





# DARKE COUNTY GENERAL HEALTH DISTRICT PLAN REVIEW APPLICATION

## CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

### Please enclose the following documents:

#### \_\_\_\_\_ **Proposed Menu**

- Include seasonal, off-site and banquet menus

#### \_\_\_\_\_ **Site Plan**

- Show the location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system-if applicable)
- Show the location of outside equipment (dumpster, garbage rooms, grease traps, trash cans, sewage disposal, water supply- if applicable)
- On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basement and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
- Entrances, exits, loading/ unloading areas and docks; interior & exterior seating areas

#### \_\_\_\_\_ **Plan Drawn to Scale of Food Establishment**

- Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
- Show the location of all food equipment labeled on the plan with its common name. (Submit drawings of self-service hot and cold holding units with sneeze guards)
- Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment of the floor plan.
- Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
- Location of mop sink or curbed cleaning facility with facilities for hanging mops are required.
- Location of all electrical and mechanical equipment

#### \_\_\_\_\_ **Level One Training in Food Protection**

- Is mandated training for the person in charge (PIC) per shift of a risk level I, II, III, and IV food service operation or retail food establishment as of March 1, 2010. Visit [www.darkecountyhealth.org](http://www.darkecountyhealth.org) for training opportunities.

#### \_\_\_\_\_ **Level Two Training in Food Protection**

- Is mandated training for one employee in a risk level 3 or 4 facility that has supervisory and management responsibility and the authority to direct and control food preparation. Visit [www.darkecountyhealth.org](http://www.darkecountyhealth.org) for training opportunities.

#### \_\_\_\_\_ **Plumbing Schedule**

- Plumbing schedules including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generator equipment with capacity and recovery rate, back flow prevention, sewer and water tie in from source, and wastewater line connections;

#### \_\_\_\_\_ **Mechanical**

#### \_\_\_\_\_ **Lighting Schedule**

- Include drawings of location of each light fixture with foot candles indicated.



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## Electrical

It is desirable that switch boxes, electrical control panels, wall mounted cabinets, etc. be installed out of the cooking and dishwashing areas. Electrical units which are installed in areas subject to splash from necessary cleaning operations or food preparation should be water-tight and washable.

## Equipment Schedule

- Include Manufacturer Specification Sheets for **all** pieces of equipment shown on the plan. Highlight/ circle module numbers and listings of equipment that is certified for sanitation by an ANSI accredited certified program.

## General Information

List Hours of Operation for the following:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Number of Seats: \_\_\_\_\_  
 Number of Staff (per shift): \_\_\_\_\_  
 Number of Floors on which operations are conducted \_\_\_\_\_  
 Total Square Feet of Facility: \_\_\_\_\_

Maximum Meals to be Served (approximate number)  
 Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Type of Service (give percentage expected for each category):  
 Sit Down Meals \_\_\_\_\_ Take Out \_\_\_\_\_ Caterer \_\_\_\_\_ Mobile Vendor \_\_\_\_\_

## FOOD PREPARATION REVIEW

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

<u>CATEGORY*</u>	(YES)	(NO)
1. Thin meats, poultry, fish, eggs	( )	( )
2. Thick meats, whole poultry	( )	( )
3. Cold processed foods	( )	( )
4. Hot processed foods	( )	( )
5. Bakery goods	( )	( )
6. Other _____	( )	( )



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## PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

### FOOD SUPPLIES:

1. Will all food supplied be from approved sources? YES ( ) NO ( )
  - a. An “approved source” according to Ohio Uniform Food Safety Code means a food is from: a processor that is inspected by a federal food safety regulatory agency or Ohio Dept. of Agriculture, a cottage food production, and/or a licensed food service operation/ retail food establishment with a local health department. The term is not applicable to fresh unprocessed fruits & vegetables with exemption to mushrooms & sprouts. For the full definition please see section 3717-1-01(B)(4) of the State of Ohio Uniform Food Safety Code.
2. Please fill in the chart to provide all distributors and their frequency of deliveries for each category.

	Distributors (where the food is coming from)	Frequency of Deliveries
Frozen Foods		
	1.	
	2.	
	3.	
	4.	
Refrigerated Foods		
	1.	
	2.	
	3.	
	4.	
Dry Foods		
	1.	
	2.	
	3.	
	4.	

3. Will at least one employee be present at each delivery from all distributors? YES ( ) NO ( )
  - a. If **NO**, describe how employees are going to verify that foods delivered are from an approved source, placed into appropriate storage locations such that they are maintained at the required temperature, protected from contamination, unadulterated, and accurately presented.

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4. Will dry goods and single use articles be stored at least 6 inches off the floor? YES ( ) NO ( )

### COLD STORAGE

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41F(5C) and below? YES ( ) NO ( )
2. Will a thermometer be available in each cold holding unit? YES ( ) NO ( )
3. Will you store foods properly to limit cross contamination between cooked, ready to eat, and raw products? YES ( ) NO ( )



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4. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES ( ) NO ( )
- a. If yes, how will cross contamination be prevented?

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## **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 70F		
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.

## **PREPARATION:**

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

Method of Training: \_\_\_\_\_

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Number(s) of employees: \_\_\_\_\_

2. Please attach a written policy used to exclude or restrict food workers who are sick or have infected cuts and lesions. If you do not have a written policy, please explain below how you will verify all employees were informed at inspections. Policy shall be available upon request at inspections. An example health policy is available at [www.darkecountyhealth.org](http://www.darkecountyhealth.org).

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3. Please attach a written copy or explain the procedures for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the food service operation or retail food establishment. Policy shall be available upon request at inspections. An example is available on [darkecountyhealth.org](http://darkecountyhealth.org).

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4. 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?

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- a. List the name of the EPA registered sanitizer to be used: \_\_\_\_\_
- b. List the strength in ppm for the sanitizer being used: \_\_\_\_\_
  - i. A test kit is required to test the strength of the solution in ppm.

- 5. Which of the following will be used to restrain employees' hair:
  - a. Hats ( ) Hairnets ( )

- 6. Which of the following will be used to prevent handling of ready-to-eat foods:
  - a. Disposable gloves (latex gloves are prohibited) ( ) Utensils ( ) Food grade paper ( )

- 7. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled to 41F or below prior to assembling and serving? YES ( ) NO ( )
  - a. If no, explain how will cold ready-to-eat foods reach 41F or below before serving:
   
\_\_\_\_\_
   
\_\_\_\_\_

- 8. Check the procedure(s) used for minimizing the length of time Potentially Hazardous Foods (PHF's) will be kept in the temperature danger zone (41F – 135F) during preparation.
  - a. ( ) Prep small batches at a time & place into refrigeration to reach 41F before serving
  - b. ( ) Place cut items into an ice bath while prepping to help them reach 41F before serving
  - c. ( ) Switched cooked product straight from cooking state into hot holding state.
  - d. ( ) Other, Explain: \_\_\_\_\_

- 9. Will any products be prepared more than 12 hours in advance? YES ( ) NO ( )
  - a. If yes, please list products that will be prepared as well as the procedures and storage used until the product is served: \_\_\_\_\_

- 10. Please check the following that applies to produce:
  - a. ( ) Produce will come from distributor pre-washed & pre-cut
  - b. ( ) A designated prep sink with an air gap will be provided
  - c. ( ) A compartment of the 3 tank sink will be used if the compartment is individually in-directed into the plumbing system with an air gap
    - If this method is used. The sink shall be properly cleaned before and after use and does not disturb the warewashing process.

- 11. Will you be using or providing any of the methods/ items listed below? YES ( ) NO ( )
  - a. If yes, please check all that applies and attach a copy of the approved variance(s) from Ohio Department of Health or Agriculture if applicable.
    - i. ( ) Reduced Oxygen Packaging
    - ii. ( ) Fresh Juice Production
    - iii. ( ) Heat Treatment Dispensing Freezers
    - iv. ( ) Custom Processing
    - v. ( ) Bulk Water Machine
    - vi. ( ) Acidified White Rice



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

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## COOKING:

1. Do you have all the necessary cooking equipment to prepare all items listed on your menu?  
 YES ( ) NO ( )
2. Will thermometers be available to probe cooked products for temperature verification?  
 YES ( ) NO ( )
3. What method of calibration will be used?
  - a. ( ) Ice Point Method
  - b. ( ) Boiling Water Method
4. Will you be cooking/ serving any undercooked eggs or meat? YES ( ) NO ( )  
 a. If yes, make sure the menu submitted has the consumer advisory on it.

## HOT/COLD HOLDING:

1. Will a thermometer be placed in each hot and cold holding unit? YES ( ) NO ( ) REQUIRED
2. Explain how hot and cold holding units will be monitored for accuracy to ensure cold products are maintaining 41F or below and hot foods are maintaining 135F or above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. How will food be protected in hot and cold holding units

## COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41F within 6 hours (at least 135F to 70F in 2 hours and 70F to 41F in 4 hours) on the second table. Also, indicate where the cooling will take place. The top table is an example only; please do not mark on this table.

### EXAMPLE

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Reduce Volume or Size	X in walk-in cooler				

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					



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Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

### REHEATING:

1. Will any Potentially Hazardous Foods (PHF) be reheated after they are properly cooked, cooled, and cold held? YES ( ) NO ( )
  - a. If yes, will you reheat in bulk ( ), individual portions ( ), or both ( )
    - i. Will you heat in bulk more than once a week? YES ( ) NO ( ) N/A ( )
  - b. If yes, will the PHF's that are reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds within 2 hours? YES ( ) NO ( )
  - c. If yes, list items that will be reheated: \_\_\_\_\_

### PHYSICAL FACILITIES

#### FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas. Please keep in mind the surfaces shall be smooth, easily cleanable, and non-absorbent.

#### EXAMPLE

	FLOOR	COVING	WALLS	CEILING
<b>Toilet Rooms</b>	<i>Vinyl</i>	<i>Rubber</i>	<i>FRP</i>	<i>Painted Drywall</i>

	FLOOR	COVING	WALLS	CEILING
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Chemical Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Warewashing Area</b>				
<b>Walk-In Refrigerators and Freezers</b>				





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## LIGHTING SCHEDULE

### Lighting schedule with protectors:

- (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas & in other areas and rooms during periods of cleaning;
- (2) At least 220 lux (20 foot candles):
  - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
  - (b) Inside equipment such as reach-in and under-counter refrigerators;
  - (c) At a distance of 75 cm (30 inches) above the floor in areas used for hand washing, warewashing, and equipment and utensil storage, and in toilet rooms; and
- (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

Please fill in the table below with the minimum amount of food candles available in each area.

AREA	FOOT CANDLES
Walk in Refrigeration Units	
Dry Food Storage	
Food Preparation Area	
Warewashing Area	
Salad Bar or Buffet	

## VENTILATION

Indicate all areas where exhaust hoods are installed.

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

1. How is each listed ventilation hood system cleaned?

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## DISHWASHING FACILITIES

Will sinks or a dishwasher be used for warewashing?

Dishwasher YES ( ) NO ( ) If yes, answer question 1 on pg. 9  
 Three compartment sink YES ( ) NO ( ) If yes, answer question 2 on pg. 10

Will there be more than one dishwasher or three compartment sink? YES ( ) NO ( )



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## 1. Dishwasher

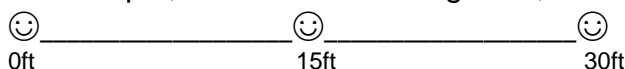
- a. Type of sanitization used (choose one that applies):
  - i. **Hot water** ( )
    - 1. Temperature of Wash Cycle \_\_\_\_\_ Temperature of Rinse Cycle \_\_\_\_\_
    - 2. Will an irreversible registering temperature indicator be provided and readily accessible for measuring the utensil surface temperature? YES ( ) NO ( ) It is required and recommend logging at least weekly.
  - ii. **Chemical** ( )
    - 1. Chemical Name \_\_\_\_\_ Concentration in ppm \_\_\_\_\_
    - 2. Will a test kit be provided to accurately measure the concentration in ppm of the sanitizing solution? YES ( ) NO ( ) it is required.
- b. Is ventilation provided? YES ( ) NO ( )
- c. Do all dish machines have templates with operating instructions? YES ( ) NO ( )
- d. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

## 2. Three compartment sink

- a. Does the largest pot and pan fit into each compartment of the three compartment sink? YES ( ) NO ( )
- b. If no, what is the procedure for manual cleaning and sanitizing?  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. What are the dimensions (length, width, height) for each bowl in the three compartment sink? Bowl one: \_\_\_\_\_ Bowl two: \_\_\_\_\_ Bowl three: \_\_\_\_\_
- d. Are their drain boards on both ends of the pot sink? YES ( ) NO ( )
  - i. If no describe where dirty dishes will be stored before they are cleaned and where will clean dishes air dry after they are cleaned. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. What type of sanitizer is used?
  - Chlorine ( ) Quaternary ammonium ( ) Iodine ( )
  - Other, please list \_\_\_\_\_
  - i. Chemical Name \_\_\_\_\_ Concentration in ppm \_\_\_\_\_
  - ii. Will a test kit be provided to accurately measure the concentration in ppm of the sanitizing solution? YES ( ) NO ( ) it is required.

## HANDWASHING/TOILET FACILITIES

Handwashing sinks are required to be every 10-15 feet in a food preparation and warewashing area. The distances may not overlap. For example, in a 30 foot working area, there shall be 3 handwashing sinks (☺).





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

### **SINKS**

1. Is a mop sink present? They are REQUIRED YES ( ) NO ( )
2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )
  - a. NOTE: Produce cannot be washed in a hand sink, mop sink, or three compartment sink

### **WATER SUPPLY**

1. Is water supply PUBLIC ( ) SEMI-PRIVATE ( ), OR PRIVATE ( )?
  - If PUBLIC, name of municipality? \_\_\_\_\_
  - If SEMI-PRIVATE, please attach copy of EPA approval letter.
  - If PRIVATE, has the source been approved by the Health Department? YES / NO / PENDING
2. Is ice made on premises ( ) or purchased commercially ( )?
  - a. If purchased commercially, where from? \_\_\_\_\_
3. How will the ice scoop be stored:
  - ( ) In the ice with handle extended
  - ( ) Separate compartment attached to machine



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

5. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water?  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there a water treatment device? YES ( ) NO ( )  
If yes, how will the device be inspected & serviced?  
\_\_\_\_\_

7. Will you have any of the following machines that require a back flow prevention device?  
( ) Ice-cream Machine ( ) Cappuccino Machine ( ) Juice Machines  
( ) Slushy Machine ( ) Pop Machines ( ) Other \_\_\_\_\_

8. How will back flow prevention devices be inspected & serviced? Please name plumber.  
\_\_\_\_\_  
\_\_\_\_\_

**SEWAGE DISPOSAL**

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

2. If no, is a private disposal system approved? YES ( ) NO ( ) PENDING ( )  
**Please attach copy of written approval and/or permit from the Ohio EPA.**

3. Are grease traps provided? YES ( ) NO ( )  
It will be required if fats, oils, and grease are going down the sink. Contact the plumbing inspector to see if you need one at 937-548-4196 extension 207.

a. Where is it located? \_\_\_\_\_

b. What size is it? \_\_\_\_\_

c. How will it be cleaned and maintained? \_\_\_\_\_

**INSECT AND RODENT CONTROL**

Please check appropriate boxes.

	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Will all outside doors be self-closing and rodent proof?	( )	( )	( )

2. Are screen doors provided on all entrances open to the outside?	( )	( )	( )
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3. Do all openable windows have a minimum #16 mesh screening?	( )	( )	( )
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- 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 and other harborage? ( ) ( ) ( )
- 7. Will air curtains be used? ( ) ( ) ( )  
If yes, where? \_\_\_\_\_

## GARBAGE AND REFUSE

- Inside
- |   | <b>YES</b> | <b>NO</b> | <b>NA</b> |
|---|------------|-----------|-----------|
| 1. Will refuse be stored inside?                                      | ( )        | ( )       | ( )       |
| 2. Is there an area designated for garbage can or floor mat cleaning? | ( )        | ( )       | ( )       |

- Outside
- |                                  |     |     |     |
|----------------------------------|-----|-----|-----|
| 3. Will a dumpster be used?      | ( ) | ( ) | ( ) |
| a. Number _____ Size _____       |     |     |     |
| b. Frequency of pickup _____     |     |     |     |
| c. Contractor _____              |     |     |     |
| d. Surface to be stored on _____ |     |     |     |
| e. Location _____                |     |     |     |

- |                                  |     |     |     |
|----------------------------------|-----|-----|-----|
| 4. Will a compactor be used?     | ( ) | ( ) | ( ) |
| a. Number _____ Size _____       |     |     |     |
| b. Frequency of pickup _____     |     |     |     |
| c. Contractor _____              |     |     |     |
| d. Surface to be stored on _____ |     |     |     |
| e. Location _____                |     |     |     |

- |  |     |     |     |
|--|-----|-----|-----|
| 5. Will garbage cans be stored outside?      | ( ) | ( ) | ( ) |
| 6. Will a grease storage receptacle be used? | ( ) | ( ) | ( ) |

d. Number \_\_\_\_\_ Size \_\_\_\_\_ Frequency of Cleaning \_\_\_\_\_ Company \_\_\_\_\_

- |   |     |     |     |
|---|-----|-----|-----|
| 7. Is there any area to store returnable goods? | ( ) | ( ) | ( ) |
| a. Location: _____                              |     |     |     |



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## EMPLOYEE PERSONAL BELONGINGS

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

2. Are lockers provided? YES ( ) NO ( )

3. Where will employees' store personal belongings (ie, purse, coats, boots, umbrellas, etc.)? Please indicate location.

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## SMALL EQUIPMENT REQUIREMENTS

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

- a. Slicers \_\_\_\_\_
- b. Cutting boards \_\_\_\_\_
- c. Can openers \_\_\_\_\_
- d. Mixers \_\_\_\_\_
- e. Floor mats \_\_\_\_\_
- f. Other \_\_\_\_\_



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New Business Owner,

Welcome to Darke County! I am looking forward to working together to create a safe environment for the community. If you should have any questions or need assistance with this packet, contact me at the Health Department at 937-548-4196 extension 206. Our office hours are Monday through Friday, 8:00AM to 4:00PM. My email address is [caitlin.molina@darkecountyhealth.org](mailto:caitlin.molina@darkecountyhealth.org). You can also reach out to Allison Glascoe at 937-548-4196 ext. 203 or [allison.glascoe@darkecountyhealth.org](mailto:allison.glascoe@darkecountyhealth.org).

Sincerely,

Caitlin Molina  
Food Sanitarian

**Please note if all information is not provided or the packet is not fully completed it will increase the amount of time it takes to review your plans or they may be disapproved due to a lack of information given. Please take your time and reach out if you need assistance.**

**This application is complete including all information needed from page 2 of this packet and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the Ohio Food Safety Code. Please sign below if you agree with the previous statement.**

_____	_____	_____
Signature of Owner	Printed Name of Owner	Date
_____	_____	_____
Signature of Applicant (if different from above)	Printed Name of Applicant (if different from above)	Date

**OFFICE USE ONLY**

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

Receipt #: \_\_\_\_\_

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

Date Application Disapproved: \_\_\_\_\_ For reasons see attached sheet.



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901:3-4-05 & 3701-21-2.3

### Risk Level of Retail Food Establishments & Food Service Operations

The licenser shall determine the risk level based on the highest risk level activity of the retail food establishment or food service operation in accordance with the following criteria:

- (A) Risk level I poses potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or sells:
- (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; Or
  - (4) Baby food or formula
- (B) 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. Examples of risk level II activities include, but are not limited to:
- (1) Handling, heat treating, or preparing non-potentially hazardous food;
  - (2) Holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received; or
  - (3) Heating individually packaged, commercially processed potentially hazardous foods for immediate service.
- (C) 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. Examples of risk level III activities include, but are not limited to:
- (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 new treatment dispensing freezer
  - (5) Reheating in individual portions only; or
  - (6) Heating of a product from an intact hermetically sealed package and holding it hot.
- (D) 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 immunocompromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperatures as a public health control for potentially hazardous food, or performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process. Examples of risk level IV activities include but are not limited to:
- (1) Reheating bulk quantities of leftover potentially hazardous food more than once every seven days; or
  - (2) Caterers or other similar food service operations that transport potentially hazardous food.