



CHRISTOPHER S. SMITH, RS, MA
HEALTH COMMISSIONER

DAVID BEYERS, MD
MEDICAL DIRECTOR

**CITY OF PORTSMOUTH
HEALTH DEPARTMENT**

605 WASHINGTON STREET
PORTSMOUTH, OH 45662

BOARD MEMBERS
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TIMOTHY ANGEL, PhD *PRESIDENT PRO TEMPORE*
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GEORGE L. DAVIS III, ESQ.
ANGELA J. HODGE, MSN, RN
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Food Service Operation/Retail Food Establishment Plan Review Application

Date: / /

Proposed Business Name: _____
Address: _____ Phone: () - _____
City: **Portsmouth** Zip: **45662** Fax: () - _____
Name of Operator (Owner): _____ Phone: () - _____

Contact Person: _____ Phone: () - _____
Address: _____ Fax: () - _____
City: _____ State: _____ Zip: _____

- | | |
|---|---|
| <input type="checkbox"/> New Food Establishment | <input type="checkbox"/> Renovation of Existing Establishment |
| <input type="checkbox"/> New Equipment Review for Existing Facility | <input type="checkbox"/> Transfer of License |

Date construction will begin: / / Estimated opening date: / /

Total square feet of FSO/RFE: _____

Please Check One Risk Classification (Refer to Risk Level Guide section):

- | | | |
|--|---|--|
| <input type="checkbox"/> Risk Class I | <input type="checkbox"/> Risk Class III | |
| <input type="checkbox"/> Risk Class II | <input type="checkbox"/> Risk Class IV | <input type="checkbox"/> Risk Class IV with Catering |

Office Use Only

Plan Review Fee: \$ _____ Date Application Received: / /

Amount Paid: \$ _____



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CERTIFICATION OF APPROVAL

NAME OF ESTABLISHMENT: _____

ESTABLISHMENT ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

HEALTH DEPARTMENT: 353-5153

This is to certify that the establishment has passed its pre-licensing inspection for operation as a retail food operation.

Health Inspector Date

ENGINEERING DEPARTMENT: 354-7557

This is to certify that the structure, electrical systems, and plumbing system of this building have been inspected and found to be in satisfactory condition and safe for occupancy.

Building Inspector Date

Plumbing Inspector Date

Electrical Inspector Date

WATER WORKS - BACKFLOW PREVENTION: 353-6884

This is to certify that the appropriate backflow containment device has been properly installed and inspected.

Backflow Prevention Inspector Date

FIRE DEPARTMENT: 353-2660

This is to certify that the fire safety system of this building has been inspected and found to be in satisfactory condition and safe for occupancy.

Fire Safety Inspector Date



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PORTSMOUTH, OH 45662
(740) 353-5153

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PLAN REQUIREMENTS FOR PROPOSED FOOD SERVICE/RETAIL FOOD SERVICE OPERATIONS

- 1) Prior to construction of a new food operation/retail food service, a set of plans (drawn according to enclosed instructions), must be submitted to the Portsmouth City Health Department for review. Proposed operations shall be constructed according to the Ohio Uniform Food Safety Code, Chapter 3717-1 of the Ohio Administrative Code. The plans shall include the following information:
 - The type of food service/retail food service operation proposed. Include a menu or complete list of food that will be served. Also include where the food will be purchased from.
 - A floor plan of the facility that clearly indicates the location of equipment, fixtures, serving areas, restrooms, dining and storage areas. **The floor plan must be drawn reasonably to scale and include all of the premises.** Be sure to include all water supply facilities and note their designed purpose (i.e. hand sink, mop sink, prep sink, and three-compartment utensil washing sink. All entrances and exists must be included. Toxic substance storage, janitorial area and inside/outside garbage storage areas must be included. Your plans should also indicate the locations of any commercial dishwasher unit and grease trap (or grease interceptor) for the preparation of grease baring foods.
 - The building materials and surface finishes of the floors, walls and ceilings on the enclosed Surface Finish List.
 - The completed, enclosed Equipment List with the item description, manufacturer name and model number. All equipment must be approved by the National Sanitation Foundation (NSF) or equivalent testing agency.
 - A lighting plan must also be included. The lighting intensity shall be at least ten food candles at a distance of thirty inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning. At least thirty foot candles at a surface where food is provided for consumer self-service such as buffets and salad bars and inside equipment such as reach-in and under-counter refrigerators. At a distance of thirty inches above the floor in areas used for handwashing, warewashing and equipment and utensil storage and in toilet rooms. At least fifty foot candles at a surface where a food employee is working with or preparing food.
 - The completed Food Service Operation/Retail Food Establishment Plan Review Application must be completed and submitted with the proper plans
- 2) Submit your plans and the \$125 plan review fee to the Portsmouth City Health Department.

- 3) The plan review will be completed within 30 days of receipt by or office. You shall receive one of the following letters:
 - A) Request for more information
 - B) Approval Letter
- 4) After receiving your approval letter, work may begin on your establishment.
Remember, all changes to your plans must be approved in writing by the Portsmouth City Health Department.
- 5) Contact the Portsmouth City Health Department to schedule any preliminary inspections and/or final inspection. The food service operation/retail food establishment license must be purchased before the final inspection. Once the final inspection is approved the food service/retail food establishment license will be issued and the establishment may open for business. A follow-up inspection will be conducted within 30 days of opening to ensure the establishment is operating according to the Ohio Uniform Safety Code.
- 6) Please read and sign below that you understand and will comply with the construction/building standards of the Ohio Uniform Food Safety Code Chapter 3717-1 of the Ohio Administrative Code.

Signed: _____ Title: _____ Date: _____

**RISK LEVEL GUIDE
PORTSMOUTH CITY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

Food Service Operations / Retail Food Establishments

Risk Class I

Main concerns: General sanitation, labeling, source of food, storage temperature control, expiration dates.

- Pre-packaged non potentially hazardous food
- Non-potentially hazardous beverages (packaged, fountain drinks, coffee)
- Pre-packaged refrigerated and / or frozen potentially hazardous food
- Baby food, baby formula

Risk Class II

Main concerns: Level I concerns. Additionally – hand contact, employee health. Permits handling of potentially hazardous food where there is little to no potential for pathogen growth resulting in foodborne disease should microbial contamination occur.

- Baking of non-potentially hazardous food
- Manufacturing of confectionary products
- Bulk displays of unwrapped non-potentially hazardous food
- Re-packaging of non-potentially hazardous food prepared at a separate licensed location
- Warming of food from a commercially processed hermetically sealed container and immediately handled for retail sale or service
- Maintaining hot potentially hazardous food at proper holding temperatures until handled for retail sale or service if the food was delivered at 135 degrees Fahrenheit or above
- Manufacturing and bagging of ice for retail sale
- The operation only prepares and / or serves non-potentially hazardous food
- Hand dipping of frozen desserts or frozen dessert dispenser
- Potentially hazardous food received in individual portions and served immediately
- Food, prepackaged in individual portions, received from a licensed food operation or off premise commercial processor to be served cold or heated individually and immediately served.
- Food received from a licensed food operation or off premise commercial processor in bulk quantities and maintained and served at the same proper temperature as received

Risk Level III

Main Concerns: Includes Risk Level II & I. Additionally proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issue and / or improper heat treatment in association with longer holding time before the consumption, or processing of a raw food product to sell as ready to eat that requires bacterial load reduction procedures.

- Heat treatment dispensing freezer
- Processing of produce for ready to eat sell
- Cutting and grinding of meat products
- Slicing of lunch meat and cheeses
- Cook/serve
- Cook/hot hold
- Cook/cool/cold hold
- Heating of a product from an intact hermetically sealed package and held hot
- Cook, cool, add additional ingredients, cold hold
- Reheat in individual portions only

Risk Level IV

Main Concerns: Includes Risk Level III, II and I. Process Controls (without a variance). Additionally concerns associated with a food or ingredient going through several preparation steps where temperature control is needed to preclude bacterial or microbial growth; offering as ready-to-eat raw potentially hazardous meat, poultry, fish, shellfish or food with raw potentially hazardous ingredients, or use of freezing as a means of parasite destruction.

- Time-in-lieu of temperature
- Freezing of fish to destroy parasites before sale or service in a ready-to-eat form
- Reheats bulk quantities of leftover potentially hazardous food (PHF) more than once every seven days
- Transports (PHF) as a catering food service operation or commissary food service operation
- Serving primarily to a high risk population
- Offers as a menu item raw potentially hazardous meat, poultry, fish, eggs, or shellfish
- Reduce oxygen packaging with a HACCP plan
- Smoking preservation
- Selling oyster, clams, mussels from shellfish tanks
- Use of additives for preservation
- Use of additive to render non-potentially hazardous food
- Bottling, brewing of alcohol
- Any process which deviates from the food code

Surface Finishes List

Fill in the chart below. Be as descriptive as possible regarding materials and finishes.

	Room Description	Walls	Floors	Ceilings
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
X				
Y				
Z				

EQUIPMENT LIST

Fill in the following chart. Be as descriptive as possible regarding items without manufacturer/model numbers:

	Item Description	Manufacturer Name	Model Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

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: Portsmouth City Health Department
605 Washington Street
Portsmouth, OH 45662

* There is a mandatory penalty fee of 25% of the renewal fee 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		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	

Licensors 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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