

CUYAHOGA COUNTY BOARD OF HEALTH FSO/ RFE PLAN REVIEW APPLICATION

All new or extensively remodeled food service operations (FSO) and retail food establishments (RFE) are required to submit prepared plans with specifications to the local board of health for approval before a license can be issued and food can be prepared and served.

The following application must be filled out in its entirety and the appropriate fee submitted before plans will be accepted for review. When such plans are accepted by the Board of Health they shall be acted upon within thirty (30) days of receipt.

I. Facility Information

Anticipated Construction Start Date: / / Anticipated Opening Date: / /

Facility	Name of Business					
	Street Address			City, Zip		
	Owner			Phone #		
	Email Address					
	New Construction () Change of Business () Kitchen Remodel ()					
Plans	Contact Name			Phone #		
	Email Address					
	Street Address					
	City			State		Zip

TYPE OF OPERATION: Bar () Sit down () Take out () Caterer () Retail ()
 Child care () Long term care () School ()

TYPE OF WATER SUPPLY: Community () Non-community ()

TYPE OF SEWAGE DISPOSAL: Sanitary sewer () Semi public septic ()
 System approved by OEPA? Y or N

II. Plan Contents Checklist

The plans and specifications submitted for approval to the Board of Health shall be legible, drawn reasonably to scale and shall include the information below. Please indicate with a checkmark that ALL of the following are included in your plan packet, or indicate if not applicable (n/a). **NOTE: ALL ITEMS LISTED BELOW WITH AN “*” MUST BE REPRESENTED IN THE DRAWING(S). IN PLACE OF PAPER COPIES, PLANS MAY BE SUBMITTED ELECTRONICALLY ON DISC OR FLASH DRIVE AND IN PDF FORMAT ONLY**

- ___ Menu or food list
- ___ Total area to be used for food service*
- ___ Floor plan of equipment, fixtures, and general layout of the following areas (with scale): all areas used for food preparation or storage, bar area(s), and restrooms*
- ___ Entrances and exits*
- ___ Type of seating and seating capacity*
- ___ List of all equipment including manufacturers and model numbers
 - ___ Commercial equipment only (no homestyle equipment is permitted)
- ___ Location, number and types of plumbing fixtures, including all water supply facilities *
 - ___ Direct/indirect plumbing (i.e. air gaps) designation for all plumbing fixtures and equipment drains (e.g. sinks, drains, ice bins, dipper wells)*
 - ___ Dish machine (high or low temp) or 3 compartment sink available*
 - ___ Adequate number of hand sinks in food prep areas and throughout facility*
 - ___ Food preparation/vegetable washing sink*
 - ___ Mop/utility sink*
 - ___ Hand sinks in all restrooms*
 - ___ Grease interceptor, capacity, location*
 - ___ Backflow prevention devices*
 - ___ Hot water heater with size in gallons (unless it is an instantaneous model)*
- ___ Lighting fixtures (must be >50 foot candles in food prep areas)*
- ___ Building materials and surface finishes to be used, include trade names and manufacturer*
 - ___ Floors*
 - ___ Walls*

- Ceilings (washable, i.e. vinyl coated tiles)*
- Ventilation Hood*
- Hood at grill line (ANSI approved suppression system)*
- Hood at high temperature dish machines*
- Adequate and separate storage space/ shelving for food products, chemicals, etc*
- Designated location for garbage dumpster*
- Two sets of identical plans with all of the above information submitted

REMINDER: Plans that are missing any of the above information will be considered incomplete and the approval process will be delayed. After 30 days, incomplete plans may be disapproved. A new application, fee and resubmittal of plans will then be required.

III. Determining Plan Review Fee for Operation

Will your facility perform any of the following activities?

- Y N Process produce for ready to eat sale
- Y N Handle or cut or grind raw meat products
- Y N Cut or slice ready to eat meats or cheeses
- Y N Heat product from an intact sealed package and hold hot
- Y N Assemble time/temperature-controlled for safety foods that are immediately served, held hot or cold, or cooled for later service
- Y N Cook time/temperature-controlled for safety foods that are immediately served, held hot or cold, but not cooled and re-heated
- Y N Cook time/temperature-controlled for safety foods that may be cooled and re-heated in bulk quantities more than once per week.
- Y N Transport food as a catering food service or commissary food service operation
- Y N Brew alcoholic beverages
- Y N Serve raw or undercooked menu items

If you answered YES (Y) to ANY of the above questions, your facility is a Class 3 or 4, and the plan fee is \$185.00.

If you answered NO (N) to ALL of the above questions, your facility is a Class 1 or 2, and the plan fee is \$150.00.

PLAN REVIEW FEE \$ _____

IV. Food Safety Education

Are any employees certified in food safety? Y or N

If YES, please provide names and indicate course taken (e.g. ServSafe, Person in Charge), certificate number, and date that the course was taken:

Note: Ohio Uniform Food Safety Code requires a person in charge knowledgeable in food safety present during all hours of operation. CCBH recommends at least one (1) person per shift.

Food safety courses are offered at private and public institutions. For a schedule of courses offered by CCBH visit www.ccbh.net or call 216-201-2000.

Note: Effective March 1, 2017 the Ohio Uniform Food Safety Code will require that every class 3 and 4 food business must have at least one (1) managerial or supervisory employee certified in a State of Ohio-approved Level II food safety course (e.g., ServSafe course offered at the Cuyahoga County Board of Health) assigned to it.

Food safety courses are offered at private and public institutions. For a schedule of courses offered by CCBH visit www.ccbh.net or call 216-201-2000.

I am submitting a completed plan review packet, including two sets of plans, all required information, and the appropriate fee as determined above. I understand that incomplete plans may delay the opening of my facility.

Applicant _____ **Date** _____

Submit 2 sets of plans with this application and appropriate fee to:

**Cuyahoga County Board of Health
5550 Venture Drive
Parma OH 44130**