



Meigs County Health Department  
112 E. Memorial Dr., Suite A  
Pomeroy, Ohio 45769  
P: (740) 992-6626 F: (740) 992-0836  
www.meigs-health.com



## **Plan Review Submittal Packet-Food Safety Program**

### **LICENSING**

All food businesses in Meigs County are required to have a food service operation or retail food establishment license issued by Meigs County Health Department (MCHD). 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 740-992-6626, or by emailing [elizabeth.fisher@meigs-health.com](mailto:elizabeth.fisher@meigs-health.com).

### **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.

#### **STEP 1 -SUBMITTAL OF PLANS**

- Complete the attached "Plan Review Application" and submit to Health Department
- 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 MCHD**

- Your application and information submitted will be reviewed by our department within 30 days upon receipt. We may contact you to tour the facility at this time.
- A letter will be mailed informing you of any additional information or changes that are required to meet the Ohio Uniform Food Safety Code, if any.
- You will receive an invoice for the plan review fee and the food license application, which includes the food license fee.

#### **STEP 3-INSPECTION**

- Prior to opening your establishment, it must be inspected by MCHD.
- Once the plans are satisfactory and all the paperwork has been submitted, you will be contacted to schedule a pre-licensing inspection. All fees must be paid before this inspection.
- If the facility meets code requirements at the time of pre-licensing inspection, it will be approved to operate and your license will be awarded that day.

#### **GENERAL CONSTRUCTION INFORMATION**

- Ensure your contractors and subcontractors are properly licensed, and obtain all necessary permits.
- New builds, change of use, and remodels inside the Pomeroy Village limits must submit Certificate of Occupancy from Pomeroy Village Code Enforcement, or Ohio Department of Commerce.
- If a building does not have public water and/or public sewer, contact Ohio EPA @ 740-385-8501 for approval
- New Builds and Remodels must have Electrical and Plumbing approvals by Licensed Electrician/Licensed Plumber. (A Certificate of Occupancy from Ohio Department of Commerce will satisfy this requirement.)
- Questions concerning building codes should be directed to the Division of Industrial Compliance 614-644-2622 or 1-800-523-3581 or Pomeroy Village Code Enforcement, if located inside the village.
- If the property is within Middleport or Pomeroy village limits, also check for zoning restrictions.

**NOTE: MCHD 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. 740-992-6626 to schedule an appointment.**



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<b>Food Program Plan Review Fee Schedule</b>	
New Construction	50% of Local Fee
Remodel of Existing Facility	25% of Local Fee

**Today's Date** \_\_\_\_\_  
**Anticipated Construction Start Date** \_\_\_\_\_  
**Anticipated Opening Date** \_\_\_\_\_  
**Seating Capacity**\_\_\_\_\_ **Square Footage**\_\_\_\_\_

Check one: <input type="checkbox"/> New construction				<input type="checkbox"/> Change in ownership		<input type="checkbox"/> Remodel of existing facility	
Food Service/Establishment Name							
Food Service/ Establishment Street Address							
City		Zip Code		Within Village Limits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Contact Information**

Name							
Street address							
City			State			Zip Code	
Phone Number			Cell			Fax	
Email							
Signature							

**For Office Use Only**

Paid by		
Date	Check #	Receipt #
Sanitarian		
<input type="checkbox"/> FSO Letter	<input type="checkbox"/> RFE Letter	<input type="checkbox"/> Remodel Letter
<input type="checkbox"/> Additional Info Needed		



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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.**

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



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**Interior Finishes:**

Complete the following chart to indicate all interior finishes. All surface finishes must be durable, smooth and cleanable. Please contact our office at 740-992-6626 with questions regarding acceptable finishes.

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/Bufkets/Salad Bars				
Other				
(name)				
Other				
(name)				
Other				
(name)				



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

**Establishment Type**

(Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Restaurant/Diner | <input type="checkbox"/> Meat/Fish Market        | <input type="checkbox"/> School                       |
| <input type="checkbox"/> Coffee Shop      | <input type="checkbox"/> Convenience Store       | <input type="checkbox"/> Bar                          |
| <input type="checkbox"/> Bakery           | <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> Micro Market                 |
| <input type="checkbox"/> Caterer          | <input type="checkbox"/> Child Care Facility     | <input type="checkbox"/> Other (please specify below) |
|   | <input type="checkbox"/> Pizza Shop              | _____   |

**Facility Information:**

- 1, What is the square footage of the facility that is devoted to food? \_\_\_\_\_
- 2, Number of seats, if applicable \_\_\_\_\_
- 3, What is your water supply source (public or well)? \_\_\_\_\_
- 4, Is your sewage public or semi-public? \_\_\_\_\_  
If it is semi-public, is it EPA approved? \_\_\_\_\_
- 5, Is your equipment commercial grade and approved by a certifying agency such as NSF? \_\_\_\_\_
- 6, Are all surface finishes smooth, cleanable and non-absorbent? \_\_\_\_\_
- 7, What is the holding capacity of your hot water heater? \_\_\_\_\_

**Please answer the following questions as: Yes, No, or N/A (not applicable)**

- 8, Does the kitchen 3 Compartment sink discharge into a grease trap? \_\_\_\_\_
- 9, Do the following areas meet minimum light requirements?  
10ft candles in Walk-ins and dry storage \_\_\_\_\_  
20ft candles in Restrooms and ware washing \_\_\_\_\_  
50ft candles in food prep areas \_\_\_\_\_
- 10, Are your ice machines and prep sinks indirectly drained with proper air gaps present? \_\_\_\_\_
- 11, Will you be serving susceptible populations (elderly, preschool children, immunocompromised)? \_\_\_\_\_
- 12, Will you be preparing food in bulk quantities and freezing? \_\_\_\_\_
- 13, Will you save leftovers and reheat or reuse them in other dishes? \_\_\_\_\_



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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 & Exits		
Grease Trap Location		
Air gaps on all sinks		
Ventilation Hoods		
ANSI fire suppression system over grease producing equipment		
Location, number, & types of all plumbing fixtures & water supply facilities		
Location of ALL equipment (coolers, ovens, microwave, etc.)		
Plan of lighting		
Location of dish machine		
Location of all sinks		
Location of Dry Storage area(s)		
Location of Chemical Storage Area		
Location of Washer & Dryer		
Completed Equipment List		
Completed Interior Finishes List		
Self-Closing Restroom Doors		
Approval Letters from all applicable agencies such as Ohio EPA, Division of Industrial Compliance, or Pomeroy Village		



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**MENU: List all foods and beverages to be served**

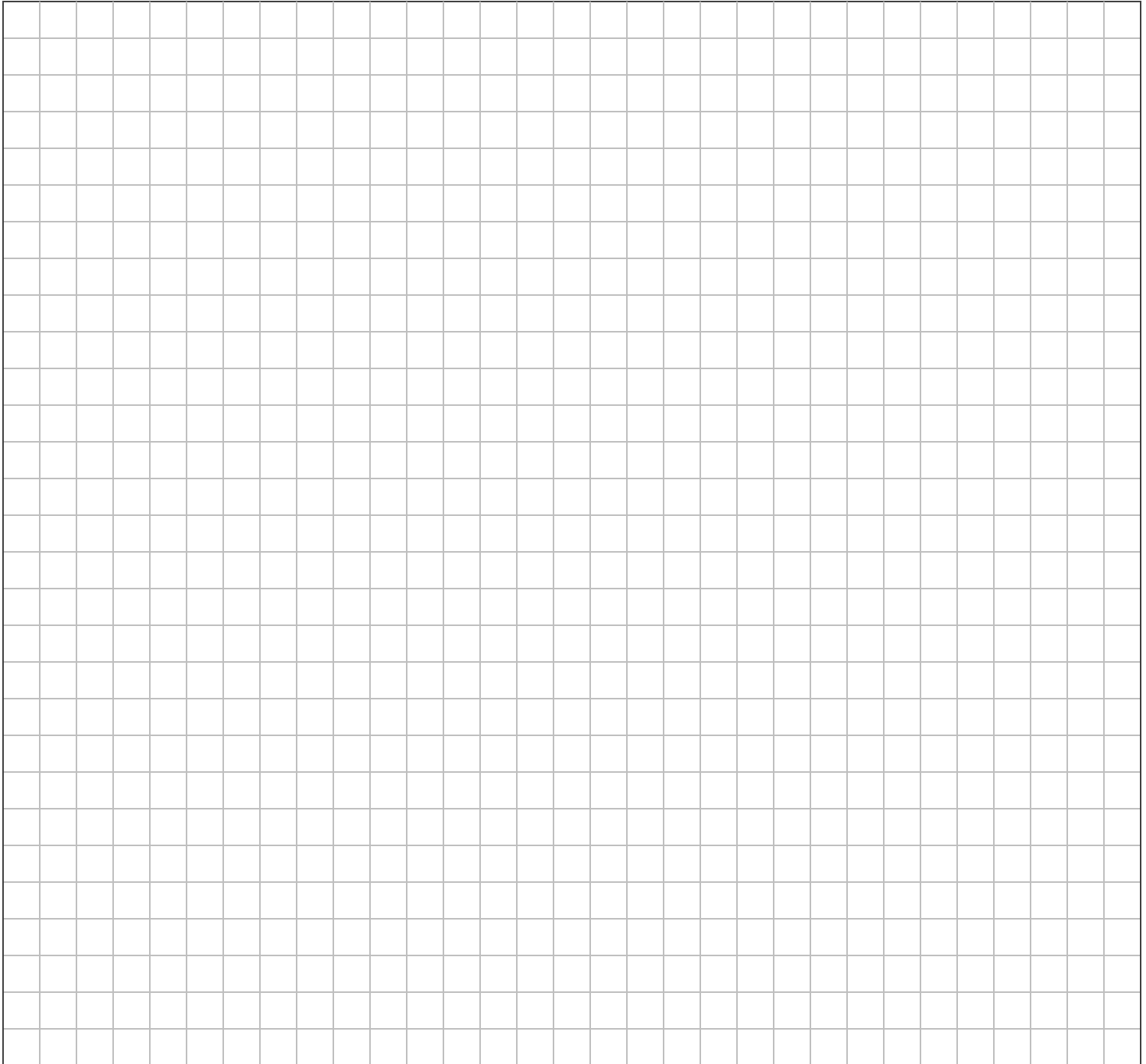



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**FLOOR PLAN DRAWING: Include entire kitchen, bar, waitress station, deli, walk-ins, storage, dining areas, entrance/exits, restrooms, and all plumbing fixtures)** **Scale: (4 squares) = 1"= \_\_\_\_\_ feet?**





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## Plan Review Submittal Packet-Food Safety Program

### 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, & doors.
- 3, A statement indicating the seating capacity and square footage.
- 4, Plans must contain the exact placement of *all* equipment within the food facility. Equipment 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, Number and location of all lighting fixtures. All lighting in the storage, cooking and food preparation areas must be shielded.
- 8, All restroom doors that open into food preparation/cooking areas must be self-closing.

#### Plumbing Requirements:

- 1, Location of all plumbing fixtures. Including the placement of all hand sinks, toilets, food preparation sinks, and the 3-compartment sink.
- 2, The 3 compartment sink must have drain boards on each end, or a moveable cart to be used as a drain board.
- 3, Location of the mop sink.
- 4, Size and location of the hot water heater.
- 5, 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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### Education Requirements:

The State of Ohio requires that at least one person in charge (PIC) per shift of a food service operation or retail establishment must have attended the Level One training or an equivalent approved training prior to the business being licensed. As of March 1, 2017 at least one person at each class 3 and class 4 food operation/retail establishment must also be certified at Level Two Food Safety. Proof of completion will be required to obtain proper food license. Level One courses are available online. Level Two courses are available periodically through the health department as well as at other approved providers. A list can be found at the Ohio Department of Health website. (ODH.OHIO.GOV).

### 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.

After the plans, information and menu are reviewed and approved, the facility will be assigned to the proper risk classification. At this point, you will receive an invoice that covers the plan review fee and the food license application which includes the food license fee. Once the food license application and payment for all applicable fees are returned, you will be contacted by this office 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. If there are no issues at the pre-licensing inspection, you will be awarded the food license at the conclusion of the inspection. If there are issues, you will receive notice of the items requiring attention and should contact us when those items are corrected.

This application is complete and accurate to the best of my knowledge. I understand that incomplete plans may delay the plan approval process.

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

#### Submit Plans to:

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#### Questions:

Elizabeth Fisher  
740-992-6626  
elizabeth.fisher@meigs-health.com