

STARK COUNTY HEALTH DEPARTMENT  
 FOOD SAFETY PROGRAM  
 3951 Convenience Circle  
 Canton, Ohio 44718  
 Phone 330-493-9904 Fax 330-493-9904

## PLAN REVIEW CHECKLIST

**Anticipated Start of Construction Date:** \_\_\_\_\_ **Anticipated Completion Date:** \_\_\_\_\_

**INSTRUCTIONS: Complete all sections of the Plan Review Checklist. If any section of the checklist is not applicable, mark "N/A" in question box.**

Facility Name	Phone	Fax
Facility Address	Zip Code	Municipality
Owner's Name (Corporate Name and President)	Phone	
Mailing Address	Zip Code	Fax
Contact Person/Title	Phone	Fax

**Type of Plan Review Submitted:**

- Facility that is completely new or never operated as a food service.
  
- Facility that will have extensive changes in structure of kitchen, equipment and /or menu.

**Business Description**

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**PLAN REVIEW FEE \$** \_\_\_\_\_ **Make check payable to Stark County Health Dept.**

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Signature/Title

**Note: A pre-opening inspection must be conducted by this department prior to opening. All construction and work and permits must be completed before the inspection.**

## AUTHORITIES

I have submitted plans/applications to the following authorities:

Zoning    Plumbing    Fire    Building    Electric    Regional Planning

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## MENU

Is a menu provided with a detailed list of all food and beverages?    Yes    No

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## WATER SUPPLY

Source of Water Supply:    Municipal    Private Well

**If private, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact the Ohio EPA at 1-800-686-6330.**

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Water Heater Capacity: \_\_\_\_\_ gallons   BTU's or Kw \_\_\_\_\_   Water Temp \_\_\_\_\_

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## SEWAGE DISPOSAL

Type of Sewage Disposal:    Municipal    Private System

**If private, please note that the system must be inspected and approved prior to issuance of a Health Permit. Please contact the Ohio EPA at 1-800-686-6330.**

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Grease Trap:    Indoor (Size) \_\_\_\_\_    Outdoor (Size) \_\_\_\_\_

**Stark County Sewer Department requires that all new and existing facilities be evaluated and upgraded to a 750 gallon minimum outdoor grease trap unless menu and/or other constraints dictates otherwise. Fill out attached worksheet for sizing of outdoor grease trap.**

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## TOILET ROOMS

Are separate and dedicated employee toilet rooms provided?    Yes    No

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Is adequate ventilation provided in all toilet rooms?    Yes    No

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## HAND WASHING FACILITIES

Are hand washing facilities provided in each food preparation and ware-washing area?  Yes  No

**Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.**

**All sinks must be equipped with hot and cold running water supplies through a mixing valve or combination faucet. Soap, paper towels, trash receptacle, and sign promoting hand washing must be provided.**

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## UTENSILS AND EQUIPMENT

Will all equipment conform to current National Sanitation Foundation (NSF) standards?  Yes  No

Are equipment specifications provided?  Yes  No

**No residential equipment is permitted unless approved by the Health Department.**

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## UTENSIL WASHING

Type of Utensils Used:  Single Service  Multi-Use

Method of Cleaning and Sanitizing:  Three Compartment Sink  Dishwasher

Will sinks have drainboards?  Yes  No

Mechanical Dishwasher Sanitization:  Chemical  Hot Water

**High temperature dishwashers must be properly ventilated.**

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## DRY STORAGE

Is sufficient space provided for the storage of food  Yes  No

equipment, and utensils?

Number of Cubic Feet for Storage: \_\_\_\_\_

Is a separate area available for personal belongings?  Yes  No

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## REFRIGERATION

Are adequate NSF standard refrigeration facilities provided?  Yes  No

Number of Cubic Feet of Refrigeration: \_\_\_\_\_

Number of Cubic Feet of Freezer Space: \_\_\_\_\_

**No ice may be used to hold potentially hazardous foods (potato salad, cheese).  
Commercial mechanical refrigeration must be provided.**

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Will accurate thermometers be provided?  Yes  No

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Will potentially hazardous foods be refrigerated while on display?  Yes  No

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## HOT HOLDING

What NSF hot holding equipment will be used for potentially hazardous foods?

Specify type: \_\_\_\_\_

**Residential crock pots are not recommended in a restaurant unless the utensil can be stored in the product.**

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## COOLING

Will foods be cooled down for later use?  Yes  No

Specify type: \_\_\_\_\_

How will these foods be cooled? \_\_\_\_\_

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## REHEATING

Will there be food that is reheated?  Yes  No

Specify type: \_\_\_\_\_  
\_\_\_\_\_

How will these foods be reheated? \_\_\_\_\_  
\_\_\_\_\_

## FOOD PREPARATION

Will a separate food preparation sink be installed?  Yes  No

If no, designate which sink will be utilized. \_\_\_\_\_  
\_\_\_\_\_

Will reduced oxygen packaging, canning, or smoking be done?  Yes  No

**If yes, information on developing a HACCP plan may be obtained by contacting the Food Safety Program at 330-493-9904.**

Please list category of foods prepared more than 12 hours in advance of service:  
\_\_\_\_\_  
\_\_\_\_\_

## VENTILATION

Type of ventilation system:  Canopy  Ventilation (updraft)

Size of Hood: Length \_\_\_\_\_ Width \_\_\_\_\_ Overhang \_\_\_\_\_

Exit for Exhausted Air:  Roof  Side of Building

Source of Make-up Air:  Within Hood  Automatic Louvered Fan

Passive Louvered Vent  Other

**If other, explain:** \_\_\_\_\_

**Exhaust should not create a public nuisance.**

  
\_\_\_\_\_

## EMPLOYEE HEALTH

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions?  Yes  No

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### REFUSE

Identify location of refuse storage area: \_\_\_\_\_

Is the refuse area enclosed?  Yes  No

What is the size of the container? \_\_\_\_\_

Specify name of waste hauler: \_\_\_\_\_

What is the frequency of pickup? \_\_\_\_\_

**Refuse area must be shown on site plan Containers must be rodent and leak proof with tight fitting lids.**

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### GENERAL PREMISES

Is a site plan provided showing the building in relation to streets, sidewalks, parking and garbage areas.  Yes  No

Is a mop sink provided for filling and emptying mop buckets?  Yes  No

Is there an area to hang up cleaning equipment?  Yes  No

Is adequate storage for employee belongings available separate from food prep and food storage areas?  Yes  No

Will laundry facilities be provided on the premises?  Yes  No

Are exterior doors and openings properly screened and tight fitting?  Yes  No

Is there a separate area from food to store toxic chemicals?  Yes  No

Will there be a pest management program instituted?  Yes  N

Hours of Operation? \_\_\_\_\_

Total square feet of facility: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

## LIGHTING

Do food preparation areas have 50 foot candles of light?  Yes  No

Do food storage areas have 20 foot candles of light?  Yes  No

Are lights shielded over food storage, preparation, display or service?  Yes  No

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## FINISH SCHEDULE

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
FOOD STORAGE				
BAR				
TOILET ROOMS				
MOP SINK AREA				
WARE-WASHING				
WALK-IN-COOLERS & FREEZERS				