



## FULTON COUNTY HEALTH DEPARTMENT

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# Facility Layout and Equipment Specification Review Packet

## **New and Remodeled Food Service Operation or Retail Food Establishment Guidelines**

Dear Operator:

Congratulations on your decision to open a new/remodeled Food Service Operation or Retail Food Establishment. This packet of information is intended to guide you through the major Health Department requirements of a Food Service Operation in Fulton County.

### **Before construction or remodeling begins:**

Submit enclosed application, \$170.00 fee, floor plan, equipment list and other information. See Floor Plan and Equipment List Requirements page in this packet. Provide and/or document Level One (or Level Two) food handling training for employees filling the person-in-charge position on each shift.

### **During construction or remodeling:**

Keep in contact with the Health Department notifying us of any changes in your plans. We are also available to answer any questions you may have regarding your operation.

### **One or two weeks before anticipated opening:**

Schedule a pre-opening inspection with the Health Department. Once all requirements are satisfied, we will issue a license.

The other regulatory agencies that you may need to contact before work begins include:

|  |                |
|--|----------------|
| <b>Wood County Commercial Building Inspection</b><br>(Contracted with Fulton to provide this service)<br>Structural, Electrical, Plumbing (permits and inspection) | 1-419-354-9190 |
| <b>State Fire Marshal</b>  | 1-614-728-5460 |
| <b>Ohio Environmental Protection Agency</b><br>Sewage Disposal and Public Water Supplies (if not municipal)  | 1-419-352-8461 |
| <b>Fulton County Health Department</b><br>Private Water Supplies   | (419) 337-0915 |

If you have any questions during any step in this process, please do not hesitate to call us.

**Fulton County Health Department**  
**606 S. Shoop Avenue**  
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**(419) 337-0915**  
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## **Floor Plan and Equipment List Requirements**

Below is a list of all items that must be submitted before construction or remodeling begins. The Health Department will review the information submitted and has 30 days in which to do so.

**Please submit the \$170.00 fee with the following information:**

1. The Facility Layout and Equipment Specification Review Application.
2. A floor plan that includes all of the following components:
  - The total area (square footage) to be used for the operation.
  - All portions of the premises in which the food service operations are to be conducted.
    - Location of business in a building such as a shopping mall or stadium.
    - Location of building on 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.
  - Indicate location of entrances and exits.
  - Location, number and types of plumbing fixtures, including all water supply facilities. Show service sink (mop sink), three compartment sink, handwash sink(s), food preparation sink(s), and dishwashing machine (if applicable).
  - Lighting fixtures, both natural and artificial, with foot candles indicated for critical surfaces. If foot candles are not indicated, a Lighting Checklist can be submitted.
  - A floor plan showing the general layout of fixtures and other equipment.
  - Show all ventilation kitchen hoods and restroom ventilators.
  - Plans must be drawn reasonably to scale and such scale must be indicated on the plans.
3. A finish schedule. This lists the finishes of floors, walls and ceilings of all areas of the operation.

Example:

| <b>Area</b> | <b>Floors</b>   | <b>Walls</b>    | <b>Ceiling</b>     |
|-------------|-----------------|-----------------|--------------------|
| Kitchen     | Quarry Tile     | Stainless Steel | Vinyl Drop Ceiling |
| Dry Storage | Sealed Concrete | Painted Drywall | Painted Drywall    |

4. A copy of the menu or a proposed menu that lists all foods to be served, along with a list of suppliers for your food (Ex. Sysco, Gordons, etc).
5. An equipment list with equipment manufacturers make and model numbers.

Example:

| <b>Equipment</b> | <b>Manufacturer</b> | <b>Make/Model Number</b> |
|------------------|---------------------|--------------------------|
| Reach in Cooler  | Traulsen            | G30013                   |
| Dishwasher       | Hobart              | AM14C                    |
| Range/Oven       | Vulcan              | VUL36SL                  |

# Facility Layout and Equipment Specification Review Packet

## **Food Service Operation/Retail Food Establishment Requirements**

This guide is a brief description of many of the requirements the Fulton County Health Department reviews before issuing a food service operation or retail food establishment license. Please be advised that this is only a partial list of requirements. For a more complete outline of requirements, please refer to the Ohio Uniform Food Safety Code.

### **Three Compartment Sink**

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A three compartment sink is required in all operations where food preparation occurs. The compartments must be large enough to accommodate the largest utensils or equipment. Sinks must have drain boards for air drying.

### **Automatic Dishwasher**

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An automatic dishwasher may be used in addition to a three compartment sink. Chemical or high temperature sanitizing dishwashers are acceptable.

### **Handwash Sinks**

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Hand sinks are required in all food preparation areas. These sinks must be accessible and conveniently located in all food preparation areas, dish wash areas and restrooms. More than one hand sink is often required.

### **Food Preparation Sink**

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If fresh food is prepared (fruits, vegetables, meat, poultry...), a food preparation sink is required. This sink must have an indirect connection to a waste drain line.

### **Mop Sink**

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A service sink for the cleaning and disposal of mops and mop water is required.

### **Grease Trap**

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A grease trap or grease interceptor may be required. All plumbing must comply with the Uniform Plumbing Code.

### **Lighting**

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Lighting of sufficient intensity must be provided. Lighting intensity must comply with 3717-1-6.2(I) of the Ohio Uniform Food Safety Code. Lighting in areas where food is exposed must have protective shielding.

### **Employee Restrooms**

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Separate employee restrooms are not required. However, restrooms used by food preparation employees must have a handwash sink with soap, paper towels, and a sign reminding employees to wash hands. Restrooms used by female employees must have a covered waste can.

# **Facility Layout and Equipment Specification Review Packet**

## **Ventilation**

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Exhaust hoods and ventilation must comply with the Ohio Building Code. Contact Ohio Division of Industrial Compliance for further information.

## **Surface Finishes**

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Floors, walls and ceilings in all areas must be smooth and easily cleanable. Carpet is not acceptable in food preparation areas or in restrooms. The floor/wall juncture must be coved and sealed. Exposed wiring is not acceptable.

## **Equipment**

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All equipment used in the facility must be commercial-grade, and approved by NSF (National Sanitation Foundation) or other recognized food equipment testing agency. All equipment must be mounted on castors or provide 6" of space for cleaning. If you are not sure, please contact the Health Department *before* you purchase the equipment.

## **Outside Openings**

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Windows and doors must be equipped with screens to protect against the entrance of pests and rodents. Doors must be tight fitting with no gaps around the edge or along the floor.

## **Dumpsters**

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Dumpsters must be located on a smooth surface (asphalt, concrete). Dumpsters must be rodent-resistant and be equipped with lids.

## **Other Agency Approval**

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An Occupancy Permit is required to ensure that structural, plumbing, electrical and fire codes are in compliance. If an occupancy permit cannot be located, contact the Ohio Department of Commerce, Industrial Compliance Division, to obtain one.

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**Effective March 1, 2010, a level one** or higher certification course in food protection (approved by the Ohio Department of Health) is required for each person-in-charge at a newly licensed facility.

This is required for at least one person in charge per shift of a Food Service Operation or Retail Food Establishment. (Person-in-charge is defined as the individual **present** at the Food Service Operation or Retail Food Establishment who is responsible for the operation at the time of inspection.)

Provide a copy of employee(s) food safety certification certificates with facility plans for review. (If an employee leaves, new employees will need to take this course.)

**Effective March 1, 2016, a level two certification** course in food protection approved by the Ohio Department of Health is required for at least one person who has supervisory and management responsibility, and the authority to direct and control food preparation and service. If you have a certificate that has not expired from an approved level two course, it is also required to have a certificate from Ohio Department of Health. Here is the link for reciprocity through ODH:

<http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/eh/foodsafety/apprecip.pdf?la=en>

This is required for at least one person for level 3 and 4 Food Service Operations and Retail Food Establishments.

Throughout the year, our department will schedule level one and level two courses in food protection. We will have postings on our website and mail out information. There are also surrounding counties that may be offering level two certification so it is worth a call to find a class that will work for you.

A list of approved courses and instructors can be obtained from the Ohio Department of Health's website, type in the following link:

<http://www.odh.ohio.gov/odhprograms/eh/foods/cert/cert.aspx>

Further information about ServSafe can be located at the following link:

<https://www.servsafe.com/home>

For more information, or to schedule person-in-charge training, contact the  
Fulton County Health Department.

# Facility Layout and Equipment Specification Review Packet

## Facility Layout and Equipment Specification Review Application

**Facility Layout and Equipment Specification Review Fee: \$170.00**

Make checks payable to *Fulton County Health Department*

### New or Remodeled Operation

Name of Operation \_\_\_\_\_

Operation Address \_\_\_\_\_

Former Name of Operation (if applicable) \_\_\_\_\_

### Contact Information

Contact Person \_\_\_\_\_

Relationship to Operation (owner, contractor, etc) \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Ownership Information (if different from above)

Owner/Operator \_\_\_\_\_

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

Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

### Other Information

Type of Operation \_\_\_\_\_

(Fast Food, Buffet, Grocery Store, Convenient Store)

Please Check One     New                       Remodel                       Ownership Change

Anticipated Completion Date \_\_\_\_\_

Additional Notes or Comments:

|                  |       |
|------------------|-------|
| Office Use Only: |       |
| Date Submitted:  | _____ |
| Approval Date:   | _____ |
| Approved By:     | _____ |

# Facility Layout and Equipment Specification Review Packet

## Lighting Checklist

Please initial each item in the “Meets or Exceeds Requirement” column to acknowledge that the minimum light intensity will be provided.

| Location  | Minimum Required Light Intensity (foot candles) | Meets or Exceeds Requirement |
|---|---|------------------------------|
| Slicer Table*                                   | 50  |                              |
| Food Preparation Areas*                         | 50  |                              |
| Restrooms                                       | 20  |                              |
| Equipment and Utensil Storage                   | 20  |                              |
| Inside reach-in and under-counter refrigerators | 20  |                              |
| Handwash areas                                  | 20  |                              |
| Dishwash Areas                                  | 20  |                              |
| Walk-in refrigerator                            | 10  |                              |
| Walk-in freezer                                 | 10  |                              |
| Dry food storage                                | 10  |                              |
| All areas during periods of cleaning            | 10  |                              |

Light Intensity is measured at 30 inches above the floor except for areas which are marked with an “\*”. These are critical surfaces and must be measured at the surface where the activity takes place. **Note:** 1 Foot Candle = 10.76 Lumens = 0.001496 Watts

By signing this lighting checklist, I agree to supply the required light intensity. Ohio Administrative Code Chapter 3717-1-06.2 (I) determines above requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Food Service Operation Name \_\_\_\_\_