



28 Executive Drive, Norwalk, OH 44857 | P: 419-668-1652 | environmental@huroncohealth.com | F: 567-244-3201

New Food Facility Packet Step by Step Guide

Obtaining a new license for a food facility is required by all new owners, new businesses and food facilities that are remodeling. Remodeling can include expansion, significant change in layout, equipment and menu.

In Huron County, food licenses are non-transferable; a change in ownerships requires a new food license and the facility must be in compliance with current codes.

Any time that you have questions please call or email our agency. Visit our website for the Ohio Food Safety Code, links to all applicable Environmental Health fees, rules, additional information or to download any of our forms or educational materials at www.huroncohealth.com. We have handouts available for you to download, print and reference. If you want to receive a copy from our office, call us and we will be happy to provide a copy and review materials with you.

To obtain a new food facility license;

1. **Plan Review Application.** If you need help completing the plan, call and schedule a consultation appointment.
2. **Contact Agencies.** The agencies listed on page 2 also may have specific requirements to open your facility.
3. **Submit Plan Review Application and Fee.** Submit the Plan Review Application and fee to our agency. Once we receive the completed application we have 30 days to review your plan. It is best to submit the application as soon as possible to avoid any delays in your licensing and plans to open. ***Make sure all items on the check-off are included or your application will be considered incomplete.***
4. **Menu Review.** We may call you to schedule a menu review of your facility.
5. **Schedule a Visitation.** Once your plan is approved, if you wish to have a consultation or visitation of your facility, we can schedule one at this time. During this consultation we can review layout, materials, lighting or any other progress at the facility. If we note any problems or concerns we can review them with you.
6. **Sign-offs.** Submit all required sign-offs (from other agencies on page 2) to our agency.
7. **Pre-licensing.** Schedule a pre-licensing inspection with our agency. If your facility is approved, proceed to the next step. If your facility is disapproved, we will schedule a follow-up inspection.
8. **Food License Application.** Request and complete the Food License Application and return it with the required fee. This can be done in person or by mail.
9. **License.** We will issue your food license. Once you receive your license you can begin operation.



An equal opportunity provider of employment and services.



Agency Contact Information

Keep this page for your information and use.

**CONTACT THESE AGENCIES AS SOON AS POSSIBLE TO AVOID DELAYS
IN THE PLAN REVIEW PROCESS.**

Richland County Building Department

This agency handles the building inspection for a new certificate of occupancy permit required by HCPH.

Richland County Building Department
1495 W. Longview Ave., Suite 202A
Mansfield, OH 44906
www.richlandcountyoh.us/c&p.htm
419-774-5517

A Huron County Registered Plumber

A Huron County Registered Plumber is required to do all plumbing work in a licensed food facility under a plumbing permit obtained through Richland County Plumbing Department. Richland County Plumbing Department will inspect the facility's plumbing before final approval is obtained.

Richland County Public Health
555 Lexington Avenue
Mansfield, OH 44907
www.richlandhealth.org/departments-and-services/environmental-health/plumbing-services
419-774-4520

Contact the following agencies, even if you are purchasing an existing facility. Each of these agencies will have specific requirements that vary from the requirements of the Huron County Public Health.

Local Fire Department

This agency will do an inspection and issue an inspection report. For contact information call your local fire authority; city, township or village fire departments.

Local Zoning Requirements

This agency will determine whether your proposed facility meets local zoning requirements. For contact information call your local city, township, or village.

Ohio EPA *if Private Water* (see page 6)

Northwest District Office
347 N. Dunbridge Rd.
Bowling Green, OH 43402
419-373-3007

Ohio EPA *if Private Sewage* (see page 6)

Northwest District Office
347 N. Dunbridge Rd.
Bowling Green, OH 43402
419-373-3003

HCPH's information.

Huron County Public Health (HCPH)

28 Executive Drive
Norwalk, OH 44857
419-668-1652 ext. 239

Facility & Equipment Requirements

The following are general guidelines:

1. Lighting

Intensity Requirements:

We can measure this during the visitation and pre-licensing inspection.

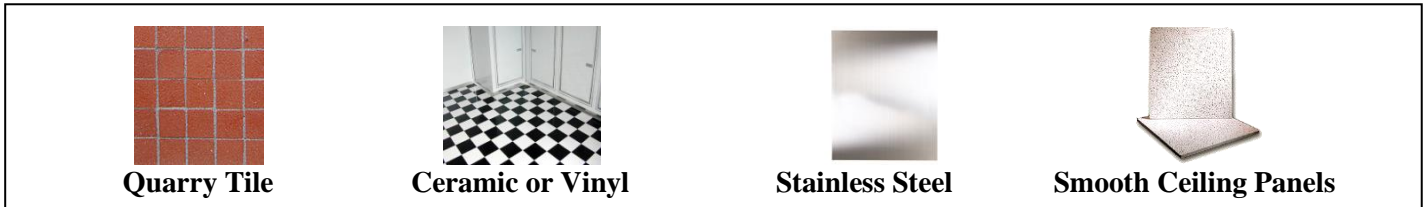
Preparation & Cooking Surfaces	50 Footcandles
Salad Bars & Buffets	20 Footcandles
Dishwashing & Handwashing	20 Footcandles
Inside Equipment	20 Footcandles
Dry Storage	10 Footcandles

Shielding Requirements for food preparation and storage areas:

- Shatterproof Bulbs
- Full Shields
- Plastic Tubes with endcaps

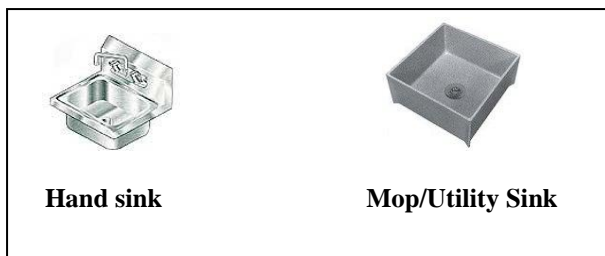
2. Floors, Walls & Ceilings

Surfaces must be smooth and cleanable. The following are acceptable:



3. Sinks

The following sinks are required for all facilities:



The following sinks may be required depending on licensing level:



Keep this page for your information and use.

4. Thermometers

All facilities are required to have thermometers.

Thermometers for inside refrigerators and freezers



Dial or Liquid

Thermometers for checking food temperatures



Thin tipped thermometers are required; probe or digital

5. Sanitizers and Test Strips

All facilities are required to have sanitizer and test strips to measure sanitizer concentration.



Sanitizers



Sanitizer Test Strips (must match sanitizer type)

6. Equipment – KEEP THIS PAGE

All facilities are required to have commercial grade equipment certified by an approved agency.

The following labels indicate the equipment is certified and approved for use.



If the equipment does not have any of these exact labels it may not be approved. Look at the labels on your equipment, you may send us a copy of the logo or spec sheet prior to purchase for our staff to review.

Huron County Public Health issues licenses to food operations in Huron County through the Ohio Department of Health and the Ohio Department of Agriculture. These state agencies have developed food rules and laws that are written into the Ohio Revised Code and the Ohio Administrative Code. These rules and laws apply to licensed food facilities in the state of Ohio.

The Huron County Public Health works directly with our licensed facilities to educate and enforce Ohio rules and regulations to ensure public health is being protected. Our office, the Environmental Public Health Division, will be happy to assist you with this application process. This application is required for remodels, new facilities and change of ownership.

Helpful Hints

- ✓ This application should be filled out by individuals with knowledge of the **layout** as well as the daily **operations** and **procedures**. More than one individual may need to provide the information in order to properly answer these questions.
- ✓ **Knowledge of the Ohio Food Safety Code is required.** The code is available at www.odh.ohio.gov under Food Safety or you can visit our website at www.huroncohealth.com. We provide links to the rules, information on food safety education classes and food safety educational materials for professionals.
- ✓ Once a complete application is received, we have **30 days** to review and approve the plans. Submit this application early in your planning **to avoid delay of licensing**.
- ✓ If this application is missing information and/or unapproved, the 30 day time period will **restart** when new or additional information is re-submitted.
- ✓ One **Person in Charge** is required during all hours of operation. This person must be trained in a **certified food safety program**.

<i>Name of Facility</i> _____
<i>Name of License Holder (Legal owner)</i> _____
<i>Location Address</i> _____
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____ <i>Fax</i> _____
<i>Phone</i> _____ <i>Cell</i> _____ <i>Email</i> _____

<i>Mailing address <u>IF different than facility information:</u></i>
<i>Name</i> _____
<i>Address</i> _____
<i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____ <i>Fax</i> _____
<i>Phone</i> _____ <i>Cell</i> _____ <i>Email</i> _____

<i>Name of Contact Person (f not License Holder)</i> _____
<i>Phone</i> _____ <i>Cell</i> _____ <i>Email</i> _____

Expected date of opening _____

Type of Application:

Remodel - Existing Facility/Same Owner **New Facility** - New Business or New Licensee

***Note:** Huron County Public Health does not transfer food licenses.

Types of Food Service (check all procedures that apply)

<input type="checkbox"/> Bakery	<input type="checkbox"/> Catering	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Produce	<input type="checkbox"/> Take-out Menu
<input type="checkbox"/> Bar w/food	<input type="checkbox"/> Deli	<input type="checkbox"/> Fountain Drinks/Coffee	<input type="checkbox"/> Seafood/Fish	<input type="checkbox"/> Wholesale Foods
<input type="checkbox"/> Buffet	<input type="checkbox"/> Delivery	<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Smoking Fish	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bulk Water	<input type="checkbox"/> Drive Thru/In	<input type="checkbox"/> Grocery	<input type="checkbox"/> Smoking Meat	_____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Drive Thru	<input type="checkbox"/> Ice Production	<input type="checkbox"/> Table Service	_____

Sewage & Water:

Choose One:

I am utilizing a private water system for this facility. A private water system is a water system that is privately owned, such as a well, cistern or hauled water tank. These private water systems must be permitted and approved by the Ohio Environmental Protection Agency) because the system will now be utilized to serve a public food facility.

I am connected to private water. I contacted the OEPA on (Date): _____

I spoke with _____

I am utilizing a public water system for this facility. A public water system is a water system that is operated and by a public agency, such as a city or village supply or a rural water company.

Choose One:

I am utilizing a private sewage system for this facility. A private sewage system is a sewage system that is privately owned, such as a septic tank, mound, etc. These sewage systems must be permitted and approved by the Ohio Environmental Protection Agency because the system will now be utilized to serve a public food facility.

I am connected to a private sewage. I contacted the OEPA on (Date): _____

I spoke with: _____

I am utilizing a public sewage system for this facility. A public sewage system is a sewage system that is operated by a public agency, such as a city or village. I am connected to public sewage.

1. What are your planned hours of operation?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

2. Do you have one person-in-charge per shift trained in an accredited food safety course? Yes No
If Yes, please provide a copy of certificates with application packet. OAC 3701-21-25

3. What type of hair restraints will you be using? Check all that apply.

- Hat Hairnet Visor with Hairnet Other _____

4. How will raw meats/fish/poultry be stored to prevent cross-contamination? OAC 3717-1-6.3(c)
Check all that apply.

- Not Applicable Separate shelves in proper order Separate holding units Same shelf with barriers

5. Are your hand sinks equipped with the following? OAC 3701-1-2.2 & 6.2

Check all that apply.

- Soap dispenser Paper towels Air dryer/blower Hot water Handwashing sign Trash Can

6. Will you sell food that requires date marking? Yes No OAC 3701-21-3.4

If Yes, answer all of the following; *TCS is Time/Temperature Controlled for Safety Foods.

a. What Date marking policy/system will you be using for *TCS food items? Check all that apply.

- Not Applicable Sticker/Tape List posted in facility Other _____

b. What date will you be marking on these *TCS foods? Check all that apply.

- Date item opened Date item is expired Both the opening & disposal date Other _____

c. According the Ohio Food Safety Code, how long can you cold hold these* TCS foods? _____

d. According the Ohio Food Safety Code, what temperature do you cold hold* TCS foods? _____

7. What method(s) will you use to thaw foods? OAC 3701-21-3.4 (C)

Check all that apply.

- Not Applicable Under refrigeration Under cold running water Microwave Cooking from frozen

8. What type of thermometers do you have? Check all that apply.

- Not Applicable Digital Probe with thin tip Probe with thick tip Infrared Thermocouple

If you have probe or digital thermometers, how will you sanitize them?

- Alcohol wipes Chlorine (Bleach) Quaternary Ammonia

9. Are you cooling foods (this means saving leftovers)? Yes No OAC 3701-21-3.4

If yes, according to the Ohio Food Safety Code, how long do you have to properly cool foods:

a. From 135°F to 70°F _____ hours

b. From 70°F to 41°F _____ hours

10. Which items will you use to prevent bare hand contact with ready-to-eat foods? OAC 3701-21-3.2

Check all that apply.

- Not Applicable Disposable Gloves Tongs Deli Tissue, Wax Paper Other _____

- 11. Will you use any of the following pieces of equipment? Check all that apply.**
 Not Applicable Cutting Boards Meat Grinder Meat Slicer
- 12. How will you be washing dishes, utensils & equipment? Check all that apply**
 (Coffee pots, powdered drink dispensers, doughnut trays, tongs, cases, etc are dishes, utensils & equipment.)
 3 Compartment sink Automatic dishwasher Clean-in-place Other_____
- 13. Where will you be placing clean dishes to properly air dry?**
Check all that apply.
 Sink drain boards Dishwashing racks Wire racks/shelves Other_____
- 14. Does your largest piece of equipment fit in your sink?** Yes No
- 15. What type of sanitizers will you be using for dishes? Check all that apply.**
 Chlorine (Bleach) Quaternary Ammonia Hot water (automatic dishwashers only)
- 16. What type of sanitizer will you be using for surfaces? Check all that apply.**
 Chlorine (Bleach) Quaternary Ammonia
- 17. Is your facility selling or using ice?** Yes No
- a. If Yes,** please check all that types of ice that apply;
 Made onsite Purchased separately
- b. If You** use an ice scoop, how will you store it?_____
- 18. Are your restrooms equipped with self closing doors?** Yes No
- 19. Are all outside doors self-closing, tight-fitting and rodent proof?** Yes No
- 20. Will you have a dumpster?** Yes No

Licensing Levels

The following common activities are listed to help give you an understanding of what licensing level you will be operating under. It is required by the Ohio Revised Code that you operate at the level that you are licensed under, so carefully consider what activities you will be conducting at your facility now and in the future. You may change levels at the time of each annual license renewal if you wish to expand or lessen your activities. Annual food license renewal is on March 1 of each year.

Please mark all activities that will take place at your facility.

Level 1 Activities;

- Selling pre-packaged non-hazardous foods
Ex. Chips, candy, pop, beer, snacks
- Selling prepackaged potentially hazardous foods (refrigerated or frozen)
Ex. Sandwiches, packaged ice cream
- Having self-serve beverages
Ex. Coffee, fountain pop
- Selling baby food or formula

Level 2 Activities (includes Level 1 & also includes);

- Handling, heat treating, or preparing non-potentially hazardous food
Ex. Slicing apples, making popcorn
- Holding for sale or serving time/temperature controlled for safety food at **the same proper holding temperature at which it was received**
Receiving cold foods at 41°F or lower and hot foods at 135°F or higher
Ex. Hand dipped ice cream, serving soup in hot holding, pouring milk
(Foods may not be cooked, re-heated or cooled)
- Heating individually packaged, commercially processed time/temperature controlled for safety foods for immediate service

Level 3 Activities (includes Level 1, 2 & also includes);

- Handling, cutting, grinding of raw meat products
Ex. Making sausage or hamburger, cutting meats for sale
- Cutting or slicing ready-to-eat meats and cheeses
- Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
Ex. Mixing pancake batter, making sandwiches, cooking pasta, meats, etc.
- Reheating of foods in individual portions only (reheating one person's order at a time)
Ex. Heating one cup of leftover soup in microwave when ordered by customer
- Operating a heat treatment dispensing freezer

Level 4 Activities (includes Level 1, 2, 3 & also includes)

- Using Time in Lieu of Temperature as a method of control of foodborne pathogens
Keeping food at room temperature and disposing after 4 hours
- Serving food to a high risk population
Ex. Health care or assisted living facilities
- Reheating food in bulk
Ex. Re-heating pan of leftover soup, leftover meatloaf, leftover meatballs, leftover roasts, etc.
- Reheating food as a new ingredient
Ex. Leftover chicken used in next day's soup
- Catering
Ex. Transporting food in carriers and keeping food at proper temperature
- Offering foods that fall under the Consumer Advisory
Ex. Offering undercooked hamburgers, serving raw fish, using homemade Caesar dressing, etc.
- Freezing of fish under special procedures to kill parasites

Check-Off

Plan Review Application and Review Fee (pages 5-10).

Proposed Menu The menu lists all items that are served or prepared by employees. This includes all served, cooked, opened, mixed, cut or sliced foods. If it is not sold in the same unopened package it was received in, it **must** be listed in the menu.

Equipment List The equipment list must include equipment manufactures and model numbers.

- All pieces of equipment (small to large)

Finish Schedule

- Flooring material including finish
- Ceiling material including finish
- Wall materials including finish
- Shelving materials including finish

Site Plan Drawings

- All sheets are recommended to be a MINIMUM of 11 x 14 inches.
- All sheets must be drawn to scale. If you do not know what drawn to scale means, contact this agency for help.

Include the following:

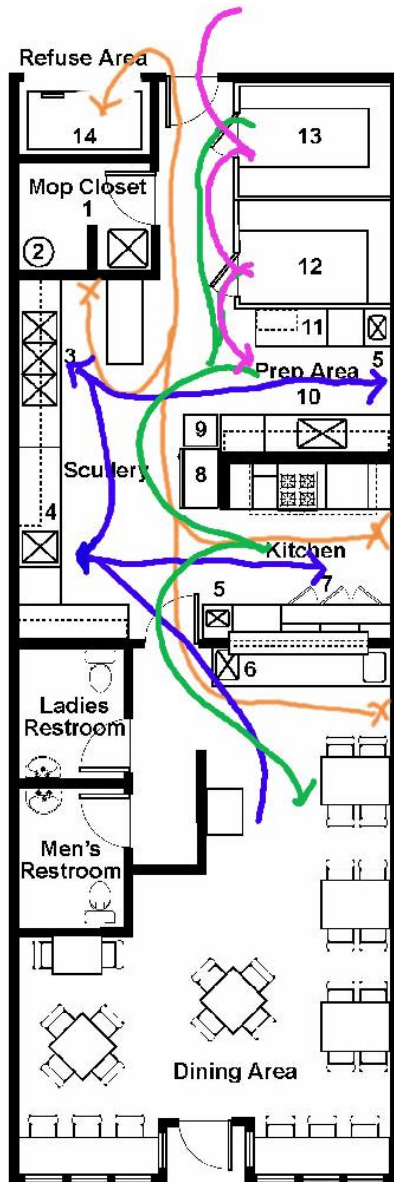
- Entrances, exits & windows
- Loading/unloading and receiving docks
- Room size (square footage)
- Location of *all* equipment
- Location of each lighting fixture
- Location of ventilation system (hoods & other ventilation)
- Location of plumbing, all lines, fixtures and equipment:
 - Sinks *labeled with intended use*
 - Floor drains and floor sinks
 - Water supply lines
 - Wastewater lines
 - Hot water generating equipment
 - Grease trap
 - Backflow prevention devices
 - Dishwasher
- Auxiliary rooms showing any equipment in them;
 - Storage rooms
 - Garbage room
 - Restrooms
 - Basement
 - Dressing rooms
 - Locker Areas
 - Employee break room and coat rack or hook
 - Personal item storage area
- Location of building onsite including;
 - Alleys/streets
 - Well or Septic if applicable
 - Dumpsters
 - Parking
 - All outside storage (including sheds, garage, coolers, freezers, etc)

Additional items will be checked for compliance with the Ohio Food Safety Code at the time of pre-licensing inspection.

Keep this page for your information and use.

We recommend that you submit this information for review to avoid any problems, delays or changes in your facility plans. This is not required at the time of application submission, but correct storage and use will be required according to Ohio Food Safety Code.

- Label chemical storage area
- Label mop & broom storage area
- Label area to store employee medications
- Label chemical storage area
- Color coded lines representing the following (a different color for each, see sample on page 11)
 - Food (receiving, storage, preparation, service)
 - Dishes (clean storage, dirty dishes, dishwashing, drying rack)
 - Trash and garbage (collection, storage, pick-up)
 - Copy of your Illness Policy including the 12 Reportable Diseases.



EQUIPMENT SCHEDULE

- 1 Mop Sink
- 2 Hot Water Heater
- 3 3 Compartment Pot and Pan Wash Sink
- 4 Dishwasher with Pre-Rinse Sink
- 5 Hand Sink
- 6 Water Fill Station
- 7 Sandwich Preparation Refrigerator
- 8 Reach-in Refrigerator
- 9 Ice Machine
- 10 Food Preparation Sink
- 11 Work Counter with Slicer
- 12 Walk-in Refrigerator
- 13 Walk-in Freezer
- 14 Garbage Area

FINISH SCHEDULE

Floor _____
Kitchen Vinyl Comp Tile with Base Coving
Restroom Vinyl Comp Tile with Base Coving
Dining Low Fill Carpet
Garbage Sealed Concrete

Wall _____
Kitchen Gypsum Board
Cook Line Stainless Steel
Dishwash Gypsum Green Board with FRP* BD**
Restroom Gypsum Board with FRP* BD**
Dining Gypsum Board with Enamel Paint

Ceiling _____
Kitchen Gypsum Board with Enamel Paint
Dining Suspended with Acoustical Tile
Restroom Suspended with Acoustical Tile

* FRP - Fiber Reinforced Plastic
 ** BD - Board

This plan meant to illustrate health requirements only

- Dirty Dishes
- Receiving Food
- Trash
- Food Preparation to Service