sink with indirect drain (air gap is present)		
Ventilation Hoods		
ANSI fire suppression system over grease producing equipment		
Location of all hand sinks (inclusive of restrooms)		
Location of all equipment (refrigerators, freezers, and hot holding equipment)		
Location of the 3 compartment sink		
Location of the dish machine		
Location of the mop sink		
Dry storage location(s)		
Chemical storage location(s)		
Location of Washer and Dryer		
Completed Equipment List		
Completed Interior Finishes List		
Self-Closing Restroom Doors		



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Food Safety Program Plan Review Fee Schedule				Number of seats	
<b>Plan Review Fees</b>	<b>Small &lt;25,000 ft<sup>2</sup></b>	<b>Large &gt;25,000 ft<sup>2</sup></b>		Total Square Footage of Food Area	
<b>Commercial</b>	<b>\$300.00</b>	<b>\$600.00</b>		Amount Due	
<b>Non-Commercial</b>	<b>\$150.00</b>	<b>\$300.00</b>			
<b>Expedited Review Fee (Review Completed within 72hrs)</b>		<b>\$1000.00 + Plan Review Fee</b>			
Date	<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Menu Change	<input type="checkbox"/> Remodel of Existing Facility	
Food Service/Food Establishment Name					
Food Service/Food Establishment Street Address					
City		Zip Code		Parcel ID	

**Anticipated Construction Start Date** \_\_\_\_\_ **Anticipated Opening Date** \_\_\_\_\_

### Plan Information

Contact Name					
Mailing Address For Plan Approval Letter				Email Address	
City		State		Zip Code	
Phone Number		Cell Phone		Fax Number	
Signature					

### For Office Use Only

Paid By			
Check #		Date	
Primary Reviewer		Secondary Reviewer	
<input type="checkbox"/> FSO Letter	<input type="checkbox"/> RFE Letter	<input type="checkbox"/> Micro Market	<input type="checkbox"/> Remodel Letter



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**Please answer all of the following questions:**

<b>ESTABLISHMENT TYPE</b> <b>(Check all that apply)</b>	<input type="checkbox"/> Restaurant or Diner	<input type="checkbox"/> Long Term Care Facility
	<input type="checkbox"/> Meat/Fish Market	<input type="checkbox"/> Child Care Facility
	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Pizza Shop
	<input type="checkbox"/> Coffee Shop	<input type="checkbox"/> School
	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Bar
	<input type="checkbox"/> Bakery	<input type="checkbox"/> Micro-Market
	<input type="checkbox"/> Caterer	<input type="checkbox"/> Other (please specify below)
		_____
		_____
		_____

### Facility Information:

1. What is the square footage of the facility that is devoted to food?	1.
2. Number of seats, if applicable	2.
3. What is your water supply source (municipal or well)?	3.
4 a. Is your sanitary sewage public or semi-public? b. If semi-public, is it OEPA approved?	4 a. _____ b. _____
5. Is your equipment commercial grade and approved by a certifying agency such as NSF?	5.
6. Are all surface finishes smooth, cleanable, and non-absorbent?	6.
7. What is the holding capacity of your hot water heater?	7.
<b>Please answer the following questions as: No/Yes or Not Applicable (NA)</b>	
8. Does your kitchen 3 compartment sink discharge into a grease trap?	8.
9. Does your walk-in units, dry storage, warewashing, food preparation areas, and restrooms meet the minimum lighting requirement below?  10ft Candles: Walk-in coolers and dry storage 20ft Candles: Restrooms 20ft Candles: Warewashing 50ft Candles: Food preparation areas	9.
10. Are your ice machines and preparation sinks indirectly drained (proper air gaps are present)?	10.



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### Interior Finishes:

Complete the following chart to indicate all interior finishes **OR** indicate the reference number on the plans of your facility layout. All surface finishes must be durable, smooth and cleanable. Please contact our office at 614-525-3160 with questions regarding acceptable finishes.

**\*If the location is not application, put N/A in the box.**

LOCATION/ROOM	FLOORS	WALLS	CEILINGS	COVING
<b>Example:</b> Dry Storage Room	Sealed Concrete	FRP	Vinyl acoustical tile	6" quarry tile
Kitchen				
Bar				
Dry Storage Room				
Kitchen				
Dishwashing Area				
Walk-in Refrigerators and Freezers				
Restrooms				
Mop Service Area				
Service Areas/Buffets/Salad Bars				
Other _____				
(name)				
Other _____				
(name)				
Other _____				
(name)				



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**Equipment List:**

Provide the following information for all equipment you will be using in your facility. All equipment must be commercial grade and certified by an approved agency such as NSF.

**\*Use the back side of this form, if additional space is needed.**

EQUIPMENT DESCRIPTION	MANUFACTURER	MODEL NUMBER
<b>Example:</b> Convection Oven	ABC Manufacturing Co.	A-111-11