



Ashtabula County Health Department

12 West Jefferson Street  
Jefferson, Ohio 44047-1096  
(440) 576-6010

# FOOD SERVICE / FOOD ESTABLISHMENT PLAN REVIEW NOTICE

All food service/food establishment plan review applicants are responsible for ensuring that their food service/food establishment operations will be connected to approved Ohio Environmental Protection Agency sewage disposal systems.

The Ashtabula County Health Department will not refund food service/food establishment plan review fee payments to applicants once food service/ food establishment plans have been approved by the Ashtabula County Health Department.

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Dear Prospective Food Service/Retail Food Establishment Operators:

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** **330-425-9171**  
Commercial Sewage Disposal Approval required. The proposed food service operation must be served by sanitary sewers or by an OEPA approved sewage disposal system. An OEPA approved water supply must also be provided to obtain a food service/food establishment operation license.
2. **Ashtabula County Building Department** **576-3737**  
They will need to be contacted concerning all building approvals. Contact them concerning plans submission, permits and inspection frequencies. The Building Department approval will also include fire safety approval.
3. **Ashtabula County Plumbing Department** **576-6010**  
For permitting and inspections of the plumbing system in your operation.
4. **Local Zoning Department**
5. **Ashtabula County Auditor** **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**  
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.
3. **Plan Approval Criteria Sheet**

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4. **Food Service Data Sheet**

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

5. **Inspection Approval Sheet**

This sheet contains required approvals from the County Building Department, County Plumbing Department and the Fire Department.

When the various agencies approve their respective areas they need to sign and date this form. When completed, it needs to be returned to this department prior to obtaining your license. **NO LICENSE WILL BE ISSUED WITHOUT THIS COMPLETED FORM.**

6. **Level One Certification in Food Protection**

All new food service/food establishment operations must have each person in charge per shift take the Level One Certification in Food Protection Course before the Ashtabula County Health Department can issue a food service or food establishment license. You may contact the Ohio Department of Health Food Protection Program at (614) 466-1390 to obtain a list of approved Level One Certification Food Protection Trainers. One online course you can take to receive this certification can be found at:

<http://www.servsafe.com/catalog/ProductList.aspx?MS=SST&SCID=52&RCID=21>.

**\*\*\*NOTE:** The Ashtabula County Health Department has obtained approval from the Ohio Department of Health to provide Level One Certification in Food Protection to new food service/food establishment operations. For more information contact the Ashtabula County Health Department at 576-6010.

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 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 5 between 8 & 10 a.m. weekdays.

**ONCE THE PLAN APPROVAL IS COMPLETED AND YOU HAVE OBTAINED LEVEL ONE CERTIFICATION IN FOOD PROTECTION TRAINING FOR THE PERSON IN CHARGE OF EACH SHIFT, YOU WILL BE ELIGIBLE TO OBTAIN A FOOD SERVICE/FOOD ESTABLISHMENT LICENSE.**

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

FSO/FE Review # \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Receipt Number \_\_\_\_\_

The Ashtabula County Health Department  
12 West Jefferson Street  
Jefferson, Ohio 44047  
(440) 576-6010

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

OPERATION NAME \_\_\_\_\_

OPERATION ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

OPERATOR/OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

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

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**TO:** Proposed Food Establishment and Food Service Operators  
**FROM:** Ashtabula County Health Department  
**RE:** Plan Approval Criteria

Please note that the plans for your Food Service Operation/Food Establishment must address all criteria listed below.

**3717-1-09 Criteria for reviewing facility layout and equipment specifications.**

(A) The facility layout and equipment specifications submitted for the approval of the licensor (Ashtabula County Health Department) shall clearly confirm that the applicable provisions of Chapter 3717-1 of the Administrative Code (Ohio Uniform Food Safety 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) All portions of the premises in which the food service operation or retail food establishment are to be conducted;
- (4) Entrances and exits;
- (5) Location, number and types of plumbing fixtures, including all water supply facilities;
- (6) Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces;
- (7) A floor plan showing the general layout of fixtures and other equipment;
- (8) Building materials and surface finishes to be used; and
- (9) An equipment list with equipment manufacturers and model numbers.

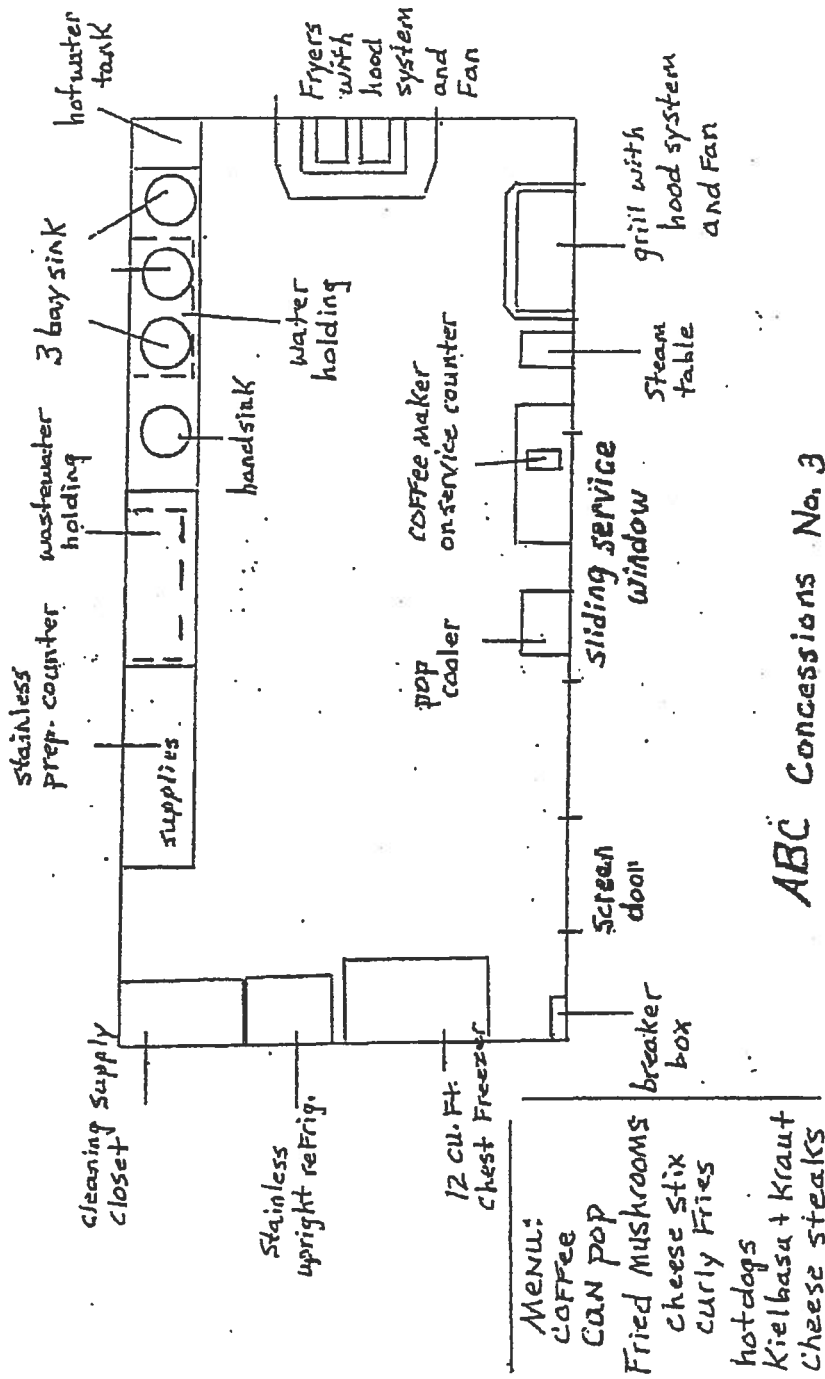
**Failure to submit food service/food establishment plans to address the previously mentioned criteria will result in the disapproval of the plans you submitted for your proposed food service/ food establishment.**

Plan approval of food service/food establishment operations are valid for 2 years from date of issuance.

Should you have any further questions pertaining to this matter, please contact the Ashtabula County Health Department at (440) 576-6010 between 8 & 10 a.m. weekdays.

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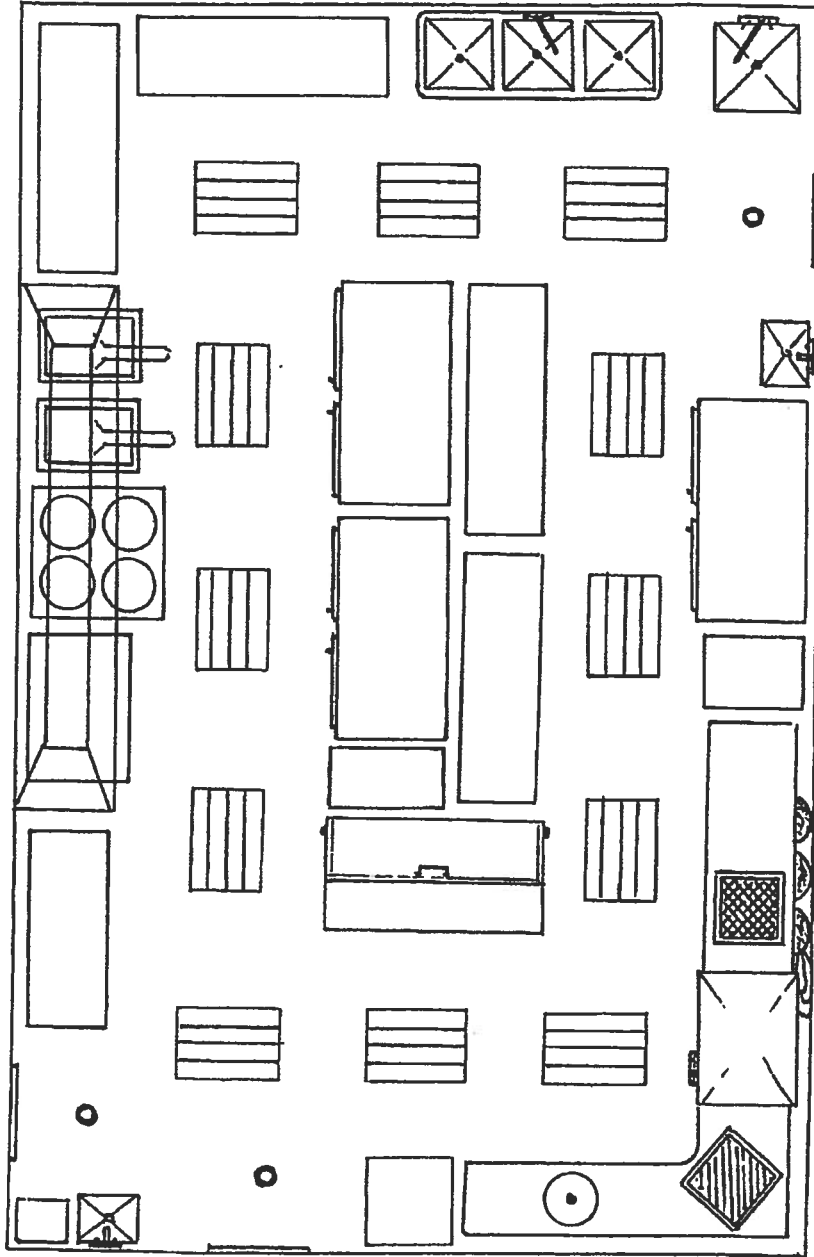
# EXAMPLE OF FLOOR PLAN FOR A MOBILE FOOD SERVICE OPERATION





ABC Concessions No. 3

REPRESENTATIVE / EXAMPLE KITCHEN LIGHTING

- PLAN -



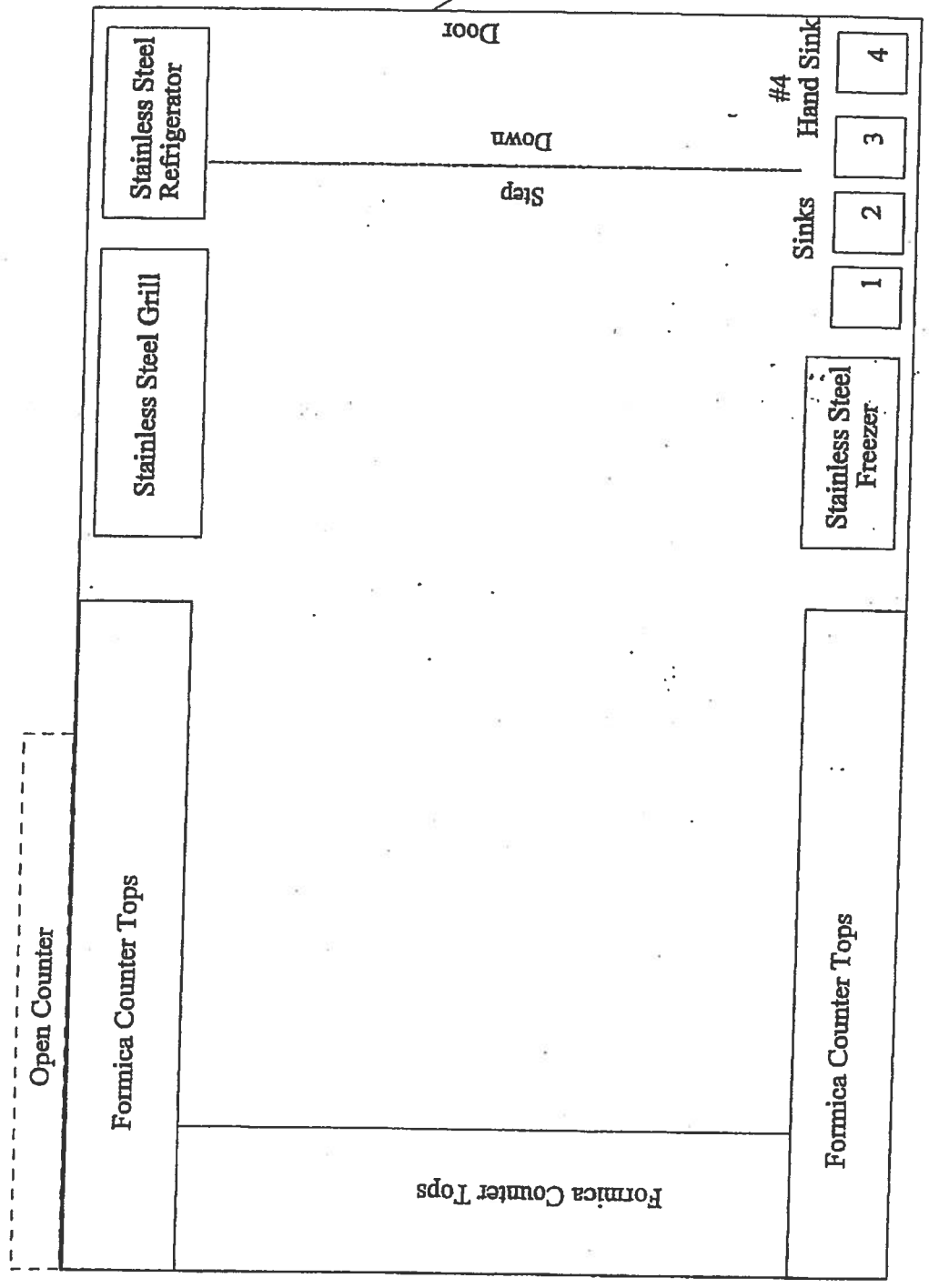
LEGEND:

-  : 36" T8 FLOURESCENT 4-TUBE FIXTURE  
25 WATT/TUBE, 2250 LUMENS/TUBE
-  : 75 WATT HANGOVER RECESSED FLOOD  
LAMP 30 120 VOLT 1000 LUMENS

- Menu
- Steak
- Salad
- Chicken
- Pop
- Fish
- Bread
- Hamburgers

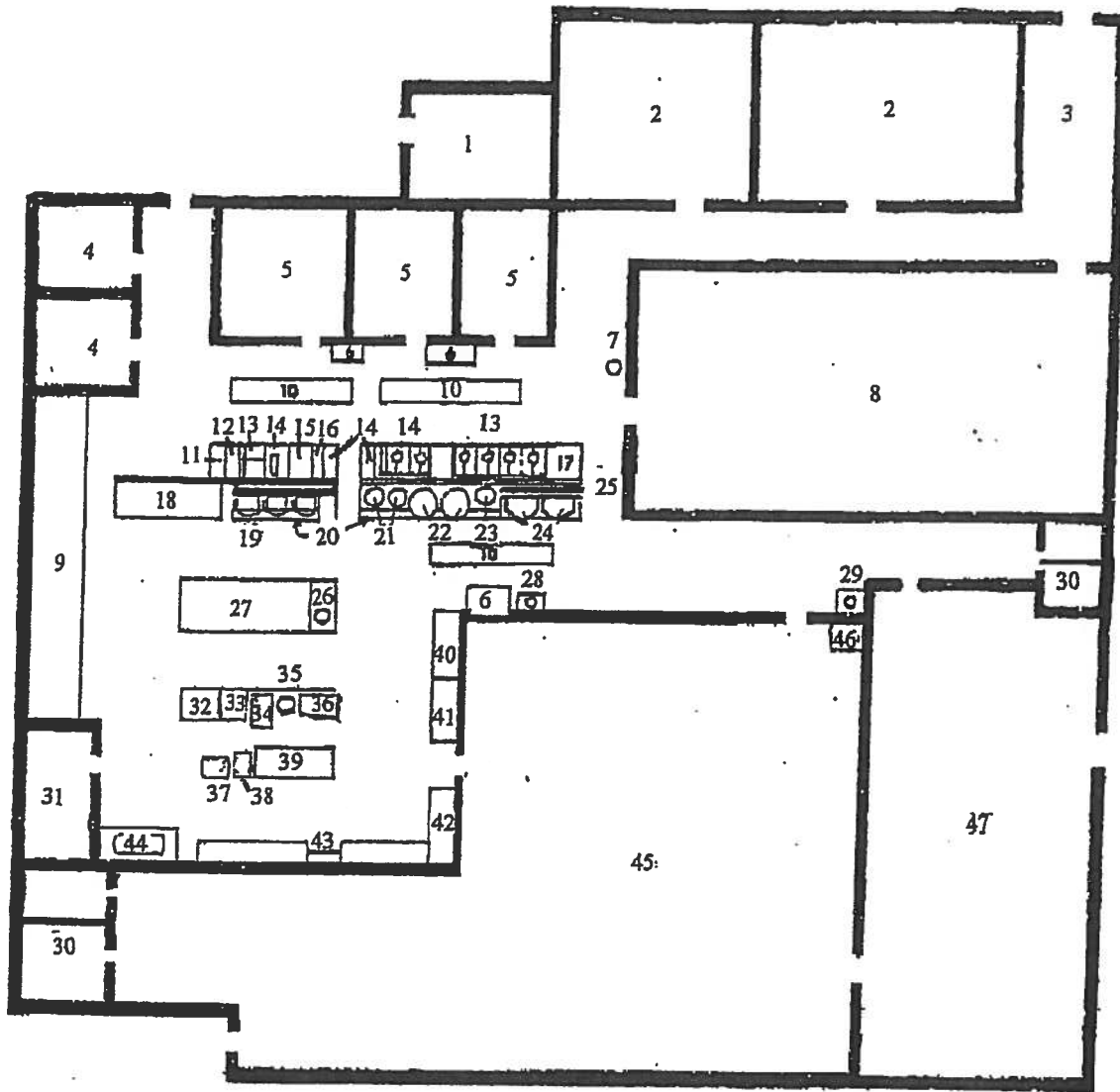
## Example Food Service Operation Floor Plan

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





# Example Floor Plan



- |                                 |                                 |                                     |
|---------------------------------|---------------------------------|-------------------------------------|
| 1. Refuse Storage               | 17. Char-glo Broiler            | 33. Dough Mixer - 20 Qt.            |
| 2. Walk-in Freezer              | 18. Roast Oven                  | 34. Doug Mixer - 30 Qt.             |
| 3. Receiving Area               | 19. Vegetable Steamers          | 35. Steam Jacketed Kettle - 30 Gal. |
| 4. Employee Lockers/Rest Rooms  | 20. Exhaust Hoods               | 36. Hot Plates                      |
| 5. Walk-in Refrigerator         | 21. 60 Qt Steam Jacketed Kettle | 37. Cooling Rack                    |
| 6. Reach-in Refrigerator        | 22. 80 Qt Steam Jacketed Kettle | 38. Convection Oven                 |
| 7. Potato Peeler                | 23. Tilting Kettle              | 39. Bake Ovens                      |
| 8. Dry Food Storage             | 24. Tilting Skillets            | 40. Ice Machine                     |
| 9. Clean Dish & Utensil Storage | 25. Kettle Filler               | 41. Water Station                   |
| 10. Prep Tables                 | 26. Vegetable Sink              | 42. Scrap and Pre-rinse             |
| 11. Open Burner                 | 27. Salad/Sandwich Prep         | 43. Dish Machine                    |
| 12. Range Grill Top             | 28. Handwashing Sink            | 44. Pot and Pan Sinks               |
| 13. Salamander Broiler          | 29. Utility Sink                | 45. Main Dining                     |
| 14. Deep Fat Fryer              | 30. Public Rest Rooms           | 46. Waitress/Waiter Station         |
| 15. Broiler                     | 31. Office                      | 47. Banquet Room                    |
| 16. Spreader                    | 32. Spice Rack                  |                                     |





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\* Keep this form for final signatures

INSPECTION APPROVAL SHEET

FOOD SERVICE /RETAIL FOOD ESTABLISHMENT LICENSING

OPERATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OPERATOR/OWNER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF APPROVAL SIGNATURE

BUILDING & FIRE INSPECTION: \_\_\_\_\_

PLUMBING INSPECTION: \_\_\_\_\_

HEALTH DEPARTMENT INSPECTION: \_\_\_\_\_

LEVEL ONE CERTIFICATION IN FOOD PROTECTION \_\_\_\_\_ YES

NAME OF EMPLOYEE \_\_\_\_\_

COURSE NAME \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_

\*\*\*\*\*

Sanitarian Use Only \_\_\_\_\_
Initials

OK TO LICENSE \_\_\_\_\_ LEVEL 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

FSO \_\_\_\_\_ RFE \_\_\_\_\_ COM \_\_\_\_\_ NONCOM \_\_\_\_\_ <25,000 \_\_\_\_\_ >25,000 \_\_\_\_\_

OEPA LIMITED MENU APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO

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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 AT 440-576-
6010.

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