



Stark County Health Department



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FOOD OPERATION PLAN REVIEW APPLICATION

INSTRUCTIONS: Complete all sections of this application and sign and date at the end of this application.

FACILITY NAME: _____

FACILITY PHONE NUMBER: _____

FACILITY ADDRESS: _____

CITY: _____ ZIP CODE: _____

OWNER(S) NAME: (CORPORATE NAME AND PRESIDENT): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

CONTACT NAME/TITLE: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

CELL PHONE NUMBER: _____

ANTICIPATED START OF CONSTRUCTION DATE: _____

- Facility is completely new or never operated as a food service
- Facility will have extensive changes in structure of the kitchen, equipment and/or menu
- Facility is being transferred – Previous facility name: _____

BUSINESS DESCRIPTION: _____

ADDITIONAL PERMITS APPLIED FOR: (Check all that apply)

- Zoning Plumbing Fire Building Regional Planning

***NOTE – A pre-licensing inspection must be conducted by this department prior to opening. All construction and work permits must be completed before licensing.**



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MENU: Is a complete menu provided with a detailed list of all food and beverages? Yes___ No___

PLANS: The following Plan Drawings are REQUIRED:

Is a List of equipment submitted showing manufacturers and model numbers? Yes___ No___

Is a Floor Plan submitted showing the entire facility including rubbish disposal? Yes___ No___

Is a Plumbing Plan submitted showing all fixtures, types, and water heater? Yes___ No___

Is a Lighting Plan submitted showing all fixtures, types and foot candles? Yes___ No___

-Do food preparation areas have 50 foot candles of light?	Yes___	No___
-Do Food storage areas have 20 foot candles of light?	Yes___	No___
-Are lights shielded over food storage, preparation, display or service areas?	Yes___	No___

WATER SUPPLY: Source of water supply: Municipal___ Water Well___

**If the system is a water well, the system must be inspected and approved prior to issuance of a license.*

Please contact the Ohio EPA at (330) 963-1200.

Water Heater Capacity (Gallons)___ BTU's or Kw___ Water Temp. ___

SEWAGE DISPOSAL: Type of sewerage: Municipal___ Private System___

**If there is a private sewage treatment system, the system must be inspected and approved prior to issuance of a license. Please contact the Ohio EPA at (330) 963-1200.*

GREASE TRAP: Size___ Location___

***NOTE* -** All new facilities, or existing facilities that will be expanded or renovated, shall be designed to operate and maintain a grease interceptor (**minimum 750 gallon outdoor grease trap**). In instances where it is physically impossible to install an outdoor grease trap, a letter must be submitted to the Stark County Health Department stating the reasons it cannot be installed, and then a general review by the Health Department will follow to verify the validity of the claim. (It is the responsibility of the generator and their contractors to ensure that the wastewater discharged from their facility is in compliance with the State Plumbing Code and Local Sanitary Sewer Code).

RESTROOMS: Are separate and dedicated employee restrooms provided? Yes___ No___

Is adequate ventilation provided in all restrooms? Yes___ No___

HANDWASHING FACILITIES:

-Are handwashing facilities provided in EACH food preparation and ware washing areas? Yes___ No___

-Will hand washing sinks be installed in a manner that prevents splash from contaminating food and food preparation areas? Yes___ No___

-Will ALL sinks be supplied with hot and cold running water supplies through a mixing valve or combination faucet? Yes___ No___

-Will Soap, paper towels, trash receptacles, and sign promoting hand washing be provided? Yes___ No___

UTENSILS AND EQUIPMENT:



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Will ALL equipment conform to the National Sanitation Foundation (NSF) standards? Yes _____ No _____

No residential equipment is permitted unless approved by the Stark County Health Department

Are equipment specifications provided? Yes _____ No _____

Type of utensils using: Single Service _____ Multi-Use _____

Does Three Compartment sink(s) have drain boards? Yes _____ No _____

Will a dishmachine be used Yes _____ No _____

If Yes, which type? Chemical _____ High Temperature _____

High temperature dishwashers must be properly ventilated

DRY STORAGE:

Is sufficient space provided for the storage of food, equipment, and utensils? Yes _____ No _____

Number of cubic feet to be used for dry storage? _____

REFRIGERATION:

Are adequate NSF standard refrigeration facilities provided? Yes _____ No _____

Number of cubic feet to be used for refrigeration? _____

Number of cubic feet to be used for freezer space? _____

Ice CANNOT be used to hold time and temperature controlled for safety foods (potato salad, cheese, etc)

***Commercial mechanical refrigeration must be provided.**

Will accurate thermometers be provided? Yes _____ No _____

Will potentially hazardous foods be refrigerated while on display? Yes _____ No _____

HOT HOLDING:

Will NSF hot-holding equipment be used? Yes _____ No _____

Specify Type _____

**Residential crock pots (not NSF standard) may be subject to a License Limitation.*

COOLING AND REHEATING:

Will foods be cooled down for later use? Yes _____ No _____

Specify types of food _____

How will these foods be cooled? _____

Will there be food that is reheated? Yes _____ No _____

Specify types of food _____

How will these foods be reheated? _____

FOOD PREPARATION:



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Will there be a designated food preparation sink? Yes _____ No _____

If "No" please explain the proposed process _____

Does the operation perform a food handling process that is not addressed, or deviates from the Ohio Uniform Food Safety Code, such as canning or smoking foods? Yes _____ No _____

****If "yes" please note these processes need a variance from either the Ohio Department of Agriculture or the Ohio Department of Health.***

Will Reduce Oxygen packaging be done? Yes _____ No _____

If "yes" a HACCP plan will need to be provided please contact our office at (330) 493-9904.

Please list foods prepared more than 12 hours in advance of service: _____

VENTILATION: *Exhaust cannot create a public nuisance*

Type of ventilation system: Canopy _____ Ventilation (Updraft) _____
Size of Hood Length: _____ Width: _____ Overhang: _____
Exit for Exhausted Air: Roof: _____ Side of Building: _____
Source of Make-up Air: Within Hood: _____ Automatic Louvered Fan: _____
Passive Louvered Vent: _____ Other: explain - _____

EMPLOYEE HEALTH

Is there a written policy to exclude or restrict food workers who are sick or have open cuts or lesions?
Yes _____ No _____ (If not, contact our office for guidance (330) 493-9904)

REFUSE - *Refuse area must be shown on the site plan. Containers must be rodent proof and leak proof with tight fitting lids.*

Is the refuse area enclosed? Yes _____ No _____
Specify name of waste hauler: _____
What is the frequency of pickup? _____

GENERAL PREMISES

Is a mop sink provided for filling and emptying of mop buckets? Yes _____ No _____
Is there an area to hang up cleaning equipment? Yes _____ No _____
Is there adequate storage for employee belongings available
separate from food preparation and food storage areas? Yes _____ No _____
Will laundry facilities be provided on the premises? Yes _____ No _____
Are exterior doors and openings properly screened and tight fitting? Yes _____ No _____



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Is there a separate area from food to store toxic chemicals?
Will there be a pest management program instituted?

Yes _____ No _____
Yes _____ No _____

SURFACE FINISHES:

	FLOOR	COVING	WALLS	CEILING
KITCHEN				
FOOD STORAGE				
BAR				
TOILET ROOM				
MOP SINK AREA				
WARE WASHING AREA				
WALK-IN COOLERS AND FREEZERS				

HOURS of OPERATION: _____

SEATING CAPACITY: _____

TOTAL SQUARE FEET OF FACILITY: _____ **NUMBER OF STAFF:** _____

List ALL the names of those successfully completing the following trainings:

Per Ohio Uniform Food Code, 3717-1-02.4(A)(1), "The license holder may be the person in charge or shall designate a person or persons in charge and shall ensure that a person in charge with applicable knowledge is present at the food service operation or retail food establishment during all hours of operation."

Level 1 – Person In Charge

Level 2 – ServSafe

Guidance for determining the Risk Level



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- Risk Level 1 may include
- Coffee, self serving fountain drinks, prepackaged non-time/temperature controlled for safety food beverages;
 - Pre-packaged refrigerated or frozen time/temperature controlled for safety food;
 - Pre-packaged non time/temperature controlled for safety food;
 - Baby food or formula.

- Risk Level 2 may include
- Handling, heat treating, or preparing non time/temperature controlled for safety food;
 - Holding for sale or serving time/temperature controlled for safety food at the same proper holding temperature at which it was received;
 - Heating individually packaged, commercially processed time/temperature controlled for safety food for immediate service.

- Risk Level 3 may include
- Handling, cutting, or grinding raw meat products
 - Cutting or slicing ready-to-eat meats and cheeses
 - Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
 - Operating a heat treatment dispensing freezer;
 - Reheating in individual portions only;
 - Heating of a product from an intact hermetically sealed package and holding it hot.

- Risk Level 4 may include
- Reheating bulk quantities of leftover time/temperature controlled for safety food more than once every seven days;
 - Caterers or other similar food service operations that transport time/temperature controlled for safety food;
 - Offering 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 for parasite destruction
 - Serving a primarily high risk clientele including immune-compromised or elderly individuals in a facility that provides either health care or assisted living;
 - Using time in lieu of temperature as a public health control for time/temperature controlled for safety food;
 - Performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process.

PLAN REVIEW FEE: _____ (make checks payable to Stark County Health Department)

Signature / Title

Date