



Public Health
Prevent. Promote. Protect.

WAYNE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH UNIT
FOOD SAFETY PROGRAM
428 WEST LIBERTY STREET
WOOSTER, OHIO 44691
330-264-2426
330-262-8433 FAX

APPLICATION FOR FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT FACILITY REVIEW

SECTION 1: CONTACT INFORMATION

NAME OF OWNER/OPERATOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

FAX: _____ CELL: _____ E-MAIL: _____

NAME OF ARCHITECT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

FAX: _____ CELL: _____ E-MAIL: _____

NAME OF GENERAL CONTRACTOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

FAX: _____ CELL: _____ E-MAIL: _____

WHO WILL BE THE PRIMARY CONTACT? Owner/Operator Architect General Contractor

SECTION 2: FACILITY INFORMATION

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

TYPE OF FACILITY: New Remodel/Alteration Addition

CATEGORY OF FACILITY: Food Service Operation (FSO) Retail Food Establishment (RFE)

CATERING: Yes No SEASONAL (≤ 6 months): Yes No DATES OF OPERATION: _____

PROJECTED START DATE: _____ PROJECTED COMPLETION DATE: _____

SECTION 2: FACILITY INFORMATION CONTINUED

TOTAL SQUARE FEET OF FACILITY (Areas for preparation, storage, serving/sales, and other related purposes): _____ ft²

SEATING CAPACITY: _____

WATER SUPPLY: Public Private

NEGATIVE TOTAL COLIFORM BACTERIA RESULT AVAILABLE FOR PRIVATE WATER SUPPLY? Yes No

SEWAGE TREATMENT: Public Private Semi-Public (Package Plant)

WAYNE COUNTY HEALTH DEPARTMENT APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM SUBMITTED FOR PRIVATE OR SEMI-PUBLIC SEWAGE SYSTEM: Yes No

GREASE COLLECTION: Grease Trap (Interior) Grease Interceptor (Exterior) NA Capacity: _____ gal.

SECTION 3: RISK CLASSIFICATION

Please check ALL ITEMS applicable to the facility to determine the risk classification.

RISK LEVEL 1

- Pre-packaged, time/temperature controlled for safety (TCS) foods
- Non-time/temperature controlled for safety (TCS) beverages (list items):
Packaged- _____
Fountain- _____
Coffee- _____
- Pre-packaged, refrigerated time/temperature controlled for safety (TCS) foods (list items): _____
Pre-packaged, frozen time/temperature controlled for safety (TCS) foods (list items): _____
- Baby food, baby formula
- Micro market

RISK LEVEL 2

- Baking of non- time/temperature controlled for safety (TCS) food
- Manufacturing of confectionary products
- Bulk displays of unwrapped, non- time/temperature controlled for safety (TCS) foods
- Re-packaging of non- time/temperature controlled for safety (TCS) food prepared elsewhere (list items): _____
- Warming of food from a commercially processed hermetically sealed container and immediately handled for retail sale or service
- Maintaining hot time/temperature controlled for safety (TCS) foods at proper holding temperature until handled for retail sale or service if it was received at 135°F or above
- Manufacture and bagging of ice for retail sale
- The operation only prepares and/or serves non- time/temperature controlled for safety (TCS) food (list items): _____
- Hand dipping of frozen desserts, frozen dessert dispenser
- Time/temperature controlled for safety (TCS) foods received in individual portions and served immediately
- Foods, pre-packaged in individual portions, received from a licensed food operation or off premise commercial processor and served cold or heated individually and immediately served
- Foods received from a licensed food operation or off premise commercial processor in bulk quantities and maintained and served at the same proper temperature as received

RISK LEVEL 3

- Heat treatment dispensing freezer
- Processing of produce for ready-to-eat sell
- Cutting and grinding of meat products

SECTION 3: RISK CLASSIFICATION CONTINUED

RISK LEVEL 3 CONTINUED

- Slicing of lunch meat and cheese
- Cook/serve
- Cook/cool
- Cook/hot hold
- Cook/cool/cold hold
- Heating of a product from an intact hermetically sealed package and held hot
- Cook/cool/add additional raw ingredients/cold hold
- Reheat in individual portions only

RISK LEVEL 4

- Cook/cool/reheat/hot hold (list items): _____
- Cook/hold/cool/reheat (with or without additional ingredients being added)
- Time in lieu of temperature (list items): _____
- Freezing of fish to destroy parasites before sale or serve in a ready- to- eat form, raw, raw-marinated, partially cooked, or marinated- partially cooked fish
- Reheats bulk quantities of leftover time/temperature controlled for safety (TCS) foods more than once every seven days (list items): _____
- Transports time/temperature controlled for safety (TCS) foods as a catering food service operation or commissary food service operation
- Serving primarily to a high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living
- Offers as a menu item raw time/temperature controlled for safety (TCS) meats, poultry products, fish, or shellfish or foods with these raw time/temperature controlled for safety (TCS) food items as ingredients

RISK LEVEL 4 (REQUIRES VARIANCE)

- Canning
- Reduced oxygen packaging
- Bottling
- Smoking for preservation
- Selling of oyster, clam, mussel from shellfish tanks
- Any process which deviates from the food code
- Use of additives for preservation
- Use of additives to render a food non- time/temperature controlled for safety (TCS)
- Juice pressing
- Custom processing

RISK CLASSIFICATION: Class 1 Class 2 Class 3 Class 4 Class 4 with Variance

SECTION 4: GENERAL INFORMATION

I. TYPE OF OPERATION PROPOSED:

METHOD OF SERVICE (Check all that apply):

RESTAURANT RELATED

- Table Service Fast Food Take Out Menu Delivery Catering Counter Cafeteria Drive In/Thru
- Bar w/ Food Prep Commissary Buffet/Salad Bar Tableside/Display Cooking Bottling Alcoholic Beverages
- Other: _____

RETAIL RELATED

- Grocery Store Fresh Meat Seafood/Fish Deli Ice Production/Packaging Convenience
- Smoked Fish Produce Processing Bakery Commissary Self Service Bulk Items
- Self-Service Baked Goods Produce Wholesale Foods Water Bottling Bottling Alcoholic Beverages
- Drive Thru Re-Package/Processor of: _____ Other: _____

SECTION 4: GENERAL INFORMATION CONTINUED

SERVICE STANDARDS: [] Single Service Disposables [] Plates, Glassware, Silverware [] Other _____

HOURS OF OPERATION: Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

II. MENU AND/OR RETAIL FOOD ITEMS:

For FSO: Include specific food items to be prepared and served. If possible, submit a written menu.

For RFE: Submit a written list of all categories of retail food items to be sold.

III. DRAWING TO SCALE CLEARLY INDICATING THE FOLLOWING:

A. TOTAL AREA TO BE USED FOR THE FOOD SERVICE OPERATION OR RETAIL FOOD ESTABLISHMENT (SITE PLAN):

1. Building Size and Location on Lot
2. Lot Size Indicating Surrounding Roads/Streets, Parking Lot and Location of Grease Interceptor (If Applicable) and Dumpster

B. ALL PORTIONS OF THE PREMISES IN WHICH FOOD SERVICE OR RETAIL FOOD ESTABLISHMENT OPERATIONS ARE TO BE CONDUCTED (ALL ROOM SIZES):

- | | |
|-----------------------------|--------------------------------|
| 1. Receiving | 7. Dumpster Area |
| 2. Storage (Indoor/Outdoor) | 8. Grease Disposal |
| 3. Preparation | 9. Utility/Laundry |
| 4. Cooking | 10. Employee Locker/Break Room |
| 5. Service/Dining/Sales | 11. Toilet Rooms |
| 6. Warewashing | |

C. IDENTIFY USE FOR ENTRANCES AND EXITS:

- | | |
|---------------|---------------|
| 1. Fire Exits | 3. Employees |
| 2. Customer | 4. Deliveries |

D. LOCATION, NUMBER, AND TYPES OF PLUMBING FIXTURES, INCLUDING ALL WATER SUPPLY FACILITIES:

- | | |
|--|------------------------------|
| 1. Sinks (Handwashing, Food Preparation, Mop, Warewashing) | 6. Mechanical Warewashing |
| 2. Toilets | 7. Garbage Disposal |
| 3. Floor Drains/Sinks | 8. Bar/Beverage Stations |
| 4. Grease Trap or Grease Interceptor | 9. Dipper Wells |
| 5. Hot Water Tank | 10. Outside Spigots/Hydrants |

E. PLAN OF LIGHTING, BOTH NATURAL AND ARTIFICIAL:

1. Location of windows and/or skylights
2. Type and location of all interior lighting fixtures for the following areas:

A. Food Preparation	E. Bar/Beverage Stations
B. Storage (Indoor/Outdoor)	F. Service/Dining/Sales
C. Warewashing	G. Handwashing
D. Toilet Rooms	H. Equipment and Utensil Storage

F. A FLOOR PLAN SHOWING THE GENERAL LAYOUT OF FIXTURES AND EQUIPMENT

G. BUILDING MATERIALS AND FINAL SURFACE FINISHES FOR FLOORS, WALLS, & CEILINGS IN THE FOLLOWING AREAS:

- | | |
|-----------------------------|---------------------------------------|
| 1. Receiving | 6. Warewashing |
| 2. Storage (Indoor/Outdoor) | 7. Utility/Laundry |
| 3. Preparation | 8. Employee Locker/Break Room |
| 4. Cooking | 9. Toilet Rooms |
| 5. Service/Dining/Sales | 10. Dumpster Area (Floor and/or Wall) |

H. AN EQUIPMENT LISTING:

For New Equipment: Manufacturer, Model Numbers and Specification Sheets

For Used or Existing Equipment: Manufacturer, Model Numbers and Specification Sheets (Indicate as Used and/or Existing)

SECTION 5: FEE SCHEDULE

Facility Review Fee - \$45.00 Per Hour

Facility Review Hourly Fee is Tracked in 15 Minute Intervals

Facility Review Fees are Invoiced Monthly

SIGNATURE OF APPLICANT

DATE

RETURN THIS APPLICATION TO:

*Wayne County Health Department
Environmental Health Unit
Food Safety Program
428 West Liberty Street
Wooster, Ohio 44691*

OFFICE USE ONLY

Date(s) Received: _____

Date(s) Responded: _____

Date Approved: _____

Facility Review #: _____

Accepted: Yes []

No []

Reason _____

Date Returned _____

Revised 04/01/19