Public Health
Prevent. Promote. Protect.
MORGAN COUNTY HEALTH DEPT.

Morgan County Health Department
4275 N St Rt 376 NW
McConnelsville, OH 43756
Phone: 740-962-4572
Fax: 740-962-3271

2026 Plan Review Fee: 50% of local license fee

Food Facility Plan Review Application

Name of Establishment: _____

Category: ☐Restaurant ☐Institution ☐Retail Market ☐Other

Address: _____

Phone if available:_____

Name of Owner:_____

Mailing Address:_____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc):_____

Mailing Address:_____

Telephone:_____

I have submitted plans/applications to the following authorities on the following dates:

_____Mid East Ohio Building Department _____Health Dept. – Sewage

_____ EPA – Water _____Health Dept. – Plumbing

Hours of Operation: Mon_____ Tues_____ Wed_____Thurs_____

Fri_____ Sat _____ Sun_____

Total Square Feet of Facility:_____

Number of Floors on which operations are conducted:_____

Projected Date for Start of Project:_____

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Projected Date for Completion of Project:_____

Type of Service: ☐Sit Down Meals ☐Take Out ☐Caterer ☐Other
(check all that apply)

Revised 1 - 21

Please enclose the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)
- If applicable, include a consumer advisory explaining the increased risk associated with eating some foods in a raw or undercooked form.

_____ Manufacturer Specification sheets for each piece of equipment shown on the plan

_____ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

_____ Equipment schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.

2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.

3. Label and locate food preparation sink(s).

4. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation, food dispensing, wait station and ware washing.

5. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

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6. Include and provide specifications for:

    a. Entrances, exits, loading/unloading areas and docks.

    b. Complete finish schedules for each room including floors, walls ceilings and covered juncture bases.

    c. Location of exposed overhead waste- water lines if applicable.

    d. Lighting schedule with protectors;

        (1) At least 10-foot candles at a distance of 30 inches above the floor, in walk-in refrigerator units and dry food storage areas and in other areas and rooms during periods of cleaning;

        (2) At least 20-foot candles:

            (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.

            (b) Inside equipment such as reach-in and under-counter refrigerators.

            (c) At a distance of 30 inches above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms.

        (3) At least 50-foot candles at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

    e. Food equipment schedule to include make, model numbers and listing equipment that is certified or classified for sanitation by an NSF or equivalent certification program.

    f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.

Reheating:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F within 2 hours? Indicate type and number of units used for reheating foods.

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Preparation / Serving:

1. Will food employees be trained in proper food sanitation practices? YES / NO
   Method of training

2. Please indicate method used to prevent direct hand contact with ready to eat foods.

3. Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO
   Please describe:

4. Describe method and frequency for cleaning in place equipment and other food contact surfaces such as prep tables and cutting boards.

5. Will all produce be washed on-site prior to use? YES / NO
   Is there a planned location used for washing produce? YES / NO
   Describe:

6. Will the facility be serving food to a highly susceptible population? YES / NO
   If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

7. Will the facility serve raw or undercooked hazardous foods such as rare hamburger, sushi, or raw oysters? Please list types of food:

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Insect And Rodent Control:

Please check appropriate boxes.

	Yes	No
1. Will all outside doors be self-closing and rodent proof?	( )	( )
2. Are screen doors provided on all entrances open to the outside?	( )	( )
3. Do all windows that will be open have a minimum #16 mesh screening?	( )	( )
4. Will all pipes & electrical devices chases be sealed; ventilation systems exhaust and intakes protected?	( )	( )
5. Is area around building clear of unnecessary brush and other harborage?	( )	( )
6. Will air curtains be used? If yes, where?_____	( )	( )

Garbage and Refuse:

Inside

1. Do all containers have lids?	( )	( )
2. Will refuse be stored inside? If so, where?_____ _____	( )	( )
3. Is there an area designated for garbage can or floor mat cleaning?	( )	( )

Outside

4. Will a dumpster be used? Number_____ Frequency of pickup_____ Contractor_____	( )	( )
5. Will garbage cans be stored outside?	( )	( )

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6. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

_____

_____

7. Describe location of used grease container:

_____

_____

Water Supply:

1. Is water supply public ( ) or private ( ) ?

2. If private, has source been approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

Sewage Disposal:

1. Is building connected to a municipal sewer? YES ( ) NO ( )

2. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

   Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES ( ) NO ( )

If so, where?_____

_____

Dishwashing Facilities:

1. Will sinks or a dishwasher be used for primary warewashing?

   Dishwasher ( )
   Three compartment sink ( )

2. Dishwasher

   Type of sanitization used:

   Hot water (temp. provided) _____
   Booster heater _____
   Chemical type _____

   Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

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4. Are there drain boards on both ends of the 3 compartment sink? YES ( ) NO ( )

5. What type of sanitizer is used in 3 compartment sink?

		Concentration or sanitizers indicated	test strips
Chlorine	( )	_____	_____
Iodine	( )	_____	_____
Quaternary ammonium	( )	_____	_____
Hot water	( )	_____	_____
Other	( )	_____	_____

Handwashing/Toilet Facilities:

1. Is there a handwashing sink in each food preparation, food dispensing and ware washing area? YES ( ) NO ( )

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES ( ) NO ( )

6. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

7. Is hot and cold running water under pressure available at each handwashing sink? YES ( ) NO ( )

8. Are all toilet room doors self-closing? YES ( ) NO ( )

9. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

10. Is a handwashing sign posted at each handwashing sink YES ( ) NO ( )

Signature: _____ Date: _____