



Adams County Health Department

Public Health
Prevent. Promote. Protect.

Environmental Health &
Emergency Preparedness
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REQUIREMENTS FOR A PROPOSED FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT

In order to operate a food service operation/retail food establishment in Adams County, you must obtain a license for the food service operation/retail food establishment. You will need a copy of the Ohio Administrative Code (OAC) Chapter 3701-21 (Food Service Rules) or Chapter 901:3-4 (Retail Food Establishment Rules) and the Ohio Uniform Food Code (3717-1). **We strongly urge you to carefully read OAC Rules 3717-1-01 thru 3717-1-20.** The following conditions must be met in order to obtain a food service/retail food license.

1. Submit plans, a proposed menu and equipment list to this department for approval. The plan review conducted by our staff may result changes to your food service operation/retail food establishment to meet the State of Ohio standards Plans must be submitted as soon as possible. Once plans are submitted, the health department has thirty days to act upon them. Refer to OAC 3717-1-01 thru 3717-1-20 for rules pertaining to equipment and utensils, plumbing, floors, wall, and ceiling requirements. We will also consult with you if you need assistance.
2. Submit a letter from water previvor, stating water service is provided to facility address. Obtain a safe water sample if your operation will be on a well or cistern. This can be obtained from the Adams County Health Department, 560 Rice Dr., West Union, OH 45693. Telephone number is (937) 544-5547 ext 101.
3. Submit a letter from public sewer company stating service is provided to facility address. Obtain a letter verifying an Ohio EPA approved sewage disposal system. If you are not serviced by a public sewer, than this can be obtained by contacting the Southeast Ohio E.P.A. at 2195 Front Street, Logan, OH 43138. Their telephone number is (740) 385-8501.
4. Obtain a certificate of use and occupancy verifying compliance to Ohio Basic Building Code 4101-2-2-27, this includes plumbing, electrical, structural, mechanical, sprinkler and fire alarm inspections and approvals. A fire and sprinkler inspection may be obtained from some local fire departments.

Please be advised, no food license will be issues until the requirements of OAC 3717-1-2.4, OAC 3701-21-2, and OAC 901:3-4 have been met and the proper foodservice protection manager and food handler certificates have been obtained.

FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT LICENSE PROCEDURE

Ohio Revised Code Section 3717.21:

No person or government entity shall operate a food service operation/retail food establishment without a license. A separate license is required for each location that a person or government entity operates.

1. Prior to construction of a food service operation/retail food establishment a detailed set of plans must be submitted to the Adams County Health Department for review. Plans will be approved or disapproved within 30 days of receipt. The plans must contain the following information:
 - The total area to be used for the food service operation/retail food establishment
 - Location of entrances and exits
 - Location, number and types of plumbing fixtures, including all water supply facilities
 - Plan of lighting (artificial and natural)
 - All portions of the premises in which the operation will be conducted
 - Location of fixtures and equipment
 - Building materials and surface finishes to be used
 - Equipment (manufacturer and model number)
2. The proposed food service/retail operation's menu must be submitted with the plans. This will allow the Sanitarian to determine the risk classification and the plan review fee.

Food Service/Retail Establishment License Procedures

3. Before a food service/retail establishment license can be issued approval must be received from the following agencies:
 - Zoning (If Applicable)
 - Adams County Health Department
 - Local Fire Department
 - Ohio Department of Commerce- Division of Industrial Compliance Plumbing Inspector
 - Ohio Department of Industrial Relations Division of Factory and Building Inspections
 - Ohio Environmental Protection Agency (If on a septic system)
4. After approval has been received from the aforementioned agencies, the pre-licensing inspection will be conducted by the Sanitarian. At the time of the inspection, the operation must be fully operational and ready to open.
5. Once the inspection is completed, a pre-license inspection/application will be issued. Before a license can be issued, the application along with the appropriate fees must be submitted to the Adams County Health Department.
6. The Ohio Administrative Code 3701-21-25 requires that all new food facilities to have at least one person per facility that has taken and passed a Level 2 Manager course (ServSafe). The Certificate of Completion must be submitted prior to the opening of the facility.

If you have any questions please contact the Adams County Health Department at (937)544-5547.

FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT PLAN REVIEW

TYPE OF PLANS

WHERE TO SUBMIT PLANS

Food Service/Retail Operation

Adams County Health Department
560 Rice Dr.
West Union, OH 45693
Phone: (937) 544-5547

On-Site Sewage System

Ohio Environmental Protection Agency (EPA)
Southeast District Office
2195 Front Street
Logan, OH 43138
Phone: (740) 385-8501

Plumbing

Ohio Department of Commerce
Division of Industrial Compliance
State of Ohio
6606 Tussing Rd PO Box 4009
Reynoldsburg, OH 43068-9009
Phone: (614) 644-2223

Building

Ohio Department of Industrial Relations
Division of Factory & Building Inspections
P.O. Box 825
Columbus, OH 43216
Phone: (800) 523-3581

Fire Suppression

Local Fire Authorities

Franklin Township - (937) 587-3313
Green Township - (937) 549-4464
Jefferson Township - (937) 544-5391
Manchester - (937) 549-3131
Peebles - (937) 587-3811
Seaman/Scott Township - (937) 386-2929
Wayne Township - (937) 695-0361
West Union - (937) 544-3121
Winchester - (937) 695-0654

FACILITY NAME: _____

Number of seats: _____ Total Square Feet of Facility: _____

Number of Floors on which operation/establishment are conducted: _____

Type of Service Offered: Sit Down Meals _____ Catering _____
(check all that apply) Take Out _____ Mobile Vendor _____

Will this operation/establishment be serving a high-risk clientele (sick, immune-compromised or elderly individuals) in a health care or assisted living facility? Yes _____ No _____

Will this operation/establishment cook, cool and reheat bulk quantities of potentially hazardous foods (meats, fish, cheese, poultry, chili, soups, stews and etc.) Yes ____ No ____

Please enclose the following documents:

1. Provide plans including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot.
2. Include and provide specifications and locations for:
 - a. Entrances, exits, loading/unloading areas and docks, employee rest areas, restrooms;
 - b. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, food prep sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, back flow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - e. Ventilation, heating and air conditioning schedule.
3. The plans will need to include areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage and/or food preparation. As well as an exterior view of facility.
4. Label and locate food preparation sinks.
5. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation, include mop and/or slop sinks.
6. Show the location of all equipment. Each piece must be clearly labeled on the plan with its common name. Submit drawings and specifications on equipment when available. Separate equipment schedule list, all equipment must be commercial grade (i.e. NSF approved or equal).

FOOD PREPARATION REVIEW

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

Category	Yes	No
Thin meats, poultry, fish, eggs (hamburger; sliced meats, fillets)		
Thick meats, whole poultry (roast beef, whole turkeys, chicken, hams)		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)		
Bakery goods (pies, custards, cream fillings and toppings)		
Other PHF foods		

Please Answer the Following Questions

Food Sources/ Supplies:

Are all food products from an inspected and approved source? Yes No

Cold Storage:

Is adequate and approved freezer and refrigeration units available to store frozen, refrigerated foods at 41° F and below? Provide the method used to calculate cold storage requirement:

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 of food items be prevented? _____

Does each refrigerator/freezer have a thermometer? Yes No

Number of Refrigeration Units: _____ Number of Freezer Units: _____

Is there a bulk ice machine available? Yes No

Is there a bulk water fill station? 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)		

*Frozen Foods; Approximately one inch or less= thin, and more than one inch=thick

Cooking:

Will food product thermometers be used to measure final cooking/reheating temperatures of time/temperature controlled for safety (TCS) foods? Yes No

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts	130 degrees F (121 min)
Solid seafood pieces	145 degrees F (15 sec)
Other TCS foods	145 degrees F (15 sec)
Eggs:	
Immediate service	145 degrees F (15 sec)
Pooled*	155 degrees F (15 sec)
	*Pasteurized must be used when serving a highly susceptible population
Pork	155 degrees F (15 sec)
Comminuted meats/fish	155 degrees F (15 sec)
Poultry	165 degrees F (15 sec)
Reheated TCS foods	165 degrees F (15 sec)

List types of cooking equipment.

Hot/Cold Holding

How will hot TCS foods be maintained at 135degrees F (60 degrees C) or above during holding for service? Indicate type and number hot holding units.

How will cold TCS foods be maintained at 41 degrees F (5 degrees C) or below during holding for service? Indicate type and number of cold holding units.

Cooling:

- Check if no cooling will be done.

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41 degrees F (5 degrees C) within 6 hours (135 degrees F to 70 degrees F in 2 hours and 70 degrees F to 41 degrees 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/size					
Rapid chill					
Other (describe)					

Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41 degrees F- 135 degrees F) during preparation?

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?

Finish Schedule

Applicant must indicate which materials (Quarry tile, stainless steel, 4” plastic 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/Freezers				

Insect and Rodent Control

Please check under appropriate answer.

	Yes	No	N/A
Will all outside doors be self-closing and rodent proof?	___	___	___
Are screen doors provided on all entrances left open	___	___	___
Do all openable windows have a minimum #16 mesh?	___	___	___
Will there be use of electrocution devises?	___	___	___
Ventilation systems exhaust and intakes protected?	___	___	___
Is area around building clear of unnecessary brush, litter, boxes and other harborage?	___	___	___
Will air curtains be used?	___	___	___

Garbage and Refuse

Inside

Do all containers have lids: ___ ___ ___
 Will refuse be stored inside? If so, where ___ ___ ___

Is there an area designated for garbage can or floor mat cleaning? ___ ___ ___

Outside	Yes	No	N/A
Will a dumpster be used?	___	___	___
Number _____ Size _____			
Frequency of pickup _____ Solid Waste Contractor _____			
Will a compactor be used?	___	___	___
Number _____ Size _____			
Will garbage cans be stored outside?	___	___	___
Describe surface and location where dumpster/compactor/cans are to be stored:			

Describe location of grease storage receptacles and contractor:

Is there an area to store recycled containers?	___	___	___
Indicate what materials are required to be recycled:			
Glass ___ Metal ___ Paper ___ Cardboard ___ Plastic ___			
Is there an area to store returnable damaged goods?	___	___	___
Are floor drains provided and easily cleanable?	___	___	___
If so, indicate locations _____			

Water Supply

Is water supply public or private? _____			
If private, has the source been approved?	___	___	___
Is ice made on premise or purchased commercially?			

If made on premise, are specifications for the ice machine provided?

Describe provisions for ice scoop storage: _____	___	___	___
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Provided location of ice maker or bagging operation: _____

Is there a water treatment device in the facility?	___	___	___
If yes, how will the device be inspected and serviced?	___	___	___
How are backflow prevention devices inspected and serviced? _____			

Sewage Disposal

Is the building connected to sanitary sewer?	___	___	___
If no, is a private septic system approved?	___	___	___
Please attach a copy of the written approval and permit			
Are grease traps provided?	___	___	___
If so, where? _____			

Provide schedule for cleaning and maintenance: _____

Dressing Rooms

Are dressing rooms provided? _____
Describe storage facilities for employee's personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

General Yes No N/A

Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? _____
Indicate location of storage: _____

Are all toxic substances for use on the premises or for retail sale (this includes personal medications) stored away from food preparation and storage areas?

Are all containers of toxic substances including sanitizer spray bottles clearly labeled? _____
Will linens be laundered on site? _____
If so, what will be laundered and where? _____

If no, how will linens be cleaned? _____

Is a laundry dryer available on site? _____
Location of clean linen storage: _____
Location of dirty linen storage: _____

Are containers constructed of safe materials to store bulk food products? _____
Indicate type of containers: _____

Location	Filters/ Extraction Devices	Square Feet	Fire Protection	Air Capacity (CFM)	Air Makeup (CFM)

Sinks

Is a mop sink present? Yes No N/A
If no, describe facilities available for cleaning of mops and other equipment: _____

Is a food preparation sink present? _____

Dishwashing Facilities

Yes No N/A

Will a dishwasher be used for warewashing? ___

If using a dishwasher, what type of sanitizer will be used? ___

Hot Water (provide temperature) _____ Chemical Type: _____

Is ventilation provided? ___

Do all dish machines have templates with operation instructions? ___

Do all dish machines have temp/pressure gauges as required that are accurately working? ___

Will a 3-compartment sink be used for warewashing? ___

Is the hot water generator sufficient for the needs of the facility? ___

Does the largest pot and pan used by the facility fit into each compartment of the 3-comp. sink? ___

If no, what is the procedure for manual cleaning and sanitizing? _____

Are there drain boards on both ends of the 3 comp. sink? ___

What type of sanitizer is used? Chlorine ___ Iodine ___ Quat. Ammonia ___ Hot Water ___

Other _____

Are test strips or sanitizer kits available for checking sanitizer concentrations? ___

How is the ventilation hood cleaned? _____

Hand Washing/ Toilet Facilities

Is there a hand washing sink in each of the food preparation and warewashing areas? ___

Do all hand washing sinks, including the restrooms, have a mixing valve or combination faucet? ___

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? ___

Is hand cleanser available at all hand washing sinks? ___

Are hand drying facilities (paper towels, air blowers) available at all hand washing sinks? ___

Are all hand washing sinks identified with proper signs including For Hand Washing Only and All Employees must Wash Hand before returning to work? ___

Are covered waste receptacles available in each restroom? ___

Is hot and cold running water under pressure available at each hand washing sink? ___

Are all toilet room doors self closing? ___

Are all toilet rooms equipped with adequate ventilation? ___

Dry Goods Storage

Yes No N/A

Is the projected frequency of deliveries specified?	_____	_____	_____
Is appropriate dry goods storage space provided for based upon menu, meals and frequency of deliveries?	_____	_____	_____
How will dry goods be stored 6 inches off the floor?	_____	_____	_____

Small Equipment Requirements

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

Slicers: _____

Cutting Boards: _____

Can Openers: _____

Mixers: _____

Floor Mats: _____

Other: _____

STATEMENT:

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE ENCLOSED INFORMATION IS CORRECT. I UNDERSTAND THAT DEVIATION FROM THIS ENCLOSED INFORMATION WITHOUT PRIOR APPROVAL FROM THE HEALTH DEPARTMENT MAY NULLIFY FINAL APPROVAL. I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THE HEALTH DEPARTMENT MAY NULLIFY THE FINAL APPROVAL.

SIGNATURE

DATE

SIGNATURE

DATE

** Approval of these plans by the Adams County Health Department **does not** indicate compliance with any other code, law or regulation that may be required at the federal, state or local level. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

**RISK LEVEL CLASSIFICATIONS
FOR
FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT**

NAME OF FACILITY: _____

ADDRESS: _____

COMMERCIAL

NON-COMMERCIAL

<25,000 SQ. FT.

>25,000 SQ. FT.

RISK I Risk level I poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates.

RISK II Risk level II poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists.

RISK III Risk level III poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or processing a raw food product requiring bacterial load reduction procedures in order to sell it as ready-to-eat.

RISK IV Risk level IV poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either healthcare or assisted living; using time in lieu of temperature as a public health control for potentially hazardous food. Reheating bulk quantities of leftover potentially hazardous foods more than once every seven days or caterers or similar food operation that transports potentially hazardous food products.

Sanitarian _____

Date: _____

