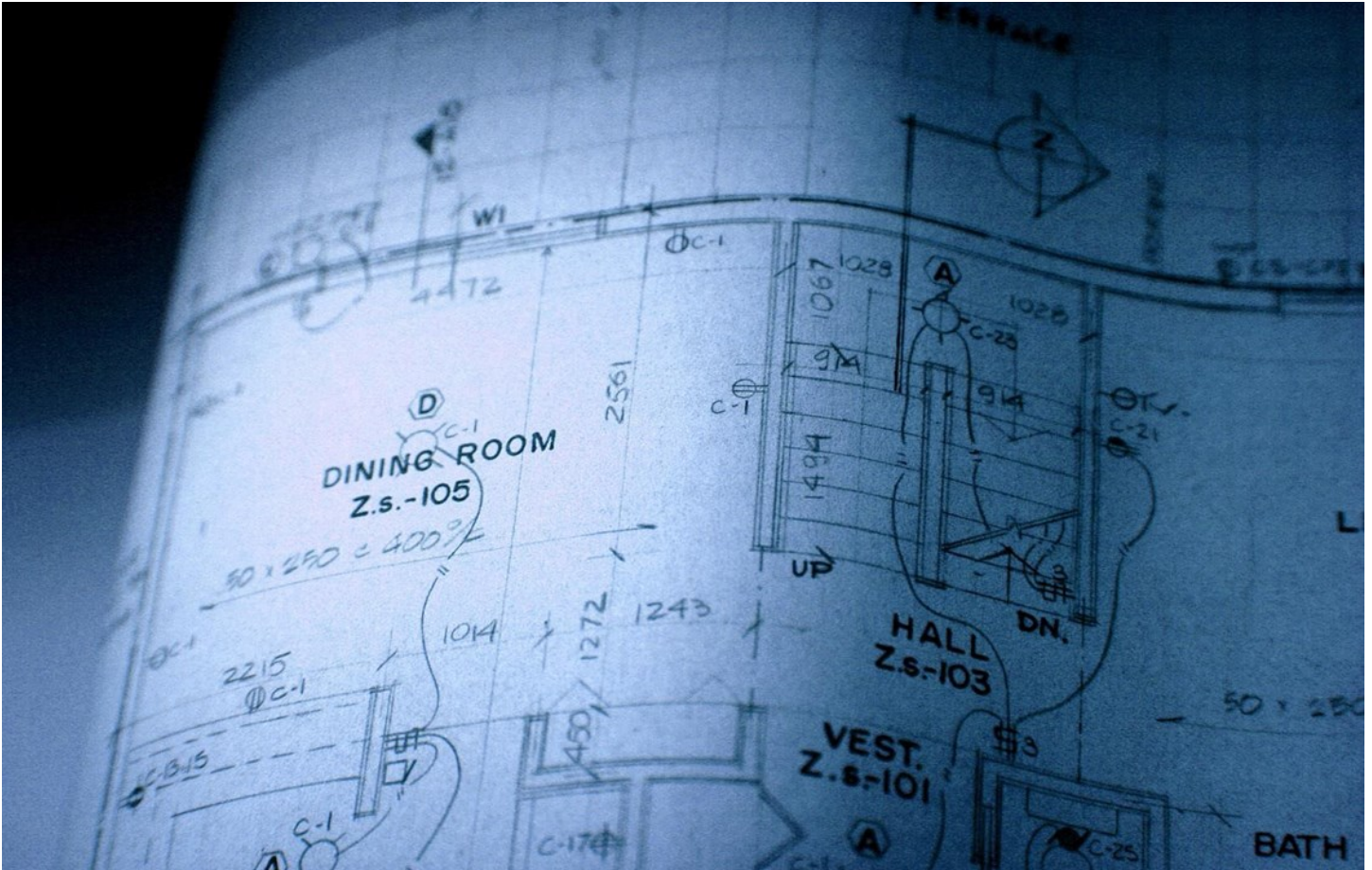


# Facility Layout and Equipment Specifications



REV: 3/4/2024



**Lake County  
General Health District**

**Public Health**  
Prevent. Promote. Protect.



# Licensing

All food businesses in Lake County are required by Ohio law to have a food service operation or retail food establishment license issued by Lake County General Health District (LCGHD). All new food service operations/retail food establishments and those performing extensive alterations or remodeling must complete the plan review process.

If you have any questions regarding plan approval or licensing, please contact the Environmental Health Division at (440) 350-2543.

## Getting Started

**Step 1: Submittal of Plans** (application should be submitted at least 30 days prior to construction)

- Complete the attached Plan Review Application.
- Submit one (1) complete set of drawings and other applicable information for the facility.
- Submit menu or complete list of food and beverage items to be sold.
- Submit the plan review fee made payable to Lake County General Health District.

**Step 2: Plan Review Process**

- Written approval, disapproval, or a request for additional information will occur within 30 days of receipt of the application and plan review fee.

**Step 3: Construction**

- Ensure that all contractors and subcontractors are properly licensed.
- Ensure that your contractors obtain all of the necessary permits through the Building Department and Plumbing Department in your jurisdiction. Also, contact Lake County Soil and Water Conservation and Stormwater Management.
- Contact your local Fire Department for inspection of your facility.

**Step 4: Inspection**

- Prior to opening your establishment, you must have a pre-licensing inspection by LCGHD.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection.
- All building, plumbing, and/or fire inspections must be completed and passed before a license will be issued.
- The application for the license will be made available at the pre-licensing inspection if the inspection is successfully passed. The license fee must be paid at this time. LCGHD accepts cash, checks, money orders or credit cards (with a service fee).

**Note: LCGHD personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for**

## Content and Format Requirements for Submittal

The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale.
3. The total square footage to be used by the food service operation or retail food establishment for food preparation and serving.
4. A detailed drawing of the portions of the premises being used including all entrances/exits, loading/unloading areas, docks, etc.
5. A site plan of your property that includes the following:
  - a. Drawing showing an arrow indicating north; location of the business in a building such as a shopping mall or stadium;
  - b. Location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems;
  - c. Interior and exterior seating areas.
6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities.
7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces.
8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and coved wall/ juncture bases. Note: ceiling tiles installed in food preparation areas and ware washing areas must be vinyl-clad or coated.
9. A list of all equipment with the manufacturer name and model numbers listed. Only commercial equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1(kk) of the Ohio Administrative Code. Provide cut sheets for all equipment. If you are unsure of the equipment you are purchasing, please contact the health department. Examples of recognized testing agencies include:



**\*These symbols do not guarantee commercial equipment status. Please verify before purchasing.**

**Note: All materials submitted for review become property of Lake County General Health District and are subject to record retention laws. You are responsible for making your own copies of the materials submitted.**

## What Is My Plan Review Fee?

The plan review fee is based on the size and risk level of the operation. If you are unsure of the Risk Classification Level of your operation, please contact the LCGHD to determine the correct plan review fee.

Risk Level	Commercial	Non-Commercial (501 c 3)
1-2	\$225	\$150
3-4	\$400	\$200

## Education Requirements

As of March 1, 2010, the Ohio Revised Code requires that all food service operations and retail food establishments opened after this date have at least one person-in-charge per shift that has a minimum of Person In Charge in food protection or an equivalent approved training within 90 days of being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 food service operation and retail food establishment must have at least one management or supervisory employee with a Certified Manager certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course and passing a comprehensive exam.

**\*\*\*PLEASE KEEP PAGES 1-4 FOR YOUR REFERENCE\*\*\***

# Lake County General Health District Food Safety Program Plan Review Application

## Office Use Only

Amount Received: \_\_\_\_\_

☐ Check (#\_\_\_\_\_) ☐ Cash ☐ M/O ☐ Credit

New\_\_\_\_\_ Remodel\_\_\_\_\_ Level: 1 2 3 4

Received by: \_\_\_\_\_

### Facility Information :

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Non-Commercial: ☐ Yes ☐ No (if yes, a copy of your 501(c) (3) must be provided)

### Applicant/Operator Information:

Name of Licensee (Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address for License Renewal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person (For Plan Review Response): \_\_\_\_\_

Title (Owner, Manager, Architect, etc.): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Seating Capacity: Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Total Size of Operation (sq. ft.): \_\_\_\_\_

### Plan Review Type:

☐ New construction or facility has never operated as a food facility

☐ Remodel or extensive alteration of an existing licensed food facility

Type of Establishment: ☐ Food Service Operation (FSO) ☐ Retail Food Establishment (RFE)

Risk Level: ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Off-Premise Catering (Food is prepared for serving at a function or event, held at an off-premises site, for a charge determined on a per-function or per-event basis) ☐ Yes ☐ No

Anticipated Construction Date: \_\_\_\_\_ Anticipated Opening Date: \_\_\_\_\_



## Plan Review Checklist

The following information must be included as part of your plan review.

Please indicate that the following components are included (✓) or not applicable (N/A)

Components	(✓) or (N/A)	Official Use Only
<b>Plan review fee</b> made payable to Lake County General Health District		
<b>Proposed Menu</b> (complete list of food items to be prepared, served, or sold)- Provide Consumer Advisory Statement on menu, if required		
<b>Facility floor plan or layout</b> , drawn reasonably to scale (to include):		
• total square footage to be used		
• restroom location(s)		
• location of entrances and exits		
• location of dry goods and chemical storage areas		
• location of personal belongings storage		
• location of designated hand sinks and dump sinks		
• location of the three compartment sink		
• location of food preparation sink (must have indirect waste line)		
• location of mop sink		
• location of dish machine- indicate <input type="checkbox"/> <b>Low</b> or <input type="checkbox"/> <b>High</b> temperature		
• location of all equipment		
<b>Site Plan</b> (to include):		
• drawing showing an arrow indicating north		
• location of the business in a building such as a shopping mall or stadium		
• location of building 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		
<b>Lighting Plan</b>		
<b>Interior finish schedule</b> (materials for floors, walls, ceilings, and coving)		
<b>Equipment list</b> , include make and model numbers (commercial equipment only, NSF or equivalent)- Provide cut sheets for review		
<b>Plumbing Plan</b> (location, type, and number of all plumbing fixtures)		

Failure to provide all information may result in a delay or disapproval of your submittal.

## Food Safety and Storage

- Will there be adequate cold holding equipment? ☐ YES ☐ NO
- Will each refrigerator, freezer, or warmer have a temperature measuring device? ☐ YES ☐ NO ☐ N/A
- Will sneeze guards be used to protect foods on display? ☐ YES ☐ NO
- Will temperature measuring devices be provided, readily accessible, and properly calibrated to ensure that the temperature of the food product is being accurately measured? ☐ YES ☐ NO ☐ N/A
- Will there be adequate hot holding equipment? ☐ YES ☐ NO
- If food will be reheated, will there be proper reheating equipment? ☐ YES ☐ NO
- Will an adequate amount of shelving space be available for dry goods storage? ☐ YES ☐ NO
- Will food be stored at least 6 inches above the floor? ☐ YES ☐ NO

## Equipment/Utensils

- If utensils used with moist foods such as ice cream, or mashed potatoes are not stored in the product, will the required dipper well be provided? ☐ YES ☐ NO ☐ N/A
- Are all containers used to store bulk food products constructed of safe materials designed to be in direct contact with food? ☐ YES ☐ NO ☐ N/A
- To provide for easy cleaning will equipment be installed with: ☐ casters ☐ gas disconnects  
☐ a seal at the wall and floor ☐ sufficient open space

## Warewashing

- What method of warewashing will be used: ☐ Manual ☐ Mechanical ☐ Both
- The specifications for the primary hot water generator are: \_\_\_\_\_ Gallons or Recovery Rate of \_\_\_\_\_ gallons per minute for tank-less water heaters @ 90° Fahrenheit rise.

## Manual Warewashing

- Will the dimensions of the three-compartment sink be large enough to accommodate the largest food contact surface completely submerged (including large pots and pans)? ☐ YES ☐ NO
- Dimensions of each compartment of the three compartment sink are \_\_\_\_\_ inches long  
 \_\_\_\_\_ inches wide \_\_\_\_\_ inches deep.
- Will drain-boards be provided on both ends of the three-compartment sink? ☐ YES ☐ NO
- What type of sanitizer will be used? ☐ Chlorine ☐ Quaternary Ammonia ☐ Other: \_\_\_\_\_
- Will test strips be available to verify the concentration of sanitizer being used? ☐ YES ☐ NO

## Mechanical Warewashing

Type of sanitization to be used: ☐ **High Temperature (180° F)** ☐ **Chemical**

Capacity: \_\_\_\_\_ **racks per hour.** Final Rinse Water Usage: \_\_\_\_\_ **gallons per hour.**

Will the required drain boards be provided on both sides of the machine? ☐ **YES** ☐ **NO**

Does the dish machine have visual and/or audible notifications to verify that detergents and sanitizers were delivered during the respective washing and sanitizing cycles? ☐ **YES** ☐ **NO**

If a high temperature dish machine is used, will an irreversible registering temperature indicator (such as a maximum registering thermometer or thermolabels) be provided? ☐ **YES** ☐ **NO** ☐ **N/A**

**Note: If you only have a dishmachine and do not have a three compartment sink, you will be required to close if the dishmachine is not working properly.**

## Plumbing and Fixtures

Will all plumbing work be completed under permit from the plumbing authority? ☐ **YES** ☐ **NO** ☐ **N/A**

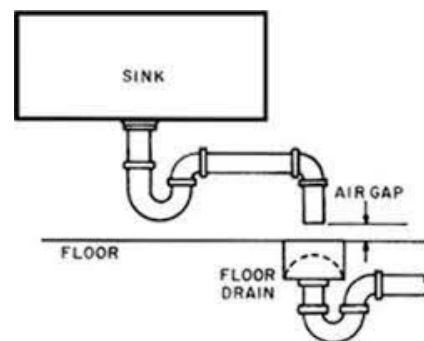
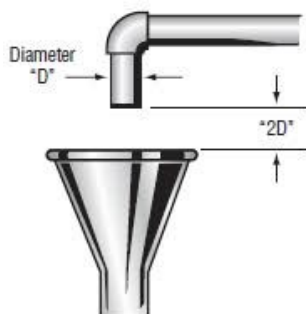
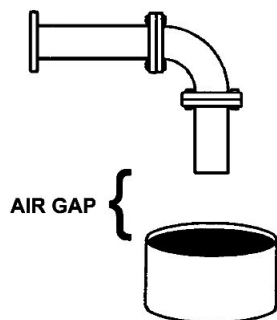
Will a grease interceptor be installed, if applicable? ☐ **YES** ☐ **NO** ☐ **N/A**

Will the potable water supply be protected from cross- contamination? Indicate where applicable:	ASSE Backflow Prevention Device	Air-Gap	N/A
Ware Washing Hoses			
Kettle Filler			
Steam Table			
Cleaning Hoses/Mop sink/Chemical dispensers			
Dipper Well			
Table top food equipment with water connection (ie. coffee)			

Will the drains of the following equipment be provided with at least a two-inch air gap?	YES	NO	N/A
Ice Machine/Ice Storage Bins			
Pop Gun Holster			
Food Processing Sinks			
Steam Tables			
Dipper Wells			
Steam Kettles and Ovens			



Examples of  
air gaps:



## Plumbing and Fixtures continued

Will the required mop sink be provided on each floor?

☐ YES ☐ NO

Will the required mop hanger be provided at the mop sink?

☐ YES ☐ NO

If the mop sink is located in the food prep or ware washing areas, will there be a partition to protect food and equipment from splash?

☐ YES ☐ NO ☐ N/A

Will the bar or server area have a dedicated dump sink available?

☐ YES ☐ NO ☐ N/A

If produce is washed or frozen foods are thawed in a sink, will the required dedicated food prep sink with an indirect (air gapped) drain be provided?

☐ YES ☐ NO ☐ N/A

## Water Supply and Sewage Disposal

Water Supply: ☐ Municipal/ Public Authority ☐ Well\*

\*Attach the Ohio EPA/LCGHD approval documentation and provide PWS#\_\_\_\_\_.

Sewage Disposal: ☐ Municipal/Sanitary Sewer ☐ Semi-Public\*

\*Attach the Ohio EPA/LCGHD Small Flow Onsite Waste Water Treatment approval documentation.

## Handwashing Facilities

Will there be a dedicated hand sink available near all food handling or ware washing areas without going through a doorway?

☐ YES ☐ NO

Will all hand sinks be installed in a manner that prevents splash contamination to food and food contact surfaces?

☐ YES ☐ NO

Will soap, paper towels/ hand drying facilities, trash receptacles, and signage promoting hand washing be provided at all hand sinks?

☐ YES ☐ NO

## Refuse Storage and Disposal

Will all outdoor refuse receptacles...

- Be placed on a graded and paved surface? ☐ YES ☐ NO
- Be located away from storm drains? ☐ YES ☐ NO
- Be rodent proof and leak proof? ☐ YES ☐ NO
- Have tight fitting lids/covers/ drain plugs? ☐ YES ☐ NO
- Be shown on the enclosed site plan? ☐ YES ☐ NO
- Are drain plugs in dumpster? ☐ YES ☐ NO

Is there an outdoor grease storage receptacle? ☐ YES ☐ NO

Is there an area designated for garbage can or floor mat cleaning inside or outside the building?

☐ Inside ☐ Outside

**If you answered outside, you must clean equipment (including carts, mats, garbage cans, and racks) in a designated wash area that allows NO discharge to the storm drains.**

## Lighting

Will at least 50 foot-candles of light be provided at:

- Food preparation areas? ☐ YES ☐ NO ☐ N/A
- Areas employees work with utensils or equipment? ☐ YES ☐ NO ☐ N/A

Will at least 20 foot-candles of light be provided at:

- Consumer self-service areas? ☐ YES ☐ NO ☐ N/A
- Inside equipment? ☐ YES ☐ NO ☐ N/A
- Areas used for handwashing? ☐ YES ☐ NO ☐ N/A
- Areas used for warewashing? ☐ YES ☐ NO ☐ N/A
- Areas used for equipment storage? ☐ YES ☐ NO ☐ N/A
- In restrooms? ☐ YES ☐ NO ☐ N/A

Will at least 10 foot-candles of light be provided at:

- Walk-in coolers and freezers? ☐ YES ☐ NO ☐ N/A
- Dry storage areas? ☐ YES ☐ NO ☐ N/A
- All areas when cleaning? ☐ YES ☐ NO ☐ N/A

Will the required shielding or shatter-resistant lamps be provided for light fixtures in food storage, preparation, display, and service areas? ☐ YES ☐ NO ☐ N/A

## Ventilation

Will a commercial exhaust hood with an approved fire suppression system be provided to service cooking equipment producing grease-laden vapors? (Check with local fire if applicable) ☐ YES ☐ NO ☐ N/A

Will a commercial exhaust hood be provided to service a hot temperature dish machine? ☐ YES ☐ NO ☐ N/A

## Interior Finishes

All room finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/ vapors, food/ wet bars, buffet lines, drink dispensing areas, mop sinks/ service sinks, steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to moisture. Fiberglass Reinforced Plastic (FRP), tile, stainless steel, or other approved materials such as painted drywall or sealed block are required.

Complete the following chart to indicate all interior building materials.				
Area	Floor	Walls	Coved Base	Ceiling
<i>Example</i>	<i>Quarry Tile</i>	<i>FRP</i>	<i>Rubber Base Molding</i>	<i>Vinyl Coated Tile</i>
Food Preparation				
Cooking				
Warewashing				
Food Storage				
Bar				
Restrooms				
Service Areas/ Buffets/Salad Bars				
Dining				
Mop Room				

## General Facility Considerations

Will public restrooms be accessible without passing through food preparation, food storage, or warewashing areas? ☐ YES ☐ NO ☐ N/A

Will restrooms be equipped with self-closing room doors (if located in the food preparation area) and adequate ventilation? ☐ YES ☐ NO

Will a separate storage area be provided for employees personal belongings? ☐ YES ☐ NO

Will there be a designated employee smoking/break area provided outdoors with a cigarette and trash receptacle? ☐ YES ☐ NO

Will all toxic chemicals be stored away from food preparation and storage areas? ☐ YES ☐ NO

Where will cleaning supplies and chemicals be stored? \_\_\_\_\_

Will laundry facilities be located on premise? ☐ YES ☐ NO

Where will clean linens be stored? \_\_\_\_\_

Where will soiled linens be stored? \_\_\_\_\_

Will all openings to the exterior (doors, windows, ventilation discharges, etc.) be designed to keep out rodents and insects? ☐ YES ☐ NO

If you want to leave an exterior door or window open, it must be supplied with a tight fitting screen that meets both building and fire codes. Is your facility compliant with this requirement? ☐ YES ☐ NO ☐ N/A

If a portion of the restaurant is designed to be open air for part of the year, will the kitchen be fully enclosed with tight fitting doors or screens to prevent entrance of pests? ☐ YES ☐ NO ☐ N/A

Pesticides can only be applied by a licensed commercial applicator. Will there be a pest management program instituted? ☐ YES ☐ NO

## Plan Review Submission

Plans Review Submittals Requiring a Hazard Analysis Critical Control Point (HACCP) Plan:

\_\_\_\_\_ Acidified White Rice (i.e. sushi rice)

\_\_\_\_\_ Vacuum Packaging (including ROP, cook-chill, sous vide)

\_\_\_\_\_ Prepared and Packaged On-site Fresh Squeezed Juice

-If not pasteurized, provide label sample with Warning Statement

-If No Warning label, submit HACCP plan and state variance or proof of pasteurization

This application is complete and accurate to the best of my knowledge. I understand that an incomplete submittal may delay the plan review process. I understand that any deviation from the initial submittal without prior approval from LCGHD may nullify final approval.

**I have enclosed a completed LCGHD Plan Review Checklist.**

**I have enclosed the plan review fee of \$ \_\_\_\_\_ (payable to LCGHD).**

**Signature of applicant:** \_\_\_\_\_

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

Submit to: Lake County General Health District  
5966 Heisley Road  
Mentor, Ohio 44060  
Phone- 440-350-2543