



**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): \_\_\_\_\_ ft<sup>2</sup>

SEATING CAPACITY: \_\_\_\_\_

WATER SUPPLY:  Public  Private

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

SEWAGE TREATMENT:  Municipal  Small Flow  Semi-Public (Package Plant)  Residential

WAYNE COUNTY HEALTH DEPARTMENT APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM SUBMITTED FOR SMALL FLOW 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 - \$50.00 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 \_\_\_\_\_