

**BUTLER COUNTY HEALTH DEPARTMENT
301 SOUTH THIRD STREET
HAMILTON, OH 45011
(513) 863-1770**

Food service staff available for questions on work days 8AM-9AM

**FACILITY LAYOUT AND EQUIPMENT REVIEW
3717-09**

NOTE: The health department has 30 days from the receipt of plans and plan review fees to complete the plan review process. No plan review will be performed prior to submission of the review fees. Obtaining an initial Food Service Operation (FSO) or Retail Food Establishment (RFE) License is a two step process. During the plan approval stage, all of the mandated information, detailed below, is assessed for compliance prior to the approval of the facility layout and equipment review. After construction is completed and all other inspections such as electric, plumbing, fire, and building inspections have been completed, at least one prelicensing inspection is conducted. The Butler County Health Department will conduct a prelicensing inspection to verify compliance with the approved plans, discuss Ohio Uniform Food Code compliance issues, verify the persons in charge have obtained appropriate Level 1 or higher food safety training, and give the person in charge the FSO/RFE license application once all expectations have been met.

The following information is required for a Facility Layout and Equipment Review:

1. The type of operation or establishment proposed and a menu or listing of foods to be prepared, served, or sold with food sources. (This information is necessary for determining the license category)
2. A floor plan showing the total area and all portions of the premises to be used for the FSO or RFE including the total square footage along with entrances and exits.
3. A site plan that includes: (a) Location of business in a building such as a shopping mall or stadium; (b) Location of building on site, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water source, sewage treatment system; and (c) Interior and exterior seating areas.
4. A floor plan showing the layout of fixtures and other equipment.
5. An equipment list with equipment manufacturers and model numbers. Note: Cut sheets are needed for all equipment and plumbing. Equipment includes any and all items used to prepare, store, maintain, or handle food. Equipment that is acceptable for use shall be approved as specified under Rule 3717-1-04.1 (KK) of the Ohio Administrative code. No residential equipment will be approved.
6. Type of water source and type of waste water disposal.
7. Location, number and type of plumbing fixtures, including all water supply facilities.
8. Submit an isometric drawing of plumbing system to the Butler County Health Department Plumbing Division for review. Contact the Plumbing Division at (513) 863-1770 regarding possible plumbing permits required.
9. Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces.
10. Building materials and surface finishes to be used. Critical areas should be smooth, easily cleanable and nonabsorbent.
11. Dimensions (length, width, and depth) of the three-four compartment sink basins, and the dimensions of the largest item to be washed, rinsed and sanitized. Ensure drain boards are provided.

Note: Level 1 or higher food safety training is required for at least one person in charge per shift the facility is open. Level 2 food safety training is required for at least one person in charge per facility for Risk Level 3 and 4 facilities. Providers can be found at:

http://www.healthspace.com/Clients/Ohio/Ohio_Website_Live.nsf/FoodCertifications.xsp

The licenser may place restrictions or conditions on a license limiting the types of food that may be prepared or served by the FSO or RFE based on the equipment or facilities of the proposed FSO or RFE. Limitations will be posted on the back of the license.

**BUTLER COUNTY HEALTH DEPARTMENT
PLAN REVIEW APPLICATION**

Plan Review Fees:

FSO/RFE – Level 1	\$100.00
FSO/RFE – Level 2	\$150.00
FSO/RFE – Level 3	\$200.00
FSO/RFE – Level 4	\$250.00

Name of Facility (DBA): _____

Address of Facility: _____

Contact Person: _____

Address: _____

Phone #: _____ **Email:** _____

Signature of Applicant: _____ **Date:** _____

Date Payment Received: _____ **Receipt No:** _____