Public Health
Prevent. Promote. Protect.

Wayne County Health Department
Environmental Health Unit
Food Safety Program

428 W. Liberty Street, Wooster, OH 44691
330-264-2426

APPLICATION FOR MICRO MARKET FACILITY REVIEW

SECTION 1: CONTACT INFORMATION

NAME OF OWNER/OPERATOR: _____

ADDRESS: _____

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

EMAIL: _____

NAME OF CUSTOMER: _____

ADDRESS: _____

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

WHO WILL BE THE PRIMARY CONTACT? ☐ Owner/Operator ☐ Customer

SECTION 2: FACILITY INFORMATION

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

TYPE OF FACILITY: ☐ New ☐ Remodel/Alteration ☐ Addition

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

PROJECTED START DATE:_____ PROJECTED COMPLETION DATE:_____

SECTION 3: BUILDING INFORMATION:

I. TOTAL LINEAR FEET OF MICRO MARKET (Area for equipment and sales): _____ ft

II. SEATING CAPACITY: _____

III. WATER SUPPLY: ☐ Municipal ☐ Private ☐ OEPA

IIIa. NEGATIVE TOTAL COLIFORM BACTERIA RESULT AVAILABLE FOR PRIVATE/OEPA WATER SUPPLY? ☐ Yes ☐ No

IV. SEWAGE TREATMENT: ☐ Municipal ☐ Small Flow ☐ Semi-Public (Package Plant)

IVa. WAYNE COUNTY HEALTH DEPARTMENT APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM SUBMITTED FOR SMALL FLOW OR SEMI-PUBLIC SEWAGE SYSTEM: ☐ Yes ☐ No

SECTION 3: BUILDING INFORMATION CONTINUED:

I. MAINTENANCE: Please indicate the party responsible for the following maintenance items for the Micro Market. If available, please provide a copy of the maintenance contract.

A. Wall damage and cleanliness _____
B. Floor damage and cleanliness _____
C. Ceiling damage and cleanliness _____
D. Light Fixtures _____
E. Trash Removal _____
F. Equipment cleanliness _____

SECTION 4: RISK CLASSIFICATION

Please check ALL ITEMS applicable to the facility.

RISK LEVEL 1

☐ **Coffee (brewed)**
☐ **Self-service hot beverage dispenser drinks (i.e. Folgers, Keurig, or other pod/packet based coffee machine)**
☐ **Self-service fountain drinks**
☐ **Pre-packaged non-time/temperature controlled for safety (TCS) beverages**
☐ **Pre-packaged refrigerated or frozen TCS food**
☐ **Fresh unprocessed fruits or vegetables**
☐ **Pre-packaged non-TCS food**
☐ **Other** _____

SECTION 5: GENERAL INFORMATION

I. SERVICE STANDARDS: ☐ **Single Service Disposables** ☐ **NA**

II. HOURS OF OPERATION: _____

III. MENU AND/OR RETAIL FOOD ITEMS:

For Micro Market: Include a list of specific categories of food to be sold at this facility.

IV. DRAWING TO SCALE CLEARLY INDICATING THE FOLLOWING:

- **Will service staff use the facility restrooms?** ☐ **Yes** ☐ **No**
- **Will service staff use the facility dumpster/trash service for food and other waste?** ☐ **Yes** ☐ **No**
- **Will service staff use the facility maintenance closets/mop sinks?** ☐ **Yes** ☐ **No**
- **Will there be additional on-site storage for the micro market?** ☐ **Yes** ☐ **No**

If yes, these areas closest to or most used by the micro market must be included in the facility layout drawing as listed below.

A. TOTAL AREA TO BE USED FOR THE MICRO MARKET (SITE PLAN):
1. Building Size with surrounding roads, parking lot, entrances, restrooms, maintenance closets, dumpsters, and north arrow.
2. Location of Micro Market within building

B. ALL PORTIONS OF THE PREMISES IN WHICH MICRO MARKET OPERATIONS ARE TO BE CONDUCTED:
☐ **1. Receiving**
☐ **2. On-site Storage**
☐ **3. Service/Sales**
☐ **4. Dumpster**
☐ **5. Toilet Rooms**
☐ **6. Maintenance Closets**

C. IDENTIFY USE FOR ENTRANCES AND EXITS:
☐ **1. Fire Exits**
☐ **2. Customers**
☐ **3. Employees (for delivery/restocking)**

SECTION 5: GENERAL INFORMATION CONTINUED

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

1. Mop Sinks
2. Toilets
3. Beverage Station

E. LIGHTING PLAN, 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. On-site Storage
   - B. Toilet Rooms
   - C. Beverage Stations
   - D. Service/Sales

F. A SCALED FLOOR PLAN SHOWING THE LAYOUT OF FIXTURES AND EQUIPMENT, INCLUDING STORAGE AREAS.

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

Area	Floors (Vinyl, Laminate)	Walls (Paint, FRP)	Ceiling (Paint, Drop Tile)	Base Cove (Rubber, Vinyl)
Receiving				
On-Site Storage				
Service/Sales				
Dumpster				
Toilet Rooms				

VI. 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)

VII. HEALTH TIMER TESTING PROCEDURE:

f _____
_____
_____
_____
_____

VIII. POWER OUTAGE TESTING PROCEDURE:

_____
_____
_____
_____
_____

SECTION 6: FEE SCHEDULE

Facility Review Fee - $60.00 Per Hour

Facility Review Hourly Fee is Tracked in 15 Minute Intervals and will be invoiced. All facility review fees are due upon receipt.

*****Please be aware that the Wayne County Health Department has 30 days to review and respond with written approval, disapproval, or a request for more information about this application upon receipt. Each additional submission allows the Health Department an additional 30 days to review. To minimize delays, please ensure that all portions of this application are completed.*****

~ OVER ~

_____ _____

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

If you have any questions about this application, please contact us at 330-264-2426.

OFFICE USE ONLY

Date Received: _____

Date Approved/Disapproved: _____

Facility Review #: _____