

MARION PUBLIC HEALTH

Division of Environmental Health

Location: 233 West Center St.

Mail to: 222 West Center St.

Marion, Ohio 43302

Phone: (740) 387-2875

Fax: (740) 383-2251

Web Site: www.marionpublichealth.org

The Environmental Health Division is located on the 3rd floor of City Hall

Please note: This application must be fully completed, with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated.

Date: _____

Food Establishment Plan Review Application

_____ New

_____ Remodel

_____ Conversion

Name of Establishment: _____

Category: Restaurant _____ Institution _____ Daycare _____ Retail Market _____ Other _____

Address: _____

Phone # at address (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Zoning

_____ Plumbing

_____ Electric

_____ Fire

_____ Ohio EPA

_____ Department of Commerce

_____ Engineering

_____ Other

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Sat _____ Sun _____

Number of Seats:

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____
Number of Floors on which operations are conducted: _____

Maximum Meals to be Served: Breakfast _____
Lunch _____
Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: Sit Down Meals _____
(Check all that apply) Take Out _____
Caterer _____
Mobile Vendor _____
Other _____

Please enclose the following documents:

- _____ Plan Review Fee (Please check last page of application) (Plan Review will not start until the Fee is paid)
- _____ Proposed Menu (including seasonal, off-site, and banquet menus)
- _____ Site Plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system-if applicable)
- _____ A plan that indicates the entrances and exits
- _____ Plumbing Plan which includes location, number and types of plumbing fixtures, including all water supply facilities
- _____ Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces
- _____ A Floor Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
- _____ A list of building materials and surface finishes to be used
- _____ An equipment list with equipment manufacturers and model numbers
- _____ Manufacturer Specification Sheets for each piece of equipment shown on the plan
- _____ Certificate of Occupancy
- _____ Proof of Level I or Level II Food Training for at least one member per shift
- _____ Plumbing Inspection

Contents and Format of Plans and Specifications

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn of a minimum of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for FSO/RFE
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste-water line connections;
 - d. Lighting schedule with protectors;
 - A least 110 lux (10 footcandles) at a distance of 75 cm (30 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 220 lux (20 footcandles):
 1. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 2. Inside equipment such as reach-in and under-counter refrigerators;

- 3. At a distance of 75cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms;
 - At least 540 lux (50 footcandles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program. Certification can be looked up at <http://www.nsf.org/Certified/Food/>
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
- g. Ventilation schedule for each room;
- h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- i. Garbage can washing area/facility
- j. Cabinets for storing toxic chemicals
- k. Dressing rooms, locker areas, employee rest areas, and/or coat rack

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

Food Preparation Review

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served.

<u>Category</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings, & toppings)	()	()

FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for Frozen Foods _____, Refrigerated foods _____, and Dry Goods _____.
2. Provide information on the amount of space (in cubic fee) allocated for:
Dry Storage _____
Refrigerated Storage _____
Frozen Storage _____
3. How will Dry Goods be stored off the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES / NO
2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If YES, how will cross-contamination be prevented?

3. Is there a bulk ice machine available? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thick Frozen Foods*	Thin Frozen Foods*
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen State		

Other (describe)		
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*Frozen foods: approximately one inch or less = thin, and more than an inch = thick

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

What type of temperature measuring device: _____

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135° to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

PREPARTION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? YES / NO
Method of training:

3. Number(s) of employees: _____

4. How many employees have Level I or Level II in Food Protection Training? _____

5. How will you schedule to have at least one employee trained in food protection per shift?

6. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? YES / NO

Please describe:

8. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be washed, rinsed, and sanitized? _____

Chemical Type: _____

Concentration: _____

Test Kit: YES / NO

9. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO
If not, how will ready-to-eat foods be cooled to 41°F?

10. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location for washing produce? YES / NO

Describe:

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses. _____

11. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation.

12. If needed, provide a HACCP plan for specialized processing methods, such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

13. Will the facility be serving food to a highly susceptible population? YES / NO
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

14. Catering/offsite/satellite: Complete if establishment will cater foods to another location.
List menu items to be catered:

Maximum number of catered meals per day will be: _____

How will hot food be held at proper temperature during transportation and at the remote serving location? _____

How will cold food be held at proper temperature during transportation and at the remote serving location? _____

What types of vehicles will be used to transport food?

FINISH SCHEDULE:

Applicant must indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

INSECT AND RODENT CONTROL:

Please check the appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?	()	()	()
2. Are screen doors provided on all entrances open to the outside?	()	()	()
3. Do all openable windows have a minimum #16 mesh screening?	()	()	()
4. Is the placement of electrocution devices indentified on the plan? (not in food prep areas)	()	()	()
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	()	()	()
6. Is area around building clear of unnecessary brush and other harborage?	()	()	()
7. Will air curtains be used? If yes, where? _____	()	()	()

GARBAGE AND REFUSE:

Inside

1. Will refuse be stored inside? If so, where? _____ _____	()	()	()
2. Is there an area designated for garbage can or floor mat cleaning?	()	()	()

Outside

3. Will a dumpster be used? Number _____ Size _____ Frequency of Pickup _____ Contractor _____	()	()	()
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4. Will a compactor be used? () () ()
Number _____ Size _____
Frequency of Pickup _____
Contractor _____

5. Will garbage cans be stored outside? () () ()

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

7. Describe location of grease storage receptacle.

8. Is there an area to store recycled containers? () () ()
Describe. _____

Indicate what materials are required to be recycled:

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic

9. Is there any area to store returnable damaged goods? () () ()
If so, where? _____

WATER SUPPLY:

1. Is water supply Public () or Private ()?

2. If Private, has source been approved? YES / NO / PENDING
Please attach copy of written approval and/or permit.

3. Is ice made on Premise () or purchased commercially ()?
If made on premise, are specifications for the ice machine provided? YES / NO
Describe provision for ice scoop storage:

Provide location of ice maker or bagging operation _____

4. What is the capacity of the hot water generator?

5. Is the hot water generator sufficient for the needs of the establishment? _____

6. Is there a water treatment device? YES / NO

If yes, how will the device be inspected & serviced?

7. How are the backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL:

1. Is building connected to a municipal sewer? YES / NO

2. If NO, is private disposal system approved? YES / NO / PENDING

Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES / NO

If so, where? _____

Provide schedule for cleaning and maintenance

Please note: Every 3 compartment sink is required to have a grease trap. NO EXCEPTIONS!

SINKS:

1. Is a mop sink present? YES / NO

If NO, please describe facility for cleaning of mops and other equipment:

2. If the menu dictates, is a food preparation sink present? YES / NO

PLUMBING CONNECTIONS:

	AIR GAP	AIR BREAK	INTEGRAL TRAP	P TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinal						
Dishwasher						
Garbage Grinder						
Ice Machines						
Ice Storage Bin						
Sinks a. Mop b. Janitor c. Handwash d. 3 compartment e. Prep Sink f. Water Station						
Steam Tables						
Dipper Wells						
Condensate/Drain Lines						
Hose Connection						
Potato Peeler						
Beverage Dispenser w/ carbonator						
Other _____						

*TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, ex. Toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of the letter “P”. Full “S” traps are **prohibited**.

Are floor drains provided and easily cleanable? YES / NO

If so, indicate location(s):

DRESSING ROOMS:

- 1. Are dressing rooms provided? YES / NO
- 2. Describe storage facilities for employees' personal belongings (ie. Purse, coat, boots, etc.)

GENERAL:

- 1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES / NO
Indicate Location:_____

- 2. Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas? YES / NO

- 3. Will linens be laundered on site? YES / NO
If YES, what will be laundered and where?

If NO, how will linens be cleaned?

- 4. Is a laundry dryer available? YES / NO

- 5. Location of clean linen storage:

- 6. Location of dirty linen storage:

- 7. Are containers constructed of safe materials to store bulk food products? YES / NO
Indicate type:

VENTILATION:

1. Indicate all areas where exhaust hoods are installed:

Location	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

DISHWASHING FACILITIES:

1. Will sinks or a dishwasher be used for warewashing?

- () Dishwasher
- () Three Compartment Sink
- () Two Compartment Sink

2. Dishwasher

Type of sanitization used:

Hot Water (provide temp.) _____

Booster Heater _____

Chemical type _____

Is ventilation provided? YES / NO

3. Do all dish machines have templates with operating instructions? YES / NO

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

5. Does the largest pot and pan fit into each compartment of the pot sink? YES / NO

6. Are there drain boards on both ends of the pot sink? YES / NO

7. What type of sanitizer is used?

- () Chlorine
- () Iodine
- () Quaternary Ammonium

- () Hot Water
- () Other

HANDWASHING/TOILET FACILITIES:

1. Is there a handwashing sink in each food preparation and warewashing area? YES / NO
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO
4. Is hand cleanser available at all handwashing sinks? YES / NO
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES / NO
6. Are covered waste receptacles available in each restroom? YES / NO
7. Is hot and cold running water under pressure available at each handwashing sink? YES / NO
8. Are all toilet room doors self closing? YES / NO
9. Area all toilet rooms equipped with adequate ventilation? YES / NO
10. Is a handwashing sign posted at each handwash station? YES / NO

SMALL EQUIPMENT REQUIREMENTS:

Please specify the number, location, and types of each of the following:

- Slicers_____
- Cutting Boards_____
- Can Openers_____
- Mixers_____
- Floor Mats_____
- Other_____

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the Ohio Uniform Food Safety Code.

Signature of Owner

Printed Name of Owner

Signature of Applicant (if different from above)

Printed Name of Applicant (if different from above)

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

2011 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: **Marion Public Health Department**
4. Return check and signed application to: **Marion Public Health Department**
233 W. Center Street
Marion, OH 43302

* There is a mandatory penalty fee of \$50 or 25% of the renewal fee, which ever is lesser 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			
City	State	Zip	Email
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			
City	State	Zip	Email
<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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