



**Ashtabula County Health Department
12 West Jefferson St.
Jefferson, OH 44047**

Raymond Saporito, M.P.H., R.S.
Health Commissioner

FOOD SERVICE PLAN REVIEW

Telephone: 440-576-6010
Fax: 440-576-5527

The attached information will help guide you through the approval process in order to get your business opened on schedule. In addition to the Ashtabula County Health Department you will also be working with the following other agencies. These agencies need to be contacted before any work is started.

1. **Ohio Environmental Protection Agency (OEPA)** **330-963-1200**
The proposed food operation must be served by sanitary sewers or by an OEPA approved sewage treatment system. An OEPA approved water supply must be provided as well.
2. **Ashtabula County Building Department** **440-576-3737**
They will need to be contacted concerning all building approvals. Contact them concerning plan submission, permits and inspection frequencies. The Building Department approval will also include fire safety approval.
3. **Ashtabula County Plumbing Department** **440-576-6010**
For permit and inspections of the plumbing system in your operation.
4. **Local Zoning Department**
5. **Ashtabula County Auditor** **440-576-3783**
To obtain a vendors license.

To obtain plan approval from our department you need to submit the following items:

1. **Facility Layout and Equipment Specification Review (Page 3)**
There is a fee of \$75.00 payable to the Ashtabula County Health Department. When the plans are approved a letter to that effect will be mailed to you.
2. **Sample Floor Plan(s)**

This will give you an idea on how to draw up the required floor plan please see page 6.



**Ashtabula County Health Department
12 West Jefferson St.
Jefferson, OH 44047**

Telephone: (440)-576-6010
Fax: (440)-576-5527

3. **Plan Approval Criteria**

3717-1-09 Criteria for review of a facility layout and equipment specifications.

(A) The facility layout and equipment specifications submitted for the approval of the licenser shall clearly confirm that the applicable provisions of Chapter 3717-1 of the Administrative Code can be met. The facility layout and specifications shall be legible, be drawn reasonably to scale, and shall include:

- (1) The type of operation or establishment proposed and foods to be prepared and served;
- (2) The total area to be used for the food service operation or retail food establishment including square footage;
- (3) A site plan that includes:
 - (a) Location of business in a building such as a shopping mall or stadium;
 - (b) Location of building on site, including alleys, streets, and location of any outside support of infrastructure such as dumpsters, potable water source, and sewage treatment system
 - (c) Interior and exterior seating areas.
- (4) Entrances and exits;
- (5) Location, number and types of plumbing fixtures, including all water supply facilities;
- (6) Plan of lighting
- (7) A floor plan showing the fixtures and equipment;
- (8) Building materials and surface finishes to be used; and
- (9) An equipment list with equipment manufacturers and model numbers.

4. **Food Service Data Sheet (Page 4)**

List the make and model numbers of all equipment to be used and provide a copy of the menu.

5. **Level Two Certification in Food Protection**

All Level 3 and 4 food service/food establishment operations must have one manager take the Level Two Certification in Food Protection Course. In addition, at least one person in charge per shift of all food operations must have a level one certification in food protection. You may contact the Ohio Department of Health Food Protection Program at (614) 466-1390 to obtain a list of approved Level Two Certification Food Protection Trainers.

6. **Inspection Approval Sheet (Page 5)**

This sheet will record the signed approvals from the Building Department and Fire Department, Plumbing Department and the Health Department.

Contact our office at least 72 hours (3 business days) before you wish to open, to schedule a Pre-license inspection. This inspection insures that an operation is constructed according to the approved plans. Once the inspection is satisfactorily completed and all the required paper work is received, you can obtain your license. Good Luck in your endeavor. Should you have further questions, contact a Sanitarian at the Ashtabula County Health Department at 440-576-6010 option 3 between 8 & 10 a.m. weekdays. **Failure to submit food service/food establishment plans to address the previously mentioned criteria will result in the disapproval of the plans you submitted for your proposed food service/ food establishment.**

Plan approval of food service and food establishment operations valid for 2 years from date of issuance



ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON ST.
Jefferson, OH 44047

Telephone: (440)-576-6010
Fax: (440)-576-5527

FSO/FE REVIEW _____
FEE PAID _____
DATE PAID _____
RECEIPT
NUMBER _____

**FOOD SERVICE/FOOD ESTABLISHMENT FACILITY LAYOUT
AND EQUIPMENT SPECIFICATION REVIEW**

OPERATION NAME _____

OPERATION ADDRESS _____

TELEPHONE NUMBER _____

OPERATOR/OWNER _____

ADDRESS _____

TELEPHONE NUMBER _____

Office Use Only

Sanitarian _____

Date of Review _____

Approved _____ Disapproved _____

LEVEL 1 _____ 2 _____ 3 _____ 4 _____ FSO _____ RFE _____

COM _____ NONCOM _____ <25,000 _____ >25,000 _____

OEPA LIMITED MENU APPROVED: _____ YES _____ NO

*****PLAN APPROVAL OF FOOD SERVICE/FOOD ESTABLISHMENT**
OPERATIONS VALID FOR 2 YEARS FROM DATE OF ISSUANCE****



FOOD SERVICE DATA SHEET

OPERATION NAME: _____

ADDRESS: _____ PHONE: _____

OPERATOR/OWNER: _____

MAILING ADDRESS: _____ PHONE: _____

TYPE OF FOOD TO BE PREPARED AND/OR SERVED: Provide a copy of the menu

EQUIPMENT LIST

All new, used and existing equipment must be of a type approved by the Ashtabula County Health Department.

Table with 4 columns: ITEM/EQUIPMENT, MANUFACTURER, MODEL #, SERIAL #. Multiple rows of blank lines for data entry.

This food service data sheet must be submitted with the detailed plans. If more space is needed for the equipment list, please copy this sheet.



ASHTABULA COUNTY HEALTH DEPARTMENT
12 WEST JEFFERSON ST.
JEFFERSON, OH 44047

Telephone: (440)-576-6010
Fax: (440)-576-5527

Inspection Approval Sheet

Food Service and Retail Food Establishment Licensing

OPERATION NAME: _____

ADDRESS: _____

OPERATOR/OWNER: _____

PHONE NUMBER: _____

	<u>DATE</u>	<u>SIGNATURE</u>
BUILDING & FIRE INSPECTION:	_____	_____
PLUMBING INSPECTION:	_____	_____
HEALTH DEPARTMENT INSPECTION:	_____	_____

LEVEL ONE CERTIFICATION _____

LEVEL TWO CERTIFICATION _____

OK TO LICENSE _____ LEVEL 1 _____ 2 _____ 3 _____ 4 _____

FSO _____ RFE _____ COM _____ NONCOM _____ <25,000 _____ >25,000 _____

OEPA LIMITED MENU APPROVED: _____ YES _____ NO

All inspections must be completed and signed off before a Food Service License can be obtained from the Ashtabula County Health Department. If you have questions contact a Sanitarian between 8 & 10 A.M. weekdays 440-576-6010 option 3.

Menu
 Steak Salad
 Chicken Pop
 Fish Bread
 Hamburgers

**Example
 Food Service Operation
 Floor Plan**

Food Service Operation:
 Operator:
 Location:
 Township:
 Phone:

