**Gallia County Health District**

MCj03703020000[1]

***Food Service Operation,***

***Retail Food Establishment***

***Plan Review Guide***

**Name of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_**

**Owner/Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Submitted:**

**Date Approved:**

**Food Service Operation /Retail Food Establishment Planning Guide**

The intent of this planning packet is to assist you in the plan approval phase of your operation. It is designed to answer the questions that you might have as far as what information is required for plan review. Throughout this packet you will find helpful hints, and common problems that many establishments have dealt with, along with reminders of state and local codes.

If you have never operated a food service operation/retail food establishment before and are unfamiliar with the procedure to obtain a food license, don’t be too anxious. It can take some time. ***Allow a 30-day period for plan review by this office, and a 60-90 day period for state approval on the structure, plumbing, and sewage system***. Plans and the Food Establishment Planning Guide should be submitted prior to commencement of construction. Once you have submitted plans to all of the requiring agencies, documentation of approval has been completed, and the business is ready to start operations, this office will conduct a plan checklist and an initial inspection. Once these requirements are met, you will be given permission to apply for a license. Once the license has been issued you may commence to sell food. You can expect a 30-day post licensing inspection and a minimum of 1-2 inspections per year depending upon the Risk Classification for the facility.

**Instructions for commencing the plan review process:**

1. ***Submit a complete set of plans/blue prints along with this completed plan review packet***. The plans for new and major renovations, or change in use construction shall include the following schedules: Lot plan including exterior elevations with parking and dumpster location, structural and roofing, HVAC and exhaust hood systems schedule, Electrical and Lighting schedule, Plumbing schedule (to include water supply line from the point of municipal connection, fixtures, hot water tank and sizing, and waste water/vent diagrams including interior or exterior grease interceptors), Surface finish schedule for all surface finishes to include door and window schedules, and a schedule for signage inside and out side of the facility, and a floor plan of the kitchen.

2***. Food equipment list***: Submit copies of the manufacturer’s spec or cut sheets for each piece of food equipment to be installed and utilized within the food service operation. All equipment shall be commercial grade and NSF approved. Residential grade refrigeration and cooking equipment shall not be approved for use as part of the food service operations or retail food establishment.

3. ***Menu***. A copy of the printed menu must be provided, and a list of food sources or wholesalers from which you purchase your stock.

4. ***Risk Classification Sheet***. Complete the Risk Classification sheet enclosed in this packet this classification sheet determines the facility’s risk category and annual license fee.

5***. License Application and plan review fee***. Complete the enclosed license application. The plan review fee which is a one time fee equal to 50% of the local health department portion of the license fee is due at time of submitting the plans and food planning packet.

6***. Local and State Agency Review.*** On the form provided please indicate the date in which you submitted plans or applications for permits to other city/county/state agencies.

# Index for Local and & State Agencies ForPlan Approval

Agency Phone Type of Plans Where to Submit Copies

Required

1. Gallia County (740) 441-2018 All Portions 499 Jackson Pike Suite D 1

Health Department Gallipolis, OH 45631

2. O.E.P.A. (740) 385-8501 Non-Municipal 2195 Front Street 2

S.E. Office Water/Sewage Logan, OH 43138

3. Ohio Dept of (800) 523-3581 Plumbing/Building/ 6606 Tussing Road, 3

Commerce Structural/ P.O. Box 4009

Div. of Industrial Electrical/ Reynoldsburg, OH 43068 Compliance Plot Plan

4. Gallipolis City Zoning Office Call First

(740) 441-6022

5. State Fire Marshall Fire Suppression Call first

(614) 752-8200 Systems

6. Gallia County Planning Lot Plat/ 1167 S.R. 160 1

Commission (740)446-4009 Traffic Flow Gallipolis, Ohio 45631

7. Gallia County Floodplain Office Lot Plat Elevations 18 Locust St. 1

(740) 446-4612 Flood Zone Elevations Gallipolis, Ohio 45631

8 Gallipolis Water/Sewer Office Water & Sewer 518 Second Ave. 1

(740) 441-6006 Connections Gallipolis, Ohio 45631

9. Columbia Gas Gas Service 1-800-344-4077

10. American Electric Power Electric Service 1-877-237-2886

11. Buckeye Rural Electric Co-op Electric Service (740) 379-2025

Blank copies of application permits for the Ohio Department of Commerce (Building Code Compliance) are available upon request or can be downloaded in PDF format from **www.com.state.oh.us/**

OEPA permit applications may also be obtained from this office upon request, or downloaded from OEPA’s web site at[**www.epa.state.oh.us**](http://www.epa.state.oh.us)(Look for the Permit Wizard)

###### Requirements and Recommendations:

I. Requirements:

A. The Gallia County Health Department is allowed 30 days in order to review plans. At

the end of 30 days the Gallia County Health Department must reply in writing as to whether or not the plans and information submitted meet the requirements of chapter 3717-01 of the Ohio Uniform Food Safety Code. Therefore, submit plans as soon as possible, and preferably prior to construction. Once the Ohio Department of Commerce, Building Compliance office has inspected the finished construction and has issued a Preliminary Occupancy permit, you are to call this office to schedule a pre-licensing inspection. Once this inspection is complete and no violations found, approval is given to issue the food license

B. The Gallia County Board of Health has adopted a “No Transfer” policy for Food Service Operation/Retail Food Establishment Licenses. In the event the ownership/management of the facility changes a new license must be obtained by the new owner/management. Prior to issuance of a new license the facility shall be inspected to verify that it is current with the Ohio Uniform Food Safety Code requirements.

II. Recommendations:

A. The Gallia County Health Department strongly recommends annual TB Skin tests on every employee who comes in contact with food, utensils, equipment, or food contact surfaces. Employees who test positive must have a letter signed by their physician indicating that the individual is free from communicable disease. (No Xerox copies accepted.) TB tests are given at the Gallia County Health Department at no charge on Monday, Tuesday, Wednesday and Friday from 8am to 4pm.

B. Please feel free to ask questions during the plan review process, it is better to address potential problems during the plan review process than during or after construction and installation of equipment and fixtures. This office is available to conduct on site consultations at no cost before, during, and after the construction phases.

C. Rule of Thumb! Allow for 25% more storage (dry goods and refrigerator/freezer) space

than you think you will need. It is also a good idea to install a larger hot water heater than you think you will need. This office has sizing charts from the FDA for determining the approximate size and space needed for dry good and cold storage items, as well as hot water capacities based on the number of fixtures, sink sizes, restrooms, etc.

D. Always plan ahead! Whether or not you decide that you want to keep the operation small,

sometime in the future you may want to expand your menu, increase your seating, or change out equipment. An expansion of the menu or increase in seating may be denied if there is not enough space, or if the equipment change is not compatible with existing plumbing, electrical, or exhaust hood components.

E. All food service equipment must be commercial grade and approved by the National Sanitation Foundation (NSF).

## Floor Plans

The floor plans give you and your local health department the opportunity to see the entire operation in its proposed form. It is possible to determine whether all of your planned operations have the equipment necessary to perform the tasks. It is also possible to determine personnel movements that will occur as your staff perform their potentially hazardous areas, or wasted time due to excessive motion.

On the example floor plan, where the numbers identify specific pieces of equipment, your plans will include the brand names and model numbers of the equipment, which will be attached to your overall plans. Your health department and your contractor will explain everything that is needed but specifications must include such information as to what material the equipment is made from, how it was constructed, and how it will be installed.

### Specifications

Specifications should describe all equipment. Include manufacturer’s name and model numbers when applicable. Descriptions should be detailed enough to allow competent judgment by the Sanitarian who reviews the plans.

All new, used and existing equipment must be of a type approved by the health department

Each set of specifications must include the following statements:

1. All equipment will be so constructed and installed so that all food laws and rules can be adequately met.

2. Not less than 50 foot-candles of light will be available on all surfaces where food is processed and prepared, and where utensils will be washed and sanitized.

3. An adequate and satisfactory water supply will be available for the operation.

4. An adequate supply of hot water will be available for the operation: When hot water is to be used to sanitize utensils, the following statement should also be made: “An adequate supply of 180 degree water will be available so that all utensils can be sanitized properly".

5. All other plan approvals, such as water supply, sewage disposal, and plumbing, will be obtained prior to construction of the food service operation.

6. All details of construction will be carried out in accordance with good food service engineering practices.

## FSO/RFE Data Sheet

Complete ALL sections of the data sheet. Portions that do not apply please mark as “NA.” Please be specific and thorough. Information must be typed or printed.

Name of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operations Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners’ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners’ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Operation (circle one): RFE FSO Caterer Mobile Vending Commissary

Risk Classification of Operation: 1 2 3 4 (See Gold Bond Paper Form)

Square footage of Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Construction: New Construction Renovation Change of Use

Days/ Week & Hours of Operation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Employees per Shift: \_\_\_\_\_\_\_\_\_ Number of Seats for Dining: \_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Meals to Be Served Per Day: Breakfast \_\_\_\_\_, Lunch \_\_\_\_\_, Dinner \_\_\_\_\_

Drive Thru Window: Yes No Delivery Service: Yes No Alcohol Sales: Y / N

I have submitted plans or permit/service applications to the following agencies if applicable:

\_\_\_\_\_ Ohio Dept. of Commerce, Building Dept. Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Gallia County Planning Commission Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Gallia County Floodplain Management Office Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Gallipolis City Zoning/Code Enforcement Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Gallipolis Water / Sewer Department Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ OEPA (Private Water System or Sewage System) Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Columbia Gas Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Electrical Service (AEP, Buckeye Rural) Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOD PREPARATION REVIEW**

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

served.

**CATEGORY \* (YES) (NO)**

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)

6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* A generic HACCP plan for each category of food may be available from the regulatory

authority for reference.

***PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS***

**FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources? YES / NO

2. What are the projected frequencies of deliveries for Frozen foods\_\_\_\_\_\_\_\_\_\_\_,

Refrigerated foods \_\_\_\_\_\_\_\_\_\_\_\_\_, and Dry goods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Refrigerated Storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and

Frozen storage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. 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 41ºF (5ºC) and below? YES / NO

Provide the method used to calculate cold storage requirements.

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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

4. 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 70º F (21º C) |  |  |
| Microwave (as part of cooking process) |  |  |
| Cooked from frozen state |  |  |
| Other (describe) |  |  |

\* 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Minimum cooking time and temperatures of product utilizing convection and***

***conduction heating equipment:***

beef roasts 130ºF (121 min)

solid seafood pieces 145ºF (15 sec)

other PHF’s 145ºF (15 sec)

eggs:

Immediate service 145ºF (15 sec)

pooled\* 155ºF (15 sec)

(\*pasteurized eggs must be served to a highly

susceptible population)

pork 145ºF (15 sec)

comminuted meats/fish 155ºF (15 sec)

poultry 165ºF (15 sec)

reheated PHF’s 165ºF (15 sec)

2. List types of cooking equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140ºF (60ºC) or above during holding for service?

Indicate type and number of hot holding units.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. How will cold PHF's be maintained at 41ºF (5ºC) or below during holding for service?

Indicate type and number of cold holding units.

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**COOLING:**

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41ºF (5ºC)

within 6 hours (140ºF to 70ºF in 2 hours and 70ºF to 41ºF in 4 hours). Also, indicate

where the cooling will take place.

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

**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 165ºF for 15 seconds. Indicate

type and number of units used for reheating foods.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**PREPARATION:**

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

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2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number(s) of

employees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of

completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent

handling of ready-to-eat foods? YES / NO

4. Is there a written policy to exclude or restrict food workers who are sick or have

infected cuts and lesions? YES / NO

Please describe briefly:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Will employees have paid sick leave? YES / NO

5. 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 sanitized?

Chemical Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Kit: YES / NO

6. 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 41ºF?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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8. Describe the procedure used for minimizing the length of time PHF's will be kept in the

temperature danger zone (41ºF - 135ºF) during preparation.

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9. Provide a HACCP plan for specialized processing methods such as vacuum packaged

food items prepared on-site or otherwise required by the regulatory authority.

10. 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**A. FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved

molding, etc.) will be used in the following areas.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Kitchen | Floor | Coving | Walls | Ceiling |
| Bar |  |  |  |  |
| Food Storage |  |  |  |  |
| Other Storage |  |  |  |  |
| Toilet Rooms |  |  |  |  |
| Dressing Rooms |  |  |  |  |
| Garbage & Refuse Storage |  |  |  |  |
| Mop Service  Basin Area |  |  |  |  |
| Warewashing Area |  |  |  |  |
| Walk-in Refrigerators and Freezers |  |  |  |  |

**B. INSECT AND RODENT CONTROL**

*APPLICANT: Please check appropriate boxes.*

**YES NO NA**

1. Will all outside doors be self-closing

and rodent proof ? ( ) ( ) ( )

2. Are screen doors provided on all

entrances left open to the outside? ( ) ( ) ( )

3. Do all openable windows have a

minimum #16 mesh screening? ( ) ( ) ( )

4. Is the placement of electrocution devices

identified on the plan? ( ) ( ) ( )

5. Will all pipes & electrical conduit

chases be sealed; ventilation systems

exhaust and intakes protected? ( ) ( ) ( )

6. Is area around building clear of

unnecessary brush, litter, boxes

and other harborage? ( ) ( ) ( )

7. Will air curtains be used?

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) ( ) ( )

**C. GARBAGE AND REFUSE**

***Inside***

8. Do all containers have lids? ( ) ( ) ( )

9. Will refuse be stored inside? ( ) ( ) ( )

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Is there an area designated for

garbage can or floor mat cleaning? ( ) ( ) ( )

***Outside***

11. Will a dumpster be used? ( ) ( ) ( )

Number \_\_\_\_\_\_\_\_ Size \_\_\_\_\_\_\_\_

Frequency of pickup \_\_\_\_\_\_\_\_\_\_\_

Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YES NO NA**

12. Will a compactor be used? ( ) ( ) ( )

Number \_\_\_\_\_\_\_\_ Size \_\_\_\_\_\_\_\_

Frequency of pick up \_\_\_\_\_\_\_\_\_\_\_

Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

stored

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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15. Describe location of grease storage receptacle

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16. Is there an area to store recycled containers? ( ) ( ) ( )

Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Indicate what materials are required to be recycled;

( ) Glass

( ) Metal

( ) Paper

( ) Cardboard

( ) Plastic

17. Is there any area to store returnable damaged goods? ( ) ( ) ( )

**D. PLUMBING CONNECTIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Air Gap | Air Break | \* Integral Trap | \* ”P” Trap | Vacuum Breaker | Condensate Pump |
| 18. Toilet |  |  |  |  |  |  |
| 19. Urinals |  |  |  |  |  |  |
| 20. Dishwasher |  |  |  |  |  |  |
| 21. Garbage Grinder |  |  |  |  |  |  |
| 22. Ice Machines |  |  |  |  |  |  |
| 23. Ice Storage Bin |  |  |  |  |  |  |
| 24. Sinks  a. Mop  b. Janitor  c. Handwash  d. 3-Compartment  e. 2-Compartment  f. 1-Compartment  g. Water Station |  |  |  |  |  |  |
| 25. Steam Tables |  |  |  |  |  |  |
| 26. Dipper Wells |  |  |  |  |  |  |
| 27. Refrigeration Condensate/ Drain Lines |  |  |  |  |  |  |
| 28. Hose Connection |  |  |  |  |  |  |
| 29. Potato Peeler |  |  |  |  |  |  |
| 30. Beverage Dispenser w/Carbonator |  |  |  |  |  |  |
| 31. 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, e.g., a 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.

32. Are floor drains provided & easily cleanable, if so, indicate location:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. WATER SUPPLY**

33. Is water supply public ( ) or private ( )?

34. If private, has source been approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

35. Is ice made on premises ( ) 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Provide calculations for necessary hot water (see Part 5 & Part 9 under Section III in this

manual)

38. Is there a water treatment device? YES ( ) NO ( )

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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39. How are backflow prevention devices inspected & serviced?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**F. SEWAGE DISPOSAL**

40. Is building connected to a municipal sewer? YES ( ) NO ( )

41. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )

Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES ( ) NO ( )

If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide schedule for cleaning & maintenance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. DRESSING ROOMS**

43. Are dressing rooms provided? YES ( ) NO ( )

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats,

boots, umbrellas, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**H. GENERAL**

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ( ) NO ( )

Indicate location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

46. 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 ( )

47. Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ( ) NO ( )

48. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, how will linens be cleaned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

49. Is a laundry dryer available? YES ( ) NO ( )

50. Location of clean linen storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

51. Location of dirty linen storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

52. Are containers constructed of safe materials to store bulk food products?

YES ( ) NO ( )

Indicate type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

53. Indicate all areas where exhaust hoods are installed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location | Filters &/or Extraction Devices | Square Feet | Fire Protection | Air Capacity CFM | Air Makeup CFM |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

54. How is each listed ventilation hood system cleaned?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. SINKS**

55. Is a mop sink present? YES ( ) NO ( )

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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56. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

**J. DISHWASHING FACILITIES**

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

Dishwasher ( )

Two compartment sink ( )

Three compartment sink ( )

58. Dishwasher

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster heater \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

59. Do all dish machines have templates with operating instructions?

YES ( ) NO ( )

60. Do all dish machines have temperature/pressure gauges as required that are

accurately working? YES ( ) NO ( )

61. Does the largest pot and pan fit into each compartment of the pot sink?

YES ( ) NO ( )

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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62. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

63. What type of sanitizer is used?

Chlorine ( )

Iodine ( )

Quaternary ammonium ( )

Hot water ( )

Other ( )

64. Are test papers and/or kits available for checking sanitizer concentration?

YES ( ) NO ( )

**K. HANDWASHING/TOILET FACILITIES**

65. Is there a handwashing sink in each food preparation and warewashing area?

YES ( ) NO ( )

66. Do all handwashing sinks, including those in the restrooms, have a mixing valve or

combination faucet? YES ( ) NO ( )

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without

the need to reactivate the faucet?

YES ( ) NO ( )

68. Is hand cleanser available at all handwashing sinks?

YES ( ) NO ( )

69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES ( ) NO ( )

70. Are covered waste receptacles available in each restroom?

YES ( ) NO ( )

71. Is hot and cold running water under pressure available at each handwashing sink?

YES ( ) NO ( )

72. Are all toilet room doors self-closing? YES ( ) NO ( )

73. Are all toilet rooms equipped with adequate ventilation?

YES ( ) NO ( )

74. If required, is a handwashing sign posted in each employee restroom?

YES ( ) NO ( )

### Menu

Attach a copy of the operation’s Menu, or list products to be sold below:

#### Salads: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Appetizers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Soups, Gravies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Main Courses or Specialties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### Desserts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beverages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condiments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the sources of the food, or the wholesaler, used to purchase food. (Reminder: All meats must be from USDA or Ohio Department of Agriculture approved source, and must indicate such on the labels.):

Food Item Source

Meats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seafood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vegetables: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fruits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Food Item Source

Breads/Cereals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dairy Products: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Beverages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List type used and the suppliers of the following:

Dishwashing sanitizers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food contact surface sanitizers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all of the equipment in the operation with the make and model number:

Type of Equipment Make Model #

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: the Gallia County Health Department must approve any equipment not bearing a NSF (National Sanitation Foundation) stamp.

### Floor Plan Data Sheet

All surface finishes must be easily cleaned, sanitized, and made of a durable material.

List types of finishes for each surface. All areas of the food service operation must be included.

Cooking Area: Ceiling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Walls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serving Area: Ceiling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Walls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rest Room Facilities: Ceiling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Walls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eating Area: Ceiling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Walls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Floors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lighting: List type, Location, and Foot-Candle:

Exhaust Hoods and Grease Screens: (Hoods are required over all heat producing equipment, and screens are required over equipment in which grease producing foods will be prepared). Please indicate size of each.

Location and size of Exhaust Fan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Grease Trap and Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GALLIA COUNTY HEALTH DEPARTMENT

This form is a copy of the plan checklist that is used by the health department to make sure the operation meets various requirements. It is good for you to go through these and check all that apply in order to meet the requirements.

## Food Service Operation/Food Establishment

Check List

Square footage \_\_\_\_\_\_\_\_\_\_\_ FSO RFE 1 2 3 4

Yes No Sat. Unsat. Quest.

I. Plans Drawn to Scale \_\_\_ \_\_\_ VII. Surface Finishes \_\_ \_\_ \_\_

A. Kitchen

II. Menu Provided \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_ 2. Walls \_\_ \_\_ \_\_

III. Plan Approval \_\_\_ \_\_\_ 3. Ceilings \_\_ \_\_ \_\_

A. Building Dept. \_\_\_ \_\_\_ B. Storerooms

B. Plumbing \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_

C. EPA \_\_\_ \_\_\_ 2. Walls \_\_ \_\_ \_\_

D. Zoning \_\_\_ \_\_\_ 3. Ceilings \_\_ \_\_ \_\_

E. Electrical \_\_\_ \_\_\_ C. Dishwashing areas

F. Fire \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_

2. Walls \_\_ \_\_ \_\_

IV. Water Supply 3. Ceilings \_\_ \_\_ \_\_

A. Municipal \_\_\_ \_\_\_ D. Toilet rooms

B. Non-community \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_

2. Walls \_\_ \_\_ \_\_

V. Wastes Disposal – Sewage 3. Ceilings \_\_ \_\_ \_\_

A. Municipal \_\_\_ \_\_\_

B. On-Site \_\_\_ \_\_\_ VIII. Food Storage

A. Adequate (size) \_\_ \_\_ \_\_

Sat. Unsat. Quest. 1. Cold

VI. Kitchen Flow a. Refrigerators \_\_ \_\_ \_\_

A. Receiving \_\_ \_\_ \_\_ b. Freezers \_\_ \_\_ \_\_

B. Storage \_\_ \_\_ \_\_ 2. Hot \_\_ \_\_ \_\_

C. Preparation \_\_ \_\_ \_\_ 3. Dry \_\_ \_\_ \_\_

D. Cooking \_\_ \_\_ \_\_ B. Location (accessibility)

E. Serving \_\_ \_\_ \_\_ 1. Cold \_\_ \_\_ \_\_

F. Dishwashing \_\_ \_\_ \_\_ 2. Hot \_\_ \_\_ \_\_

G. Disposal \_\_ \_\_ \_\_ 3. Dry \_\_ \_\_ \_\_

GALLIA COUNTY HEALTH DEPARTMENT

Sat. Unsat. Quest. Sat. Unsat. Quest.

IX. Equipment & Utensils XIV. Toilet Facilities

A. Specifications Provided \_\_ \_\_ \_\_ A. Proper location \_\_ \_\_ \_\_

B. Installation &Layout \_\_ \_\_ \_\_ B. Self-closing doors

1. Space for cleaning \_\_ \_\_ \_\_ into preparation area \_\_ \_\_ \_\_

2. Sealed where needed \_\_ \_\_ \_\_ C. Ventilation \_\_ \_\_ \_\_

3. Easily moved \_\_ \_\_ \_\_ D. Covered trash \_\_ \_\_ \_\_

Plumbing & Electrical outlets E. Adequately equipped \_\_ \_\_ \_\_

installed to facilitate ease

of cleaning \_\_ \_\_ \_\_ XV. Waste Disposal

1. Garbage & Refuse

X. Dish Machines 1. Inside storage \_\_ \_\_ \_\_

A. Low temperature \_\_ \_\_ \_\_ 2. Outside storage \_\_ \_\_ \_\_

B. High temperature \_\_ \_\_ \_\_

C. Manual \_\_ \_\_ \_\_ XVI. Screening for Exterior

1. Sinks (size) \_\_ \_\_ \_\_ windows \_\_ \_\_ \_\_

a. 3 Compartments \_\_ \_\_ \_\_ XVII. Air Curtain on outside

b. Drain boards \_\_ \_\_ \_\_ doors opening into

preparation areas \_\_ \_\_ \_\_

XI. Water Supply

A. Location of outlets \_\_ \_\_ \_\_ XVIII. Lighting

B. No submerged inlet \_\_ \_\_ \_\_ A. At least 50 foot candles

C. Hot water system \_\_ \_\_ \_\_ on all work surfaces \_\_ \_\_ \_\_

D. No copper lines with B. At least 20 foot candles

carbonated beverages \_\_ \_\_ \_\_ on all other areas \_\_ \_\_ \_\_ C. Proper shielding \_\_ \_\_ \_\_

XII. Plumbing

A. Garbage disposal \_\_ \_\_ \_\_ XIX. Ventilation

B. Backflow prevention \_\_ \_\_ \_\_ A. Stoves \_\_ \_\_ \_\_

C. Grease interceptor \_\_ \_\_ \_\_ B. Ovens \_\_ \_\_ \_\_

C. Steam Tables \_\_ \_\_ \_\_

XIII. Handwashing Facilities D. Deep Fryer \_\_ \_\_ \_\_

A. Location E. Dishwasher \_\_ \_\_ \_\_

1. In or near toilet \_\_ \_\_ \_\_

2. In food preparation \_\_ \_\_ \_\_ XX. Janitorial Equipment & Supplies

B. Hand soap \_\_ \_\_ \_\_ A. Mop Sink \_\_ \_\_ \_\_

C. Drying facilities \_\_ \_\_ \_\_ B. Storage \_\_ \_\_ \_\_

C. Toxic substance storage \_\_ \_\_ \_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Risk Level Determination

Less than 25,000 sq. ft. Greater than or equal to 25,000 sq. ft.

Retail Food Establishment Food Service Operation

Please check the Risk Level Box that applies to the facilities food operations:

**Risk Level 1:** Poses Potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates.

1. Coffee, self-service fountain drinks, pre-packaged, non-potentially hazardous beverages;
2. Pre-packaged, refrigerated or frozen potentially hazardous foods;
3. Pre-packaged non-potentially hazardous foods;
4. Baby food or formula.

**Risk Level 2:** Poses higher potential risk to the public due to hand contact or employee health concerns, but minimal potential for pathogen growth exists.

1. Handling, heat-treating, or preparing, non-potentially hazardous food;
2. Holding for sale or serving potentially hazardous food at the same proper temperature at which it was received;
3. Heating individually packaged, commercially processed, potentially hazardous food for immediate service;

**Risk Level 3:** Poses a higher risk than risk level 2 because of the following concerns: proper cooking temperatures, proper cooling temperatures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or raw food product requiring bacterial load reduction procedures in order to sell as ready-to-eat.

1. Handling, cutting, or grinding raw meat products;
2. Cutting or slicing ready-to-eat meats and cheeses;
3. Assembling or cooking potentially hazardous food that is immediately served, held hot or cold, or cooled;
4. Operating a heat treatment dispensing freezer;
5. Reheating individual portions only; or
6. Heating of a product, from an intact, hermetically sealed package and holding it hot.

**Risk Level 4:** Poses a higher potential risk than risk level 3 because of concerns with: handling or preparing food using a procedure with several steps that **includes reheating** a product or ingredient 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 potentially hazardous items as ingredients; using freezing as a means for parasite destruction; serving a high-risk clientele; or using time in lieu of temperature as a control.

1. Reheating bulk quantities of leftover, potentially hazardous food more than once every 7 days;
2. Nursing homes;
3. Hospitals;
4. Caterers or similar operations that transport potentially hazardous food.

|  |  |
| --- | --- |
| Risk Level | Number of Inspections Per Licensing Year |
| 1 | 1 Standard Inspection |
| 2 | 1 Standard Inspection |
| 3 | 2 Standard Inspections |
| 4 | 2 Standard Inspections (includes 2 Critical Control Point Inspections or Process Reviews) |
| Other | Number of Inspections Per Licensing Year |
| Mobile | 1 Standard Inspection |
| Vending | 1 Standard Inspection of at least 50% of the licensees’ locations |
| Temporary | 1 Standard Inspection during the period the Temporary is being operated |

STATEMENT: **I hereby certify that the above information is correct, and I fully understand**

**that any deviation from the above without prior permission from this Health Regulatory**

**Office may nullify final approval.**

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

owner(s) or responsible representative(s)

Date: \_\_\_\_\_\_\_\_\_\_\_\_

2022 Food Program License Fees

**Local Fee State Fee Total**

Class 1 less than 25,000 square feet $142.00 $28.00 $170.00

Class 2 less than 25,000 square feet $159.00 $28.00 $187.00

Class 3 less than 25,000 square feet $300.00 $28.00 $328.00

Class 4 less than 25,000 square feet $378.00 $28.00 $406.00

Class 1 greater than 25,000 square feet $203.00 $28.00 $231.00

Class 2 greater than 25,000 square feet $213.00 $28.00 $241.00

Class 3 greater than 25,000 square feet $742.00 $28.00 $770.00

Class 4 greater than 25,000 square feet $550.00 $28.00 $578.00

Mobile Food Service Operations $786.00 $28.00 $814.00

Vending License (C.P.I. increase limit) $10.70 $6.00 $16.70

Temporary FSO/RFE (per day) $25.00 N/A $25.00

Facility Plan Review 50% of LHD License Fee (No State Fee)

Bacterial Water Sample (Certified) $156.00 N/A $156.00

**\* Licenses are not transferable upon sale or transfer of owner/operator.**

Organisms cause food poisoning, but so can the toxins that they produce. These toxins are not eliminated during the cooking process. So, discourage the growth of disease-causing organisms and their toxins by following these guidelines:

* Wash hands well and often. Hand sanitizers alone do a poor job of sanitizing.
* Wear gloves, use utensils or papers, when handling ready-to-eat foods (foods that will not be cooked after handling). **No Bare Hand Contact!**
* Change gloves frequently and when switching from one food or task to another.
* Wash hands after removing gloves - bacteria grow fast in a warm moist environment.
* Mark all ready-to-eat, potentially hazardous foods with a 7-day expiration date.
* Keep hair WELL restrained … no loose strands, or swinging ponytails. Long facial hair or profuse growth on arms must be covered as well.
* Do not wear **ANY** jewelry on the hands or wrists except 1 **PLAIN** wedding band…bacteria hides well in settings and designs.
* Keep temperature records.
* Use a probe thermometer to check cooking and holding temperatures often.

**Cook to 165ºF or above.**

**Hold hot foods at 140ºF or above.**

**Hold cold foods at 41ºF or below.**

* Thaw food in the refrigerator, under running water, or as part of the cooking process.
* Store meats under all other foods.
* Store food away from non-food products such as cleaning supplies, chemicals, insecticides, etc.
* Thoroughly wash all fruits and vegetables before cooking or serving.
* Clean and sanitize equipment frequently (can openers, meat slicers, pop machines, ice cream dispensers, microwave and toaster ovens, etc.).
* Wipe counters and food contact surfaces after each use with approved sanitizer (test for proper strength).
* Wipe and sanitize spills and spatters immediately.
* Keep wiping cloths in sanitizer (proper strength) or stored clean and dry.
* Dishes, whether washed by hand or dishwasher, should be washed in detergent, rinsed in plain water, and sanitized with an approved sanitizer according to recommendations (use test strips!). Bleach concentration should be 50 ppm. 100 ppm for other sanitizing jobs.
* Do not towel dry dishes. Let them air dry.
* Store utensils clean and dry with handles up.
* Sweep and mop floors nightly and as messes occur.
* Keep it clean! A clean food service operation discourages insects and rodents, which carry and spread disease-causing organisms.

**Frequently and Thoroughly:**

Wash Hands Here

**When To:**

* **Before Starting Work**
* **After Using the Toilet**
* **Before Putting On Gloves**
* **After Touching Raw Meat**
* **After Sneezing, Coughing, Touching Face, Clothes, Or Body Parts**
* **When Switching From One Task to Another Which May Cause Cross-Contamination (e.g. From handling money to food preparation)**
* **Whenever You Suspect Contamination May Have Occurred.**
* **ANY TIME YOU THINK OF IT! BE SAFE NOT SORRY!**

Wash Hands Here

**How To:**

* **Use the DESIGNATED Hand wash Sink**
* **Wet Hands with Warm Water**
* **Apply Soap**
* **Scrub Vigorously for at least 20 Seconds, Paying Special Attention to the Areas Around the Fingernails and Cuticles**
* **Dry With Disposable Towels or Air Dryer**

Eliminate Bare Hand Contact

With

**Ready-to-Eat Foods**

Reducing bare hand contact with ready-to-eat foods is essential in reducing the risk of foodborne illnesses such as Hepatitis A, Salmonella, and E. coli.

In Ohio it is a requirement to eliminate bare hand contact with ready-to-eat foods.

Examples include, but are not limited to:

Making sandwiches

Slicing ready-to-eat or cooked meats & cheeses

Handling, cutting/slicing produce

Handling chips, snacks, etc.

Using tongs, spoons, scoops, spatulas, food grade tissues, or wearing gloves are ways to eliminate bare hand contact.

Tissues Tongs Spoons Scoops

Gloves Spatulas

**Ready to Eat, Potentially Hazardous Food**

**Date Marking & Disposition**

**No date marking**

**needed**

## No

## Freeze?

# Yes

**Prepared on site or commercial container is opened, and held MORE THAN 24 hours**

**Mark with 7-day discard/expiration date, subtracting the day of preparation/opening**

# Yes

## No

Mark with date of preparation/opening and date of freezing

No further date marking needed

For consumption within 24 hours of thawing

Remove from freezer

Held for more than 24 hours after thawing

Mark with 7-day discard/expiration date, subtracting the time from preparation/opening to freezing

**\*Note: The 7-day discard/expiration date is a discard date! Product must be thrown away on that date!**

**\*\*Note: Ohio Administrative Code 3717-1-3.4 (H) (1) (b) states that the product shall be discarded if it is not dated!**

**The Following Section**

**Is For Health Department**

**Use Only.**

GALLIA COUNTY HEALTH DEPARTMENT

REGULATORY AUTHORITY COMPLIANCE REVIEW LIST

Square footage \_\_\_\_\_\_\_\_\_\_\_ FSO RFE 1 2 3 4

Yes No Sat. Unsat. Quest.

I. Plans Drawn to Scale \_\_\_ \_\_\_ VII. Surface Finishes \_\_ \_\_ \_\_

A. Kitchen

II. Menu Provided \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_ 2. Walls \_\_ \_\_ \_\_

III. Plan Approval \_\_\_ \_\_\_ 3. Ceilings \_\_ \_\_ \_\_

A. Building Dept. \_\_\_ \_\_\_ B. Storerooms

B. Plumbing \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_

C. EPA \_\_\_ \_\_\_ 2. Walls \_\_ \_\_ \_\_

D. Zoning \_\_\_ \_\_\_ 3. Ceilings \_\_ \_\_ \_\_

E. Electrical \_\_\_ \_\_\_ C. Dishwashing areas

F. Fire \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_

2. Walls \_\_ \_\_ \_\_

IV. Water Supply 3. Ceilings \_\_ \_\_ \_\_

A. Municipal \_\_\_ \_\_\_ D. Toilet rooms

B. Non-community \_\_\_ \_\_\_ 1. Floors \_\_ \_\_ \_\_

2. Walls \_\_ \_\_ \_\_

V. Wastes Disposal – Sewage 3. Ceilings \_\_ \_\_ \_\_

A. Municipal \_\_\_ \_\_\_

B. On-Site \_\_\_ \_\_\_ VIII. Food Storage

A. Adequate (size) \_\_ \_\_ \_\_

Sat. Unsat. Quest. 1. Cold

VI. Kitchen Flow a. Refrigerators \_\_ \_\_ \_\_

A. Receiving \_\_ \_\_ \_\_ b. Freezers \_\_ \_\_ \_\_

B. Storage \_\_ \_\_ \_\_ 2. Hot \_\_ \_\_ \_\_

C. Preparation \_\_ \_\_ \_\_ 3. Dry \_\_ \_\_ \_\_

D. Cooking \_\_ \_\_ \_\_ B. Location (accessibility)

E. Serving \_\_ \_\_ \_\_ 1. Cold \_\_ \_\_ \_\_

F. Dishwashing \_\_ \_\_ \_\_ 2. Hot \_\_ \_\_ \_\_

G. Disposal \_\_ \_\_ \_\_ 3. Dry \_\_ \_\_ \_\_

GALLIA COUNTY HEALTH DEPARTMENT

Sat. Unsat. Quest. Sat. Unsat. Quest.

IX. Equipment & Utensils XIV. Toilet Facilities

A. Specifications Provided \_\_ \_\_ \_\_ A. Proper location \_\_ \_\_ \_\_

B. Installation &Layout \_\_ \_\_ \_\_ B. Self-closing doors

1. Space for cleaning \_\_ \_\_ \_\_ into preparation area \_\_ \_\_ \_\_

2. Sealed where needed \_\_ \_\_ \_\_ C. Ventilation \_\_ \_\_ \_\_

3. Easily moved \_\_ \_\_ \_\_ D. Covered trash \_\_ \_\_ \_\_

Plumbing & Electrical outlets E. Adequately equipped \_\_ \_\_ \_\_

installed to facilitate ease

of cleaning \_\_ \_\_ \_\_ XV. Waste Disposal

1. Garbage & Refuse

X. Dish Machines 1. Inside storage \_\_ \_\_ \_\_

A. Low temperature \_\_ \_\_ \_\_ 2. Outside storage \_\_ \_\_ \_\_

B. High temperature \_\_ \_\_ \_\_

C. Manual \_\_ \_\_ \_\_ XVI. Screening for Exterior

1. Sinks (size) \_\_ \_\_ \_\_ windows \_\_ \_\_ \_\_

a. 3 Compartments \_\_ \_\_ \_\_ XVII. Air Curtain on outside

b. Drain boards \_\_ \_\_ \_\_ doors opening into

preparation areas \_\_ \_\_ \_\_

XI. Water Supply

A. Location of outlets \_\_ \_\_ \_\_ XVIII. Lighting

B. No submerged inlet \_\_ \_\_ \_\_ A. At least 50 foot candles

C. Hot water system \_\_ \_\_ \_\_ on all work surfaces \_\_ \_\_ \_\_

D. No copper lines with B. At least 20 foot candles

carbonated beverages \_\_ \_\_ \_\_ on all other areas \_\_ \_\_ \_\_ C. Proper shielding \_\_ \_\_ \_\_

XII. Plumbing

A. Garbage disposal \_\_ \_\_ \_\_ XIX. Ventilation

B. Backflow prevention \_\_ \_\_ \_\_ A. Stoves \_\_ \_\_ \_\_

C. Grease interceptor \_\_ \_\_ \_\_ B. Ovens \_\_ \_\_ \_\_

C. Steam Tables \_\_ \_\_ \_\_

XIII. Handwashing Facilities D. Deep Fryer \_\_ \_\_ \_\_

A. Location E. Dishwasher \_\_ \_\_ \_\_

1. In or near toilet \_\_ \_\_ \_\_

2. In food preparation \_\_ \_\_ \_\_ XX. Janitorial Equipment & Supplies

B. Hand soap \_\_ \_\_ \_\_ A. Mop Sink \_\_ \_\_ \_\_

C. Drying facilities \_\_ \_\_ \_\_ B. Storage \_\_ \_\_ \_\_

C. Toxic substance storage \_\_ \_\_ \_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reviewer Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer Title**

**APPROVAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_

**DISAPPROVAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_

**REASON FOR DISAPPROVAL:**

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