



## Adams County Health Department

**Public Health**  
Prevent. Promote. Protect.

Environmental Health &  
Emergency Preparedness

923 Sunrise Avenue  
West Union, Ohio 45693  
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### **REQUIREMENTS FOR A PROPOSED FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT**

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

1. Submit plans and a menu to this department for approval. The plan review conducted by our staff may result changes to your food service operation/retail food establishment to meet the State of Ohio standards, plans must be submitted as soon as possible. Once plans are submitted, the health department has thirty days to act upon them. See OAC 3717-1-01 thru 3717-1-20 for rules pertaining to equipment and utensils, plumbing, floors, wall, and ceilings, etc. We will also consult with you if you need assistance.
2. Obtain a safe water sample if your operation will be on a well or cistern. This can be obtained from the Adams County Health Department, 923 Sunrise Ave, West Union, OH 45693. Telephone number is (937) 544-5547 ext 101.
3. Obtain a letter verifying an Ohio EPA approved sewage disposal system if you are not serviced by a public sewer. This can be obtained by contacting the Southeast Ohio E.P.A. at 2195 Front Street, Logan, OH 43138. Telephone number is (740) 385-8501.
4. Obtain a certificate of use and occupancy verifying compliance to Ohio Basic Building Code 4101-2-2-27, this includes plumbing, electrical, structural, mechanical, sprinkler and fire alarm inspections and approvals. A fire and sprinkler inspection may be obtained from some local fire departments.



# **FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT LICENSE PROCEDURE**

## **Ohio Revised Code Section 3717.21:**

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

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

## **Food Service/Retail Establishment License Procedures**

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

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

## **FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT PLAN REVIEW**

**TYPE OF PLANS**

**WHERE TO SUBMIT PLANS**

Food Service/Retail Operation

Adams County Health Department  
923 Sunrise Ave  
West Union, OH 45693  
Phone: (937) 544-5547

On-Site Sewage System

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

Plumbing

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

Building

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

Fire Suppression

**Local Fire Authorities**

Franklin Township - (937) 587-3313  
Green Township - (937) 549-4464  
Jefferson Township - (937) 544-5391  
Manchester - (937) 549-3131  
Monroe Township - (937) 549-3853  
Peebles - (937) 587-3811  
Seaman/Scott Township - (937) 386-2929  
Wayne Township - (937) 695-0361  
West Union - (937) 544-3121  
Winchester - (937) 695-0654

FACILITY NAME: \_\_\_\_\_

Number of seats: \_\_\_\_\_ Total Square Feet of Facility: \_\_\_\_\_

Number of Floors on which operation/establishment are conducted: \_\_\_\_\_

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

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

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

More than once every (7) seven days? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please enclose the following documents:**

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

# FOOD PREPARATION REVIEW

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

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

## Please Answer the Following Questions

**Food Sources/ Supplies:**

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

**Cold Storage:**

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

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Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/Ready to Eat Foods? Yes No

If yes, how will cross contamination of food items be prevented? \_\_\_\_\_

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Does each refrigerator/freezer have a thermometer? Yes No

Number of Refrigeration Units: \_\_\_\_\_ Number of Freezer Units: \_\_\_\_\_

Is there a bulk ice machine available? Yes No

Is there a bulk water fill station? Yes No

**Thawing Frozen Potentially Hazardous Food:**

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

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

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







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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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**Finish Schedule**

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

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage/refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in refrigerators/Freezers				

**Insect and Rodent Control**

Please check under appropriate answer.

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

**Garbage and Refuse**

**Inside**

Do all containers have lids:	___	___	___
Will refuse be stored inside? If so, where	___	___	___
_____			
Is there an area designated for garbage can or floor mat cleaning?	___	___	___

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

\_\_\_\_\_

\_\_\_\_\_

Describe location of grease storage receptacles:

\_\_\_\_\_

\_\_\_\_\_

Is there an area to store recycled containers? \_\_\_ \_\_\_ \_\_\_

Indicate what materials are required to be recycled:

Glass \_\_\_ Metal \_\_\_ Paper \_\_\_ Cardboard \_\_\_ Plastic \_\_\_

Is there an area to store returnable damaged goods? \_\_\_ \_\_\_ \_\_\_

Are floor drains provided and easily cleanable? \_\_\_ \_\_\_ \_\_\_

If so, indicate locations \_\_\_\_\_

**Water Supply**

Is water supply public or private? \_\_\_\_\_

If private, has the source been approved? \_\_\_ \_\_\_ \_\_\_

Is ice made on premises or purchased commercially?

\_\_\_\_\_

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

Describe provisions for ice scoop storage: \_\_\_\_\_

Provided location of ice maker or bagging operation: \_\_\_\_\_

Is there a water treatment device in the facility? \_\_\_ \_\_\_ \_\_\_

If yes, how will the device be inspected and serviced? \_\_\_ \_\_\_ \_\_\_

How are backflow prevention devices inspected and serviced? \_\_\_\_\_

**Sewage Disposal**

Is the building connected to sanitary sewer? \_\_\_ \_\_\_ \_\_\_

If no, is a private septic system approved? \_\_\_ \_\_\_ \_\_\_

Please attach a copy of the written approval and permit

Are grease traps provided? \_\_\_ \_\_\_ \_\_\_

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

Provide schedule for cleaning and maintenance: \_\_\_\_\_

\_\_\_\_\_

**Dressing Rooms**

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

**General**

Yes No N/A

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

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

Are all containers of toxic substances including sanitizer spray bottles clearly labeled? \_\_\_\_\_

Will linens be laundered on site? \_\_\_\_\_  
 If so, what will be laundered and where? \_\_\_\_\_  
 \_\_\_\_\_

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

Is a laundry dryer available on site? \_\_\_\_\_

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

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

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

Indicate type of containers: \_\_\_\_\_

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

**Sinks**

Yes No N/A

Is a mop sink present? \_\_\_\_\_  
 If no, describe facilities available for cleaning of mops and other equipment: \_\_\_\_\_  
 \_\_\_\_\_

Is a food preparation sink present? \_\_\_\_\_

**Dishwashing Facilities**

Yes No N/A

Will a dishwasher be used for warewashing? \_\_\_ \_\_\_ \_\_\_

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

Hot Water (provide temperature) \_\_\_\_\_ Chemical Type: \_\_\_\_\_

Is ventilation provided? \_\_\_ \_\_\_ \_\_\_

Do all dish machines have templates with operation instructions? \_\_\_ \_\_\_ \_\_\_

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

Will a 3-compartment sink be used for warewashing? \_\_\_ \_\_\_ \_\_\_

Is the hot water generator sufficient for the needs of the facility? \_\_\_ \_\_\_ \_\_\_

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

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

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

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

Other \_\_\_\_\_

Are test strips or sanitizer kits available for checking sanitizer concentrations? \_\_\_ \_\_\_ \_\_\_

How is the ventilation hood cleaned? \_\_\_\_\_

**Hand Washing/ Toilet Facilities**

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

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

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

Is hand cleanser available at all hand washing sinks? \_\_\_ \_\_\_ \_\_\_

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

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

Are covered waste receptacles available in each restroom? \_\_\_ \_\_\_ \_\_\_

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

Are all toilet room doors self closing? \_\_\_ \_\_\_ \_\_\_

Are all toilet rooms equipped with adequate ventilation? \_\_\_ \_\_\_ \_\_\_

**Dry Goods Storage**

Yes                      No                      N/A

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

**Small Equipment Requirements**

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

Slicers: \_\_\_\_\_

Cutting Boards: \_\_\_\_\_

Can Openers: \_\_\_\_\_

Mixers: \_\_\_\_\_

Floor Mats: \_\_\_\_\_

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

**STATEMENT:**

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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

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

NAME OF FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMMERCIAL

NON-COMMERCIAL

<25,000 SQ. FT.

>25,000 SQ. FT.

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

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

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

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

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