

Procedures To Be Followed Before A Food Service Operation or Retail Food Establishment License Can Be Issued

East Liverpool Health Department, Tony Pasquarella, R.S., Director of Environmental Health
126 West Sixth Street, East Liverpool, Ohio 43920, Main: 330-385-7900, Cell: 740-424-1077, Fax: 330-386-7403

1. A set of floor plans must be submitted to the East Liverpool Health Dept for approval. These plans must be submitted before any construction or remodeling has begun. **The plans must be drawn to scale with indelible ink on graph paper & please use a ruler!!!** A non refundable Plan Analysis Fee will be required with submission of your **"Floor Plans", "Equipment List", "Proposed Menu" & your notarized "Statement of Ownership Form"**. The amount of your Plan Analysis Fee will be based upon 35% of your Food Service Operation or Retail Food Establishment license cost. The license fee will be determined by your FOOD RISK CLASSIFICATION. This determination will be made by the Registered Sanitarian of the East Liverpool Health Dept. who bases it upon the Food Service Operation or Retail Food Establishment Law in the Ohio Revised Code & the Food Service Rules in the Ohio Administrative Code.
2. **Floor plans must include:**
 - a. Total area to be used for the food service operation or retail food establishment.
 - b. Entrances and exits.
 - c. Location, number and type of plumbing fixtures, including all water supply facilities.
 - d. Plan of lighting.
 - e. All rooms/areas in which the food service operation are to be conducted.
 - f. General layout of fixtures and APPROVED FOOD EQUIPMENT TESTING AGENCIES: **NSF approved** (National Sanitation Foundation) **UL Classified EPH approved** (Underwriters Laboratories), or **CSA Sanitation approved** (Canadian Standards Association), equipment. Give manufacture's name and model number for each piece of equipment.
 - g. Building materials to be used for floor, walls and ceilings.

Upon receipt of floor plans and equipment list, a **minimum of 2 weeks** to a **maximum of 30 days** will be required to determine their appropriateness.

3. Used equipment is only acceptable if it is: **NSF approved** (National Sanitation Foundation), **UL Classified EPH approved** (Underwriters Laboratories), or **CSA Sanitation approved** (Canadian Standards Association), easily cleanable, and in good working order. The Health Department will determine equipment acceptability.
4. Floors, walls and ceilings must be constructed of easily cleanable materials.
5. Restroom facilities must be provided with an adequate supply of soap and once used hand towels. Restrooms must be maintained at all times.
6. Separate toilet (restrooms) must be provided for males and females. If you have take out only, then only 1 (one) restroom will required provided that no seating or counter eating areas are available. If seating and/or counter eating areas are made available then separate restrooms will be required. The location of either one or two restroom must not pass through the kitchen or food storage areas. This requirement will be enforced by the East Liverpool Health Dept.
7. All restrooms must have mechanical ventilation.
8. Lavatories (hand sinks) must be in or immediately adjacent to the toilet (restroom).
9. A hand sink must be installed in the food preparation area for employee use.

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10. A **NSF approved** (National Sanitation Foundation), **UL Classified EPH approved** (Underwriters Laboratories), or **CSA Sanitation approved** (Canadian Standards Association) utility sink (mop and other waste water disposal) must be installed. Plastic laundry sinks or tubs are not permitted. Deep stainless steel (minimum 19" x 21" x 18") or enameled cast iron (minimum 22" x 18") similar to an Eljer Rollins #8050180 with a 3" trap slop sinks are permissible as are the commercial grade floor drain mounted mop basin sinks (minimum 24" x 24" x 10") similar to a Mustee #63. Installation of slop sinks must not be near any electrical areas.
9. Each establishment must provide a **NSF approved** (National Sanitation Foundation), **UL Classified EPH approved** (Underwriters Laboratories), or **CSA Sanitation approved** (Canadian Standards Association) three (3) compartment sink (with rounded interior corners) for proper utensil washing with two (2) adjoining drain boards. Each three (3) compartment sink must have a grease interceptor (grease trap) installed to it. Garbage disposals are not permitted to be installed on three (3) compartment sinks. Installation of all equipment requiring plumbing must be done by a Licensed Master Plumber licensed by the State of Ohio and registered by/with the Columbiana County Health Department. Automatic dish washing machines are optional.
- 11a. Each establishment must install, in the food preparation area, a **NSF approved** (National Sanitation Foundation), **UL Classified EPH approved** (Underwriters Laboratories), or **CSA Sanitation approved** (Canadian Standards Association) stainless steel deep well food prep sink (with rounded interior corners) and one (1) adjoining drain board. This sink must be safe wasted to a floor drain. Garbage disposals are not permitted to be installed on one (1) compartment food prep sinks. A garbage disposal can be installed on a two (2) compartment food prep sink as long as the compartment with the disposal is directly wasted & the other compartment without the disposal is safe wasted to a floor drain.
12. Hot and Cold running water must be provided to all fixtures.
13. All "bare wood" surfaces must be paint sealed. All food contact areas must be of an **NSF approved** (National Sanitation Foundation), **UL Classified EPH approved** (Underwriters Laboratories), or **CSA Sanitation approved** (Canadian Standards Association) sealed surface.
14. Fifty (50) foot candles of lighting must be provided over all surfaces, such as cooking stoves, work tables and all other areas where food is prepared and where utensils will be washed and sanitized. Twenty (20) foot candles of lighting must be provided in all walk-in refrigerator units, dry food storage areas and in all other areas. This shall also include dining areas during cleaning operations. All artificial lighting fixtures, including heat lamps must be properly shielded in order to prevent broken glass from falling into foods.
15. Storage areas must provide for all food storage to be at least six (6) inches off and above the floor. Paint sealed shelves, skids, dollies or racks may be used.
16. Stem thermometers (0° - 220° F) range must be provided to all hot and cold "Potentially Hazardous" food storage facilities. Dial thermometers must be provided to all refrigeration units.
17. All "carryout" food service operations must have trash receptacles with the swing type (self closing) lids available on the outside premises.

Upon receiving the above plans and specifications, this department will either approve or disapprove them and will do so by a **written letter** to the proposed operator. Before the establishment can open for business, a final inspection will be made and a Food Service Operation or Retail Food Establishment License will be issued to the operator. The license fee will be determined by your FOOD RISK CLASSIFICATION. This determination will be made by the Registered Sanitarian of the East Liverpool Health Department based upon the Food Service Operation Law & Retail Food Establishment Law in the Ohio Revised Code & the Food Service Rules in the Ohio Administrative Code.

"...If there are any question, please call ..."

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**East Liverpool Health Department, Tony Pasquarella R.S., Director of Environmental Health
126 West Sixth Street, East Liverpool, Ohio 43920
Main: 330-385-7900, Cell: 740-424-1077, Fax: 330-386-7403, Email: tony@eastliverpool.com**

"STATEMENT OF OWNERSHIP FORM"

FOOD SERVICE OPERATION - RETAIL FOOD ESTABLISHMENT

I, (We), _____, _____, _____ do
here by declare that I, (We) will be the owner/operators of: _____,
Which will be located at: _____, here in East Liverpool,
Ohio. I, (We) will be conducting this: _____ Food Service Operation, _____ Retail Food
Establishment.

SOLE PROPRIETOR

Name: _____

Signature: _____

PARTNERSHIP

Name: _____

Signature: _____

Name: _____

Signature: _____

RETURN

CORPORATION

Name: _____
Print President Name

Signature: _____
President's Signature

Name: _____
Print Vice President Name

Signature: _____
Vice President's Signature

Name: _____
Print Secretary/Treasurer Name

Signature: _____
Secretary/Treasurer Signature

I, (We) do here by realize and understand should I or (We) discontinue operation, or have a change in business name, change in business location, change in business ownership, (Sole Proprietor/Operator, Partnership/Operators, or Corporation/Operators) that I, (We) will and must immediately surrender the old Food Service Operation, or Retail Food Establishment license to the East Liverpool Health Department. Once the old license has been returned/surrendered to the East Liverpool, the Health Department, East Liverpool Health Department will permit the new operators to reapply for a new license as a new business.

Notary

Witness

My Term Expires

Witness

East Liverpool Health Department

MENU OR FOODS BEING SOLD

Business:	Owner:
Street:	Street:
City:	City:
State:	State:
Zip:	Zip:
Phone	Phone

LIST COMPLETE MENU OR FOODS BEING SOLD

East Liverpool Health Department

RETURN

FSO & RFE EQUIPMENT LIST

Business:		Owner:	
Street:		Street:	
City:		City:	
State:		State:	
Zip:		Zip:	
Phone:		Phone:	

[illegible]

**If you have any questions call: Tony Pasquarella, R.S., East Liverpool Health Department,
126 West 6th Street, East Liverpool, Ohio 43920 Phone: 740-424-1077**

East Liverpool Health Department

KEEP

FSO & RFE EQUIPMENT LIST

Business:	Mom & Pop's	Owner:	Mom & Pop Jones
Street:	123 Main Street	Street:	456 Main Street
City:	East Liverpool	City:	East Liverpool
State:	Ohio	State:	Ohio
Zip:	43920	Zip:	43920
Phone:	740-123-4567	Phone:	740-123-1234

[illegible]

**If you have any questions call: Tony Pasquarella, R.S., East Liverpool Health Department,
126 West 6th Street, East Liverpool, Ohio 43920 Phone: 740-424-1077**


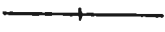



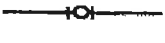

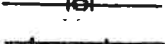




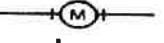




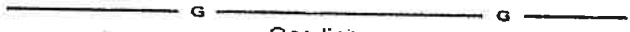
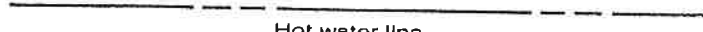



INTERIOR FINISHES

Use the following chart to indicate all interior finishes


































Room Name	Floors	Walls	Ceilings	Coving
<i>Example: Kitchen</i>	<i>Quarry tile</i>	<i>FRP</i>	<i>Vinyl acoustical tile</i>	<i>6" quarry tile</i>

All surfaces must be smooth and easily cleanable. Contact ELHD if you have questions regarding whether specific surfaces are approved for use in a food service operation.

Plumbing Symbols

	Soil stack – plan view		Coupling or sleeve
	Gate valve		Tee – horizontal
	90° Elbow – horizontal		Tee – turned up
	45° Elbow – horizontal		Tee – turned down
	Elbow – turned up		Clean out (CO)
	Elbow – turned down		Floor drain – plan view
	Meter		Floor drain – section
	Hose bib – elevation	C W	Cold water
	Hose bib – plan view	H W	Hot water
	Cold water line		Gas line
	Hot water line		Sprinkler line
	Soil or waste lines		Vent pipe

Electrical Symbols














	Ceiling outlet fixture		Single receptacle outlet		Single-pole switch
	Recessed outlet fixture		Duplex receptacle outlet		Double-pole switch
	Drop cord fixture		Triplex receptacle outlet		Three-way switch
	Fan hanger outlet		Quadruplex receptacle outlet		Four-way switch
	Junction box		Split-wired duplex receptacle outlet		Weatherproof switch
	Fluorescent fixture		Special purpose single receptacle outlet		Low voltage switch
	Telephone		230 Volt outlet		Push button
	Intercom		Weatherproof duplex outlet		Chimes
	Ceiling fixture with pull switch		Duplex receptacle with switch		Television antenna outlet
	Thermostat		Flush mounted panel box		Dimmer switch
	Special fixture outlet: A, B, C Etc.		Special duplex outlet: A, B, C Etc.		Special switch: A, B, C Etc.

Eats Mexican Restaurant

Name of Facility
Location of Facility
Developer: Name and Address
Architect: Name and Address
Civil Engineer: Name and Address
PME Engineer: Name and Address
Structural Engineer: Name and Address
Building Code Information
Design Information

MATERIAL LEGEND

LIST OF ABBREVIATIONS

	PLYWOOD	A.L.C.	-ALL CAPACITY
	TEXTURE 1-11	A.B. A.F.F. A.L.T. A.L.U.M. A.U.R.	-ANCHOR BOLT -ABOVE FINISHED FLOOR -ALTERNATE -ALUMINUM -AUGUR
	GYP-SUM BOARD	B.O. B.D. B.U.K.G. B.W. B.O.T.T. B.R.Z.	-BOTTOM OF -BOARD -BLOOMING -BSM -BOTTOM -BRONZE
	FINISH WOOD	£. COND.	-CENTER LINE
	ROUGH WOOD	C.G. C.M. C.N.C. CONN. CONT. CONTR. C.R.	-CONDUIT -COLING -COLUMN -CONCRETE -CONNECTION -CONTINUOUS -CONTRACTOR -CENTER
	METAL	C.W.	-COLD WATER
	GLASS	Ø DIA. DEL. DIT DNG.	-DIAMETER, PHASE -DIAMETER, DIAGRAM -DOUBLE -DRIVE -THRU -DRAWING
	BRICK	E.F. E.A. ELECT. ELEV. EQUIP. E.W. E.XT.	-EXHAUST FAN -EACH -ELECTRIC -ELEVATION -EQUIPMENT -EACH WAY -EXTERIOR
	CONCRETE	F.C.O. F.E. F.F. F.N.F.L. F.O.M. F.O.S. F.P.P. F.S. F.T. F.T.C.	-FLOOR CLEAN OUT -FLOOR FINISH -FIRE EXTINGUISHER -FINISH FLOOR -FACE OF MASONRY -FACE OF STUD -FIRE RATED PANELING -FLOOR SINK -FOOTING
	COMPACTED EARTH	G.A. GALV. G.C. G.M. G.O. G.W. G.P.	-GAUGE -GALVANIZED -GATHERS -GAS PER MINUTE -GROUND -GREATEST WASTE -GYPSUM
	GRANULAR FILL	HORIZ. H.T. H.W. H.D. H.P.	-HORIZONTAL -HOT WATER -HAND DRYER -HORSE POWER, HIGH POINT
	BATT INSULATION		
	RIGID INSULATION		

I.D.	INSUL.	-INTERIOR DESIGN
L.H.	LEG.	-LONG LEG
L.P.	LOW POINT	-LONG VERTICAL
LAV.	LAVATORY	-LAVATORY
LOC.	LOCATE	-LONG
L.G.		
W.S.	WAGONY	-WAGONY
W.L.	WALL	-WALL
WIN.	WINDMILL	-MOUNTED
WTD.	WINDMILL	-METAL
MTL.		
N.I.C.		-NOT IN CONTRACT
O.C.	-ON CENTER	
O.D.	OUTSIDE DIMENSION	
O.H.	OVERHANG	
O/O	-OUT TO OUT	
↓	PLATE	-PLATE
P.	PLUMB	-PLUMB
P.W.D.	PLYWOOD, PLYWOOD	
P.O.S.	POINT OF SALE	
PREFAB.	-PREFABRICATED	
P.S.F.	POUNDS PER SQ. FOOT	
P.T.	PISTON	
P.T.I.	PRESSURE TREATED	
PTN.	PARTITION	
P.V.C.	POLYVINYL CHLORIDE	
R.D.	ROOF DRAIN	
R.E.C.E.P.T.	REINFORCING	
REIN.	REINFORCING	
RECO.	RECORD	
R.F.W.	RAIN WATER LEADER	
SQ.	SQUARE	
S.S.	STAINLESS STEEL	
STL.	STEEL	
STRUC.	STRUCTURAL	
SURF.	SURFACE MOUNTED	
S.W.	-SAFE WASTE	
T&G	TONGUE AND GROOVE	
T.O.S.	-TOP OF SLAB	
T.P.	-TYPICAL	
U.R.	-URNAL	
VEAL	-VEALER	
VERT.	VERTICAL	
VEST.	VESTIBULE	
V.T.R.	-VENT THRU ROOF	
W.	-WIDE	
W/W	WATER WASTE	
W.C.	-WATER CLOSET	
W.C.O.	-WALL CLEAN OUT	
W.D.	-WOOD	
W.H.	-WATER HEATER	
W.I.B.	-WALK IN BOX	
W.I.P.	-WIRE	
W.M.	-WELDED WIRE MESH	
W.W.M.	-WELDED WIRE MESH	

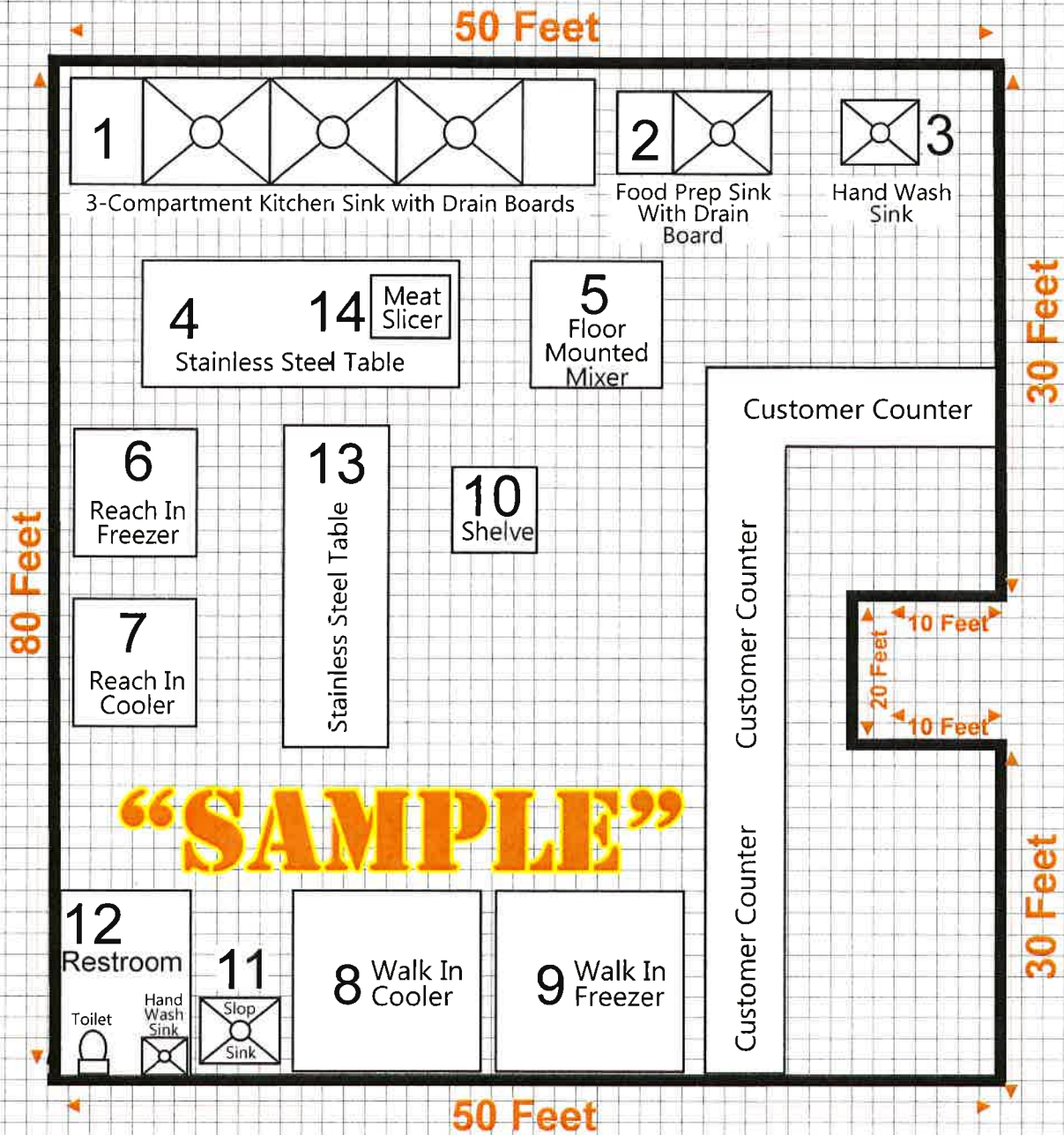
Architect Name with Seal

Name Of Facility

Date
Of
Drawings

11

Business Name: _____	Owners Name: _____
Address: _____	Home Address: _____
Business Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
FAX: _____	Home FAX: _____



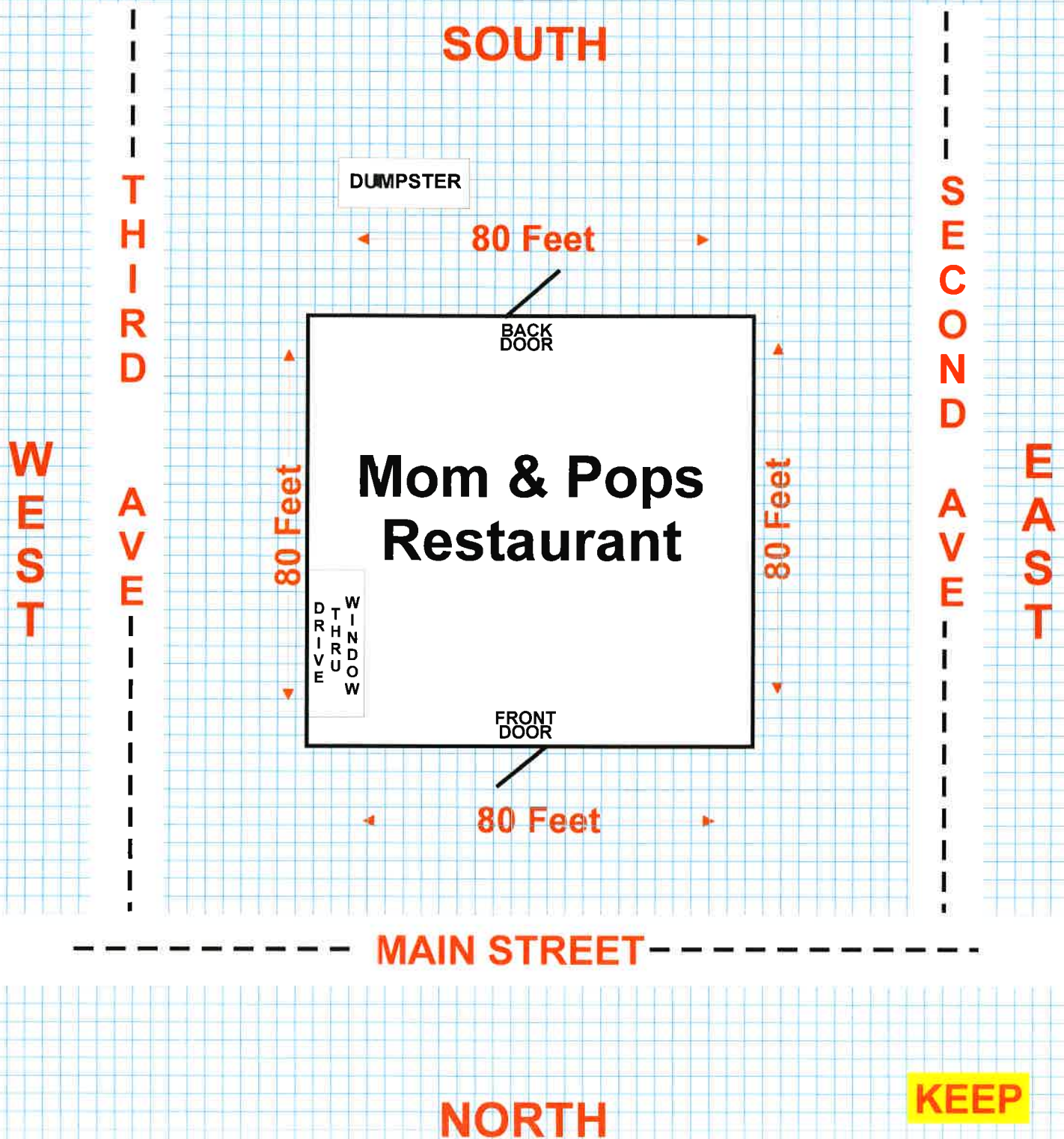
“SAMPLE”

KEEP

Business Name: Mom & Pop's Restaurant
Address: 123 Main Street
Business Phone: 740-123-4567
Cell Phone: 740-123-7654
FAX: 740-123-9876

Owners Name: Mom & Pop's Smith
Home Address: 123 Market Street
Home Phone: 740-123-1111
Cell Phone: 740-123-7654
Home FAX: 740-123-2222

"SITE PLAN EXAMPLE"



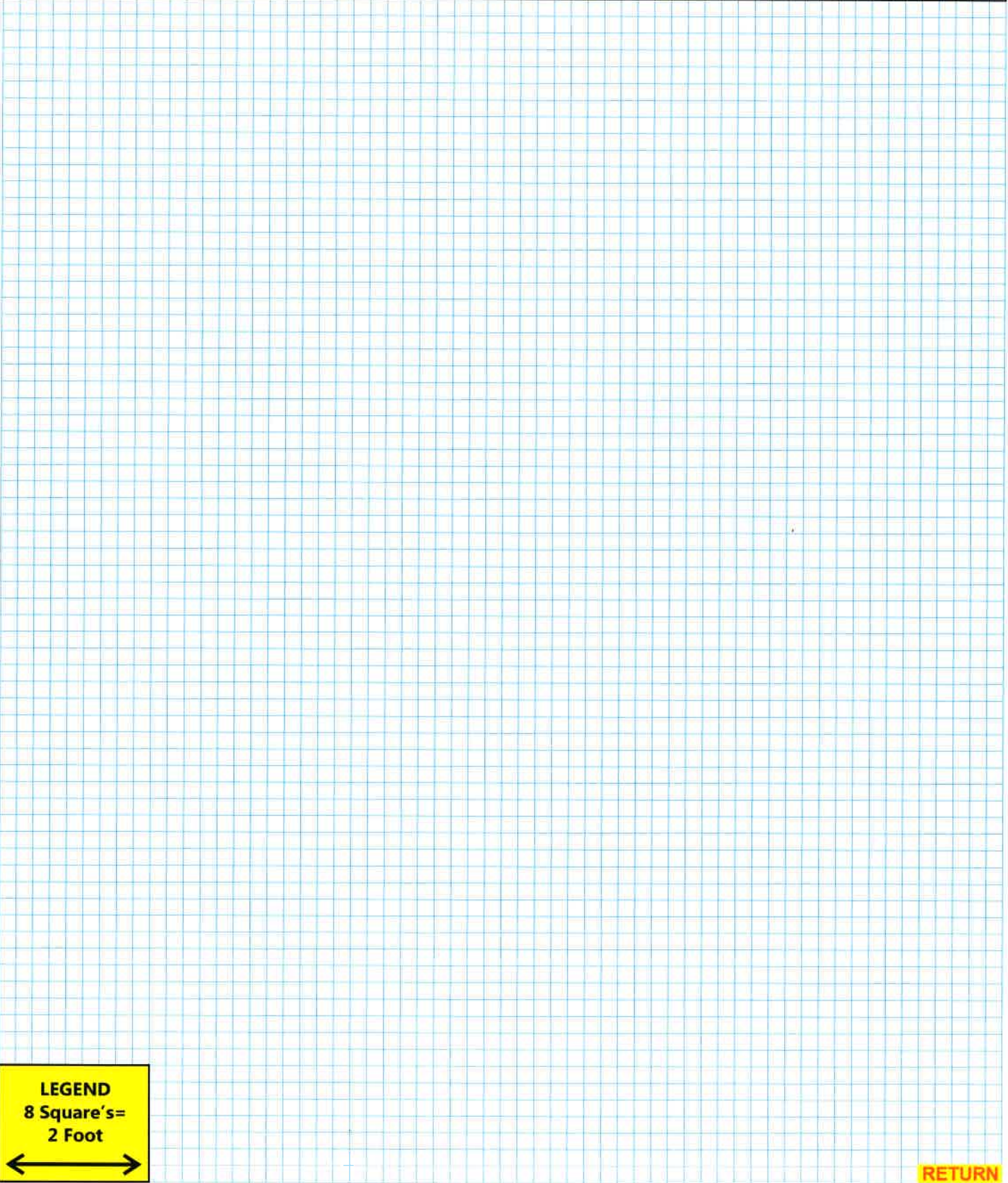
Plumbing Symbols

	Soil stack – plan view		Coupling or sleeve
	Gate valve		Tee – horizontal
	90° Elbow – horizontal		Tee – turned up
	45° Elbow – horizontal		Tee – turned down
	Elbow – turned up		Clean out (CO)
	Elbow – turned down		Floor drain – plan view
	Meter		Floor drain – section
	Hose bib – elevation	CW	Cold water
	Hose bib – plan view	HW	Hot water
	Cold water line		Gas line
	Hot water line		Sprinkler line
	Soil or waste lines		Vent pipe

Electrical Symbols

	Ceiling outlet fixture		Single receptacle outlet		Single-pole switch
	Recessed outlet fixture		Duplex receptacle outlet		Double-pole switch
	Drop cord fixture		Triplex receptacle outlet		Three-way switch
	Fan hanger outlet		Quadruplex receptacle outlet		Four-way switch
	Junction box		Split-wired duplex receptacle outlet		Weatherproof switch
	Fluorescent fixture		Special purpose single receptacle outlet		Low voltage switch
	Telephone		230 Volt outlet		Push button
	Intercom		Weatherproof duplex outlet		Chimes
	Ceiling fixture with pull switch		Duplex receptacle with switch		Television antenna outlet
	Thermostat		Flush mounted panel box		Dimmer switch
	Special fixture outlet A, B, C Etc.		Special duplex outlet A, B, C Etc.		Special switch A, B, C Etc.

Business Name: _____	Owners Name: _____
Address: _____	Home Address: _____
Business Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
FAX: _____	Home FAX: _____



LEGEND
8 Square's=
2 Foot

Business Name: _____
Address: _____
Business Phone: _____
Cell Phone: _____
FAX: _____

Owners Name: _____
Home Address: _____
Home Phone: _____
Cell Phone: _____
Home FAX: _____



RETURN



OHIO DEPARTMENT
OF AGRICULTURE

EAST LIVERPOOL HEALTH DEPARTMENT PLAN ANALYSIS CHECKLIST



OHIO DEPARTMENT
OF HEALTH

FACILITY INFORMATION

Type	Commercial	Mobile
Facility		
Address		
City		
Phone		
Fax		
Mobile		
Owner		

GENERAL INFORMATION

	Yes	No	
Plans to Scale			
Menu			
Equipment List			
Statement of Ownership Form			

KITCHEN ARRANGEMENT

	Yes	No	
Preparation			
Cooking			
Storage			
Serving			
Receiving			
Dishwashing			
Handwashing			

FOOD STORAGE

Adequacy & Accessibility			
Refrigeration			
Freezer			
Hot Holding			
Dry Storage			
Receiving			
Dishwashing			

PLAN INFORMATION

Plans Received	
Plans Reviewed	
Plans Approved	
Plans Disapproved	
Approval Letter Sent	
Disapproval Letter Sent	
Updated Plans Received	

OTHER AGENCY APPROVALS

	Yes	No	
Building			
Electrical			
Plumbing			
(Grease Trap)			
Fire			

SURFACE FINISHES

Kitchen	Floors	Walls	Ceiling
Storage	Floors	Walls	Ceiling
Salad/Buffer Area	Floors	Walls	Ceiling
Dishwashing	Floors	Walls	Ceiling

DISHWASHING

Automatic	High Temp	Low Temp	Chemical
Manual-3 Compartment Sink	Bin Size	Drain Brds	Sanitizer



OHIO DEPARTMENT
OF AGRICULTURE

EAST LIVERPOOL HEALTH DEPARTMENT PLAN ANALYSIS CHECKLIST



OHIO DEPARTMENT
OF HEALTH

PLUMBING

Backflow	Prep Sink	Ice Mach	Mop Sink
Water Heater	Adequate Size		

SINKS

Handwashing Sink	Prep Areas	Restrooms
Handwashing Sink Accessories	Drying Facilities	Soap
Prep Sink	Mop Sink	

LIGHTING

Work Surfaces 50 Footcandles		
Other Surfaces 10 Footcandles		
Shielded		

VENTILATION

Stoves		
Ovens		
Grills		
Deep Fryers		
Steam Units		
Kettles		
Dishwashers		

WASTE DISPOSAL & PEST CONTROL

Dumpster		
Dumpster Surface		
Screening		

RESTROOM FACILITIES

Location		
Self-Closing Doors		
Ventilation		

CLEANING FACILITIES

Chemical Storage		
Equipment Storage		
Washer/Dryer		

East Liverpool Health Department

126 West Sixth Street, East Liverpool, Ohio 43920
Main: 330-385-7900, Cell: 740-424-1077, Fax: 330-386-7403

Date: _____

"RECEIPT OF BLUE PRINTS & OR FLOOR PLANS ACKNOWLEDGEMENT"

COMPANY NAME: _____

ATTENTION: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

Dear Mr, Mrs., Ms:

I have on this date _____ received your blue prints/floor plans for your proposed: _____ business to be located at the following address: _____ in East Liverpool, Ohio.

I will review your material within the next two weeks to thirty days and I will get in contact with you should I have any questions concern ng any of the diagrams that you have submitted.

Please be advised to refrain from progressing with any construction, remodeling, and or equipment purchases at this time.

I will contact you in written form with my determination of your plans suitability or equipment purchases at or for this location.

If you would have any questions on my criteria of approval or disapproval please feel free to contact me at Office: 330-385-7900 or Cell: 740-424-1077

Sincerely:

Anthony V. Pasquarella, R.S.
Director of Environmental Health

East Liverpool Health Department

126 West Sixth Street, East Liverpool, Ohio 43920
Main: 330-385-7900, Cell: 740-424-1077, Fax: 330-386-7403

Date: _____

"BLUE PRINTS & OR FLOOR PLAN ACCEPTABILITY NOTIFICATION"

COMPANY NAME: _____

ATTENTION: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

Dear Mr., Mrs., Ms:

After careful review of your blue prints/floor plans and equipment list you are here
by _____ granted approval to proceed with your proposed construction of your
_____ which is to be located at
_____, here in East Liverpool, Ohio

If there would be any changes in construction plans, construction materials, and or equipment purchases or usage that you must first request approval from our health department, in written form, before revisions can be made.

If you would have any questions on my criteria of approval or disapproval please feel free to contact me at 330-385-7900 or 740-424-1077

Sincerely:

Anthony V. Pasquarella, R.S.
Director of Environmental Health