



## Commercial Plan Review Questionnaire

### GETTING STARTED

Ohio Law requires that every food facility be licensed prior to operating in accordance with Ohio Uniform Food Safety Code 3717. All new food businesses and those performing extensive facility renovations/equipment replacement and/or changing ownership must complete the plan review process. If you have any questions regarding plan approval or licensing, please contact:

Geli Ellsworth at (330) 438-4659 or [gellsworth@cantonhealth.org](mailto:gellsworth@cantonhealth.org)

Valerie Fletcher at (330) 438-4649 or [vfletcher@cantonhealth.org](mailto:vfletcher@cantonhealth.org)

### STEP 1 – CONTACTING PROPER DEPARTMENTS

You will need to contact the following departments Building/Code – (330) 430-7800 to receive information on permits and inspections Fire Prevention Bureau – (330) 489-3420 to receive information on proper fire prevention steps you will need to take and also to make an appointment for inspection.

### STEP 2 – SUBMIT PLANS

**Facility plans must be submitted and approved prior to any new facility construction, remodel, or renovations.** Complete the attached Commercial Plan Review Questionnaire pages 1-14 and submit to CCPH.

Required documents to submit:

1. Menu
2. Submit a to scale drawing/layout of the facility that includes the following:
  - a. Interior Floor Plan – depicting all equipment, fixtures, general layout of all areas used for food preparation, entrances, and exits.
  - b. Plumbing Plan – showing all fixtures, types, water heater, direct and indirect plumbing.
  - c. Lighting Plan – showing all fixtures, types, and locations.
  - d. Exterior Site Plan – showing building exterior, location of dumpsters, and surrounding streets.
3. Submit the completed Commercial Plan Review Questionnaire, application and fee to the office located at 420 Market Ave N, Canton, OH 44702.

### STEP 3 – PLAN REVIEW AND APPROVAL BY CCPH

Your submitted questionnaire will be reviewed by our department. Your application and fee must be submitted at the same time for your questionnaire to be accepted. Our office has 30 days to review the complete set of plans. A letter will be mailed or emailed informing you of any additional information or changes that are required to meet Food code requirements.

### STEP 4 – PRE-LICENSING INSPECTION

Prior to opening your establishment, it must be inspected by CCPH. Please contact our office to schedule this Pre-Licensing inspection once all construction is complete and facility is ready to open.

If the facility meets code requirements at the time of pre-licensing inspection, and has been approved by all other city departments involved it will be approved to operate once a completed license application and the license fee is received.



Commercial Plan Review Questionnaire

Facility Name: \_\_\_\_\_

Address, City, Zip Code: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ FSO ( ) or RFE ( )

<input type="checkbox"/> <b>Owner</b> Name: _____ Address: _____ City, State: _____ Zip Code: _____ Phone Number: _____ E-mail: _____	<input type="checkbox"/> <b>Food Service Equipment Supply Co.</b> Name: _____ Address: _____ City, State: _____ Zip Code: _____ Phone Number: _____ E-mail: _____
<input type="checkbox"/> <b>Architect</b> Name: _____ Address: _____ City, State: _____ Zip Code: _____ Phone Number: _____ E-mail: _____	<input type="checkbox"/> <b>General Contractor</b> Name: _____ Address: _____ City, State: _____ Zip Code: _____ Phone Number: _____ E-mail: _____

\*Check (  ) the box, (  ) for the primary contact.

## Commercial Plan Review Questionnaire

### General Information

Check (  ) one of the following:  New Construction  Renovation  Remodel

Proposed construction start date: \_\_\_\_\_

Proposed opening date: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Risk Level (1-4): \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Facility Size (square feet): \_\_\_\_\_

Micro Market (linear feet): \_\_\_\_\_

Type of Operation (check all that apply):

#### Food Service Operation (FSO)

<input type="checkbox"/> Bar	<input type="checkbox"/> Commissary	<input type="checkbox"/> Tableside / Display
<input type="checkbox"/> Buffet or salad bar	<input type="checkbox"/> Counter	<input type="checkbox"/> Take out
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Sushi
<input type="checkbox"/> Catering	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other:
<input type="checkbox"/> Church	<input type="checkbox"/> Sit down meals	

#### Retail Food Establishment (RFE)

<input type="checkbox"/> Bakery	<input type="checkbox"/> Micro Market	<input type="checkbox"/> Seafood
<input type="checkbox"/> Deli	<input type="checkbox"/> Pizza Shop	<input type="checkbox"/> Self-service bulk items
<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Produce	<input type="checkbox"/> Smoking meats
<input type="checkbox"/> Grocery / Retail	<input type="checkbox"/> Reduce Oxygen Packaging	<input type="checkbox"/> Water bottling
<input type="checkbox"/> Ice Production / Packing	<input type="checkbox"/> Repackaging products	<input type="checkbox"/> Other:

## Commercial Plan Review Questionnaire

### **Manager Requirements**

1. Person in Charge

A facility must have a person in charge (PIC) that demonstrates knowledge in food safety as specified in OAC 3717-1-02.3 (B). Additionally, all facilities must have a PIC on site at all hours of operation that has obtained PIC in food protection from an approved provider. This requirement does not apply to Micro Markets and risk level 1 facilities. All risk level 2 facilities must have a PIC on site at all hours of operation. All risk level 3 and 4 facilities must have at least one employee that has obtained Manager certification in food protection from an approved provider and a PIC on site at all hours of operation.

**I have provided copies of all PIC and Manager food protection certifications.**

2. Employee Health

An Employee Health Reporting Agreement must be signed by each employee that signifies demonstration of reporting knowledge as specified in OAC 3717-02.1 (A).

**I have provided a copy of the Employee Health Reporting Agreement.**

3. Written Procedures for Cleaning Up Vomiting and Diarrheal Events

A written procedure for cleaning up vomiting and diarrheal events is available to employees. The procedures shall follow the requirements as specified in OAC 3717-02.4 (C)(17).

**I have provided a copy of the written procedure for cleaning up vomiting and diarrheal events.**

4. Employee Accommodations

A designated area must be available for employees for personal items, to eat, to drink, and use tobacco to limit contamination as specified in OAC 3717-0.6.3 (C).

**I have provided an area for employee accommodations.**



Commercial Plan Review Questionnaire

**Food Preparation Review**

1. Provide a list of your food suppliers and frequency of delivery.

Food Suppliers	Delivery Frequency

2. How will employees handle foods? (Check all that apply)

<input type="checkbox"/> Disposable gloves	<input type="checkbox"/> Utensils
<input type="checkbox"/> Deli tissue	<input type="checkbox"/> Other:

3. How will employees **date mark** time/temperature control for safety food? (Check all that apply)

<input type="checkbox"/> Day dots	<input type="checkbox"/> Writing with marker on food cover
<input type="checkbox"/> Chart on the outside of each unit	<input type="checkbox"/> Other:

\*Food that is opened, cooked, or prepared must be refrigerated at 41° F or less and date marked if not used within 24 hours. Food must be consumed or discarded within seven days.

4. How will you prepare produce? (Check all that apply)

<input type="checkbox"/> No produce will be used or served.
<input type="checkbox"/> All produce will be pre-washed and pre-cut.
<input type="checkbox"/> All produce will be prepared in a food preparation sink that has a two-inch air gap.

Commercial Plan Review Questionnaire

5. How will potentially hazardous food be thawed? (Check all that apply)

Thawing Method	Foods less than 1-inch thick	Foods more than 1-inch thick
Under refrigeration		
Under running cold water (less than 70° F) in an air gapped preparation sink		
Cooked from frozen		
Microwaved as part of the cooking process		
Other:		

6. How will you cool potentially hazardous foods? (List ALL foods that will be cooled)

Cooling Method	List of Food Items
Ice bath	
Ice wands	
Rapid chill devices (i.e. blast freezers)	
Shallow pans in a cooler	
Other:	

\*Foods must be cooled from 135° F to 70° F within two hours and from 70° F to 41° F within an additional four hours.

7. How will potentially hazardous foods be reheated? (List ALL foods that will be reheated)

Reheating Method	List of Food Items
On the stove top	
In the oven	
Microwave	
Other:	

\*Food must be reheated to 165° F for 15 seconds within two hours.

Commercial Plan Review Questionnaire

8. Will time-in-lieu of temperature be used for bacterial growth control instead of cold or hot holding?

Time-in-lieu of temperature (TILT)	List of Food Items
Cold items removed from the cooler at 41°F or below and set out at room temperature of no more than four hours.	
Hot items removed from the stove top, oven, or microwave at 135° F or higher and set out at room temperature of no more than four hours.	

\*Food must be discarded after the four-hour time frame. A log must be kept to ensure a correct process.

9. Will your facility cater on or off premises events? (Check the following)  Yes  No  
 \*If your facility is endorsed as a caterer, there is an additional check list of information that the operator must request.

**Adequate Storage**

Area	Number of cubic feet
Refrigeration	
Freezer	
Dry Storage	





## Commercial Plan Review Questionnaire

### Warewashing

Which of the following warewashing methods will be used? (Check **ALL** that apply)

Three-compartment sink  Chemical warewashing machine  Hot water warewashing machine

If the three-compartment sink was selected, check the following requirements:

The largest pot and pan fit into each compartment of the sink.

There are drainboards on both ends of the sink.

I have sanitizer and a matching test kit

Check one of the following:

Chlorine  Quaternary ammonium  Iodine

If the chemical warewashing machine was selected, check the following requirements:

The machine has a data plate containing operating instructions.

The machine contains accurate temperature and pressure gauges.

I have sanitizer and a matching test kit

Check one of the following:

Chlorine  Quaternary ammonium  Iodine

If the hot water warewashing machine was selected, check the following requirements:

The machine has proper ventilation.

The machine has a data plate containing operating instructions.

The machine contains accurate temperature and pressure gauges.

Commercial Plan Review Questionnaire

**Plumbing**

Check the following requirements:

- I have provided a plumbing plan.
- I have indicated where the grease trap is located on the plumbing plan.

Type of Hot Water Tank	Water Tank Capacity (gallons)	BTU per hour
Gas		
Electric		

**Ventilation**

Check the following requirements:

- I have adequate ventilation in the kitchen.
- I have adequate ventilation in the restrooms.
- I have indicated the locations of ventilation systems on the plans.

**Chemicals**

Check the following requirements:

- I have indicated on the plans where chemicals will be stored.
- I have indicated on the plans where the mop sink is located.
- I have a place to properly hang mops.

**Pest Control**

Pesticides can only be applied by a licensed commercial applicator as specified in OAC 3717-07.1 (C)(3).

**Pest Control Company:** \_\_\_\_\_

**How often is the service?** \_\_\_\_\_

## Commercial Plan Review Questionnaire

### **Solid Waste Storage**

#### **Indoor solid waste storage**

Check the following requirements:

- I have indicated on the plans the locations of the trash containers.
- I have covered trash containers in female restrooms.

#### **Outdoor solid waste storage**

Check the following requirements:

- I have indicated on the plans the locations of the trash dumpster and grease dumpster.
- I have a lid on the trash dumpster.
- The outdoor solid waste storage is on nonabsorbent material such as concrete or asphalt.

**Name of Trash Service:** \_\_\_\_\_

**Name of Grease Dumpster Service (if applicable):** \_\_\_\_\_

### **Lighting**

Check the following requirements:

- I have provided a lighting plan.
- There are at least 50-foot candles of light at all food preparation surfaces (including bars).
- There are at least 20-foot candles of light above all hand sinks, warewashing stations, storage, and restrooms.
- There are at least 10-foot candles of light inside all equipment (ex. refrigeration and freezer units), dry storage and dining areas.
- All light bulbs must be shielded.



## Commercial Plan Review Questionnaire

### **Plan Review Checklist**

The following information must be included as a part of the plan review.

Component	Yes, it is included
Dumpster(s) Location	
Employee Health Reporting Agreement	
Equipment / Floor Plan	
Equipment List	
Exterior Site Plan	
Food Safety Certifications	
Grease Trap Location	
Lighting Plan	
Menu	
Plan Review Payment	
Plumbing Plan	
Room Finishes List	
Sign and Dated Application	
Vomit/Diarrheal Clean up Procedure	

**\*Please be advised that according to the Ohio Administrative Code 3701-21-03: No person, firm, association, organization, corporation, or government operation shall construct, install, provide, equip, or extensively alter a food service operation until the facility layout and equipment specifications have been submitted to and approved in writing by the licensor. When the facility layout and equipment specifications are submitted to the licensor, they shall be acted upon within thirty days after the date of receipt. The licensor shall use the facility layout and equipment specifications criteria set forth in rules adopted pursuant to section 37017-05 of the Revised Code to approve or disapprove facility layout and equipment specifications.**

I certify that the commercial plan review questionnaire package submitted is accurate to the best of my knowledge and all the required materials have been provided.

Print name and title: _____	
Signature of owner or representative: _____	Date: _____

# 2023 Commercial Plan Review Application

(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

**to: Canton City Public Health**  
**420 Market Avenue, North**  
**Canton, OH 44702**

**WE ALSO ACCEPT (in person)**

Debit Card - Flat Rate of \$2.00  
 Credit Card - \$2.00 or 3% of the total amount  
 (whichever is higher)

Before license application can be processed, the application must be completed and the indicated fee submitted. We cannot start reviewing your Food Facility Planning Application until we receive this payment.

Name of Facility		Name of License Holder	
Address		Email	
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		Email	
City		State	Zip
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature		Date	

**Licenser to complete below**

Category COMMERCIAL PLAN REVIEW			
Plan Review Fee 275.00	+ Late fee	+ State amount	= Total amount due 275.00

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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As per AGR 1269 (Rev. 1/2018) The Baldwin Group, Inc.  
 As per HEA 5319 (Rev. 1/2018) The Baldwin Group, Inc.





