



## FULTON COUNTY HEALTH DEPARTMENT

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# Facility Layout and Equipment Specification Review Packet

## **New/Remodeled or Ownership Change 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, \$216.00 fee, floor plan, equipment list and other information. See Floor Plan and Equipment List Requirements page in this packet.

### **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> (Contracted with Fulton to provide this service) Structural, Electrical, Plumbing (permits and inspection)	1-419-354-9190
<b>Ohio Department of Commerce – Division of Industrial Compliance</b> (For areas not covered by Wood County Building Inspection)	1-614-644-2223
<b>State Fire Marshal</b>	1-614-728-5460
<b>Ohio Environmental Protection Agency</b> Sewage Disposal and Public Water Supplies (if not municipal)	1-419-352-8461
<b>Fulton County Health Department</b> Facility Layout & Equipment Review, Food License, Private Water System, Small Flow Septic System	(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**  
**Wauseon, OH 43567**  
**(419) 337-0915**  
**(419) 337-0561 fax**

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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 \$216.00 fee with the following information:**

1. **The Facility Layout and Equipment Specification Review Application.** (Attached)
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. (ex. aerial photo)
  - 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, handwashing 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. Lighting fixtures must be indicated on the floor plan.
  - 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.
    - (ex. one block equals 5 feet / one inch equals 10 feet)
3. **A finish schedule. This lists the finishes of floors, walls and ceilings of all areas of the operation.**

Example:

Area	Floors	Walls	Ceiling
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:

Equipment	Manufacturer	Make/Model Number
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 utensil or piece of equipment. Sinks must have double drain boards for dirty dishes and 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.

### **Handwashing 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, dishwashing areas and restrooms. More than one hand sink is often required. Equipped with hot (85°F) and cold water, soap and disposable towels or hand dryers and a sign reminding employees to wash hands.

### **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 (an air gap) 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. If a hose will be connected to this faucet a backflow prevention device shall be installed.

### **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, be shatter resistant bulbs or LED.

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## **Employee Restrooms**

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

## **Ventilation**

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

## **Surface Finishes**

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**

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**

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**

Dumpsters must be located on a smooth surface (asphalt, concrete). Dumpsters must be rodent-resistant and be equipped with lids. Dumpsters supplied with drain holes shall have drain plugs in place.

## **Other Agency Approval**

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 Wood County Building Inspection or Ohio Department of Commerce, Industrial Compliance Division, to obtain one.

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## **Employee Requirements**

A **Person-In-Charge (PIC)** or higher certification course in food protection (approved by the Ohio Department of Health) for at least one person **per shift** of a Food Service Operation or Retail Food Establishment. (PIC 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.)

Those facilities classified, as a Risk level 3 or 4 shall have at least one person who has supervisory and management responsibility, and the authority to direct and control food preparation and service trained in a **Manager's Certification** course for food protection (approved by the Ohio Department of Health). **A Certificate from Ohio Department of Health is required in addition to a ServSafe or Tap Series Certificate.**

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

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

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/food-safety-program/food-safety-certification/>

Information about ServSafe can be located at the following link:

<https://www.servsafe.com>

Information about Tap Series can be located at the following link:

<https://www.tapseries.com>

Name	PIC or Manager's Training*	Job Title/Duties

\*Please provide copy of certificate

# Facility Layout and Equipment Specification Review Packet

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

**Facility Layout and Equipment Specification Review Fee: \$216.00**

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**

Please Check One       New       Remodel       Ownership Change

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

(Fast Food, Buffet, Grocery Store, Gas Station, Caterer, etc)

Projected Start & Completion Date \_\_\_\_\_

Hours of Operation \_\_\_\_\_

**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: \_\_\_\_\_

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	
Handwashing areas	20	
Dishwashing 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. <b>Note:</b> 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 \_\_\_\_\_

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

# Facility Layout and Equipment Specification Review Packet

## **Licensing Levels**

The following common activities are listed to help give you an understanding of what licensing level you will be operating under. It is required by the Ohio Revised Code that you operate at the level that you are licensed under, so carefully consider what activities you will be conducting at your facility. Annual food license renewal is due on March 1<sup>st</sup> of each year.

### **Please check all that would apply to your facility:**

#### **Level 1 Activities:**

- Selling pre-packaged non-hazardous foods Ex. Chips, candy, pop, beer, snacks
- Selling prepackaged potentially hazardous foods (refrigerated or frozen) Ex. Sandwiches, packaged ice cream
- Having self-serve beverages Ex. Coffee, fountain pop
- Selling over-the-counter medications
- Selling fresh, unprocessed fruits and vegetables

#### **Level 2 Activities:**

- Handling, heat treating, or preparing non-potentially hazardous food Ex. Slicing apples, making popcorn Having bulk display of unwrapped, non-potentially hazardous foods Ex. Self-serve doughnuts, self-serve beef jerky
- Receiving HOT or COLD held bulk food and **keeping it at receiving temperature**
- (Foods may not be cooked, re-heated or cooled)
- Hand dipping of yogurt or ice cream

#### **Level 3 Activities:**

- Handling, cutting, grinding of raw meat products Ex. Making sausage or hamburger, cutting meats for sale
- Handling, pouring, cutting or slicing ready-to-eat products Ex. Pouring milk, slicing cheese & deli meats, making sandwiches, making salads
- Cooking food Ex. Cooking hot dogs, pizza, chicken, soup, etc.
- Cooling of food Ex. Cooling foods for cold service or cold holding
- Reheating of foods in individual portions only (reheating one person's order at a time) Ex. Heating one cup of leftover soup in microwave when ordered by customer
- Operating a soft serve ice cream/frozen yogurt machine

#### **Level 4 Activities:**

- Using Time in Lieu of Temperature as a method of control of foodborne pathogens Ex. Keeping food at room temperature and disposing after 4 hours.
- Serving food to a highly susceptible population Ex. Hospital, nursing home
- Reheating food in bulk multiple times during the week. Ex. Re-heating pan of leftover soup, leftover meatloaf, and leftover meatballs, leftover roasts, etc.
- Catering Ex. Transporting food in carriers and keeping food at proper temperature.
- Freezing of fish under special procedures to kill parasites
- Operating a heat treatment dispensing freezer
- Activities requiring a HACCP plan or a variance

#### Office Use Only:

Risk Level: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_  RFE  FSO

Comments: \_\_\_\_\_