



Public Health
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Ashtabula City Health Department

Food Service Operation & Retail Food Establishment

Facility Review Guide and Application

Food Service Operations and Retail Food Establishments are required by law to submit plans for any new or significantly altered facility to the local health department. This process is performed in order to eliminate possible operational deficiencies and food safety violations. This guide is designed to assist you with the layout of the facility, the equipment you will need and the food preparation processes required to be able to serve a safe food product to your customers.

All retail food businesses in the City of Ashtabula are required to have a food service operation or retail food establishment license issued by the Ashtabula City Health Department. Any facility which has been closed and license lapsed is also subject to plan review and must be brought up to current code.

Facility Review Process – Plans must be submitted prior to beginning work

Once plans are submitted with the Plan Review Fee of \$50.00, the Ashtabula City Health Department is required to respond within thirty (30) days. Plans may require additional information or changes – in this case, you will be contacted. If the plans are complete, meet all requirements, an approval letter will be issued listing terms and conditions. The letter must be signed and returned to complete the process.

Inspections

Once the operation is completed, call to schedule a pre-licensing inspection to determine that the operation was constructed and/or equipped according to the approved documents early on to catch any deficiencies. Before a food license can be issued the location needs to receive approval for use or occupancy from several additional agencies. Provided is their respective contact information for the appropriate agencies and an “Inspection Sign off Sheet” to be completed. Obtain signatures from all inspectors before contacting Ashtabula City Health Department for the licensing inspection. Though we will attempt to accommodate your schedule, call early to avoid scheduling conflicts and allow time for re-inspections if necessary. Call 440-992-7121 for schedule.

Once the appropriate license fee is paid and the opening inspection is completed by Ashtabula City Health Dept you will be able to open for business.

What is required in my facility?

Every business is unique. What will be required will be based on your menu. So, you must make sure that you have the space and equipment needed to store, prepare and serve those foods safely. Please be advised this is a summary of the basic information required for the plan review and is not inclusive of all the requirements for the operations of a food service or food establishment in Ohio.

In general, you will be required to have the following...

1. **Commercial equipment** – no residential equipment is permitted (look for NSF approval labels).
2. **Storage Areas** – all storage shelves in walk-in coolers, freezers, dry food storage and utensil storage areas must be constructed of an approved material
 - **NO BARE** wooden shelving is permitted.
 - All food items, clean utensils, tableware and food contact equipment must be stored at least six (6) inches off the floor at all times.
3. **Lighting** – all lighting above food preparation, storage, service, display areas and equipment storage must be shielded.
 - Fifty (50) foot-candles of light must be provided in food preparation areas.
 - Twenty (20) foot-candles inside reach-in and under-counter coolers.
4. **Smooth & cleanable surfaces** for floors, walls & ceilings in food prep & storage areas.
 - Floor and wall materials shall be impervious to water.
 - Floor and wall joints must be coved throughout facility.
 - Ceiling tiles in kitchen must be vinyl coated.
 - Carpeting is prohibited in food preparation and washing areas.
5. **Employee lockers** or an area used only for employee belongings. Personal items are prohibited in food prep areas.
6. **Grease interceptor** (grease trap) connected to dishwashing sinks to remove fats, oils and grease from water.
7. **Fire suppression system** for grease producing equipment (fryers, grill, etc).
8. **Ventilation hoods** for cooking equipment and high temperature dish machines.
9. An approved **sanitizer** and appropriate test kit to check concentrations of your solution.
10. A **metal-stemmed thermometer** for food temperatures and refrigeration thermometers inside all cold holding units.

Required plumbing fixtures based on your menu & type of facility:

1. **Hand washing sinks** in food preparation, serving, dishwashing and bar areas. As a general rule, an unobstructed hand sink should be located within 20 feet of the work areas.
2. **Three compartment dishwashing sink** with seamless bowls and drain boards on both sides.
3. **Food preparation sink/vegetable washing sink** (with indirect drain) if produce/foods will be washed, thawed, drained or cooled with ice or under running water.
4. **Mop/Utility sink** with hooks or other means to allow mops to air dry.



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INSPECTION SIGN OFF SHEET
FOR
FOOD SERVICE OPERATIONS
&
RETAIL FOOD ESTABLISHMENTS

Name of Facility	
Address	
Operator/Owner	
Phone Number	

	Date of Approval	Signature
Fire Inspection		
Building Inspection		
Electrical Inspection		
Plumbing Inspection		
City Zoning Inspection		

All inspections must be completed and signed off before a food service license or retail license can be obtained from the Ashtabula City Health Department.

If you have any questions, contact

Terri Collett

440-992-7121

terri.collett@cityofashtabula.com

Additional Agency Review and Approval

Before a food license can be issued the location needs to receive approval for use or occupancy from several additional agencies. When the various agencies approve their respective areas they need to sign and date the "Inspection Sign Off Sheet". When completed, it needs to be returned to Ashtabula City Health Department prior to obtaining your license.

- 1. Ashtabula County Building Department** 440-576-3737
25 West Jefferson Street, Jefferson Ohio
Provide a facility layout to obtain occupancy permit.
- 2. Ashtabula County Health Department** 440-576-6010
12 West Jefferson Street, Jefferson Ohio
Ask for the plumbing inspector to obtain permit information. Any plumbing updates/installations must be completed by a licensed plumber who is registered with the county.
- 3. Ashtabula City Fire Department** 440-992-7191
4326 Main Avenue, Ashtabula Ohio
To obtain fire inspection of facility.
- 4. Ashtabula City Zoning Department** 440-992-7118
4717 Main Avenue 2nd Floor, Ashtabula Ohio
To obtain sign permits and zoning requirements
- 5. Ashtabula County Auditor** 440-576-3786
25 West Jefferson Street, Jefferson Ohio
To obtain vendors license

Mandatory Food Safety Training

The Ohio Uniform Food Safety Code 3717-1-02.4(A) requires all Level 3 and 4 facilities to have at least one person who has received Level Two (ServSafe Food Protection Manager) training. In addition, at least one person in charge (PIC) per shift of all facilities must have a Level One certification in food protection according to OAC 901:3-4-16(C) and 3701-21-25(I). This must be accomplished prior to receiving your food license; if this is not possible due to scheduling conflicts an additional 30 days may be granted. Copies of current certificates must be maintained at the facility and provided to the sanitarian upon request. Contact the Health Department to obtain applications for training available in the area.

Facility Review Application

Contact Information and Category/Risk: **FSO / RFE Risk Level: 1 2 3 4**

Operation	Name	
	Address	
	Phone	
Owner	Name	
	Address	
	Phone	
Contact Info (if different from owner)	Name	
	Address	
	Phone	
Check one: New Building () Change of Business () Remodel of Existing Facility ()		
Square Footage:		
Describe Food Handling Activities:		

Facility Review Checklist:

According to OAC Chapter 3717-1-09 Criteria for reviewing facility layout and equipment specifications the following must be submitted with your Facility Review Application.

Please indicate with a checkmark that the following are included in your plan review:

- _____ Facility Review Application – contact information.
- _____ Site plan - include the location of any outdoor garbage receptacles and grease bins.
- _____ Facility floor plan, drawn legibly and reasonable to scale to include location of entrances and exits. Any modifications from these plans before opening must be reviewed and accepted by the sanitarian.
- _____ Lighting plan.
- _____ Equipment list with equipment manufacturers, model numbers and specification sheets (if available), all equipment must be NSF approved and commercial quality for use in a licensed facility.
- _____ A full menu including seasonal, special order and banquet items.
- _____ Surface finishes – materials for floors and coving, walls and ceilings.
- _____ Plan Review Fee \$50.00 (check payable to: City of Ashtabula)

Application for a License to Conduct a: (check only one) Food Service Operation

Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to:
4. Return check and signed application **by*:**

to:

Ashtabula City Health Department
4717 Main Avenue
Ashtabula, OH 44004
(440) 992-7123

*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address		E-mail	
City		State	ZIP
Phone # ()	Fax # ()		Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone # ()	
Address		E-mail	
City		State	ZIP
<i>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i>			
Signature			Date

Licenser to complete below

Category			
License fee	+ Late fee	+ State amount	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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