

# Marietta/Belpre Health Department



## *Food Service Operation, Retail Food Establishment Plan Review Guide*

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_, Ohio \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Alternate Phone#: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Approved: \_\_\_\_\_

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# 2023 Application for a License to Conduct a: (check only one)

Food Service Operation  
 Retail Food Establishment

**Instructions:**

1. Complete the application section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **Marietta/Belpre Health Department**
4. Return check and signed application **by\***

**To: Marietta/Belpre Health Department  
 Attention: Kelly Miller  
 304 Putnam Street  
 Marietta, OH 45750**

\*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application And remit the proper fee will result in not issuing a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of Facility		Name of License Holder	
Address			E-mail
City		State	ZIP
Phone #	Fax #	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

**Mailing address for annual renewal if different than above:**

Name of parent company or owner		Phone #	
Address			E-mail
City		State	ZIP
I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:			
Signature			Date

**Licensors to complete below**

Category			
License fee	+ Late fee	+ State amount 28.00	= Total amount due

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no.
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# **Food Service Operation /Retail Food Establishment Planning Guide**

The intent of this planning packet is to assist you in the plan approval phase of your operation. It is designed to answer the questions that you might have as far as what information is required for plan review. Throughout this packet you will find helpful hints, and common problems that many establishments have dealt with, along with reminders of state and local codes.

If you have never operated a food service operation/retail food establishment before and are unfamiliar with the procedure to obtain a food license, don't be too anxious. It can take some time. Allow a 30-day period for plan review by the Health Department and additional time for the approval on the structure and plumbing. **Plans and the Plan Review Guide should be submitted prior to commencement of construction.** Once you have submitted plans to all of the requiring agencies, documentation of approval has been completed, and the business is ready to start operations, this office will conduct an initial inspection. Once these requirements are met, you will be given permission to apply for a license. Once the license has been issued you may commence to sell food. You can expect a 30-day post licensing inspection and a minimum of two (2) inspections per year depending upon the Risk Classification for the facility.

## **Instructions for commencing the plan review process:**

1. ***Submit a complete set of plans/blue prints along with this completed plan review packet.*** The plans must be to scale for new and major renovations, or change in use construction shall include the following schedules: Lot plan including exterior elevations with parking and dumpster location, structural and roofing, HVAC and exhaust hood systems schedule, Electrical and Lighting schedule, Plumbing schedule (to include water supply line from the point of municipal connection, fixtures, hot water tank and sizing, and waste water/vent diagrams including interior or exterior grease interceptors), Surface finish schedule for all surface finishes to include door and window schedules, and a schedule for signage inside and outside of the facility, and a floor plan of the kitchen.
2. ***Food equipment list:*** Submit copies of the manufacturer's spec or cut sheets for each piece of food equipment to be installed and utilized within the food service operation. All equipment shall be commercial grade and NSF approved. **Residential grade refrigeration and cooking equipment will not be approved for use as part of the food service operations or retail food establishment.**
3. ***Menu.*** A copy of the printed menu must be provided, and a list of food sources or wholesalers from which you purchase your stock.
4. ***Risk Classification Sheet.*** Complete the Risk Classification sheet enclosed in this packet this classification sheet determines the facility's risk category and annual license fee.
5. ***License Application and plan review fee.*** Complete the enclosed license application. The plan review fee is a onetime fee, and is 50% of the local license fee. The plan review fee is due at time of submitting the plans and food planning packet. The application fee is due after plans have been approved.
6. Licenses are NOT transferable upon sale or transfer of owner/operator.

**\* See Marietta/Belpre Health Department fee schedule for appropriate fees.**

## Requirements and Recommendations:

### I. Requirements:

- A. The Marietta/Belpre Health Department is allowed 30 days in order to review plans. At the end of 30 days the Marietta/Belpre Health Department must reply in writing as to whether or not the plans and information submitted meet the requirements of chapter 3717-01 of the Ohio Uniform Food Safety Code. Therefore, submit plans as soon as possible, and preferably prior to construction. Once the Washington County Building Department has inspected the finished construction and has issued a Certificate of Occupancy permit, you are to call this office to schedule a pre-licensing inspection. Once this inspection is complete and no violations found, approval is given to issue the food license.
- B. The Marietta/Belpre Board of Health has adopted a “**No Transfer**” policy for Food Service Operation/Retail Food Establishment Licenses. In the event the ownership/management of the facility changes a new license must be obtained by the new owner/management. Prior to issuance of a new license the facility shall be inspected to verify that it is current with the Ohio Uniform Food Safety Code requirements.

### II. Recommendations:

- A. Please feel free to ask questions during the plan review process, it is better to address potential problems during the plan review process than during or after construction and installation of equipment and fixtures. This office is available to conduct on site consultations at **no cost** before, during, and after the construction phases.
- B. Rule of Thumb! Allow for 25% more storage (dry goods and refrigerator/freezer) space than you think you will need. It is also a good idea to install a larger water heater than you think you will need. This office has sizing charts from the FDA for determining the approximate size and space needed for dry good and cold storage items, as well as hot water capacities based on the number of fixtures, sink sizes, restrooms, etc.
- C. Always plan ahead! Whether or not you decide that you want to keep the operation small, sometime in the future you may want to expand your menu, increase your seating, or change out equipment. An expansion of the menu or increase in seating may be denied if there is not enough space, or if the equipment change is not compatible with existing plumbing, electrical, or exhaust hood components.
- D. All food service equipment must be commercial grade and approved by the National Sanitation Foundation (NSF).

## **Floor Plans**

The floor plans give you and your local health department the opportunity to see the entire operation in its proposed form. It is possible to determine whether all of your planned operations have the equipment necessary to perform the tasks. It is also possible to determine personnel movements that will occur as your staff perform their tasks.

Your plans will include the brand names and model numbers of the equipment, which will be attached to your overall plans. Your health department and your contractor will explain everything that is needed but specifications must include such information as to what material the equipment is made from, how it was constructed, and how it will be installed.

## **Specifications**

Specifications should describe all equipment. Include manufacturer's name and model numbers when applicable. Descriptions should be detailed enough to allow competent judgment by the Sanitarian who reviews the plans.

All new, used and existing equipment must be of a type approved by the health department.

Each set of specifications must include the following statements:

1. All equipment will be so constructed and installed so that all food laws and rules can be adequately met.
2. Not less than 50 foot-candles of light will be available on all surfaces where food is processed and prepared, and where utensils will be washed and sanitized.
3. An adequate and satisfactory water supply will be available for the operation.
4. An adequate supply of hot water will be available for the operation: When hot water is to be used to sanitize utensils, the following statement should also be made: "An adequate supply of 180 degree water will be available so that all utensils can be sanitized properly".
5. All other plan approvals, such as water supply, sewage disposal, and plumbing, will be obtained prior to construction of the food service operation.
6. All details of construction will be carried out in accordance with good food service engineering practices.





## FOOD PREPARATION REVIEW

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

CATEGORY *	(YES)	(NO)
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables, deli meats)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custards, cream fillings & toppings)	( )	( )
6. Other _____ _____		

\* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

### ***PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS***

#### **FOOD SUPPLIES:**

1. Are all food supplies from inspected and approved sources?      YES / NO
2. What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_,  
Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_.
3. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_,  
Refrigerated storage \_\_\_\_\_,  
Frozen storage \_\_\_\_\_.
4. How will dry goods be stored off the floor? \_\_\_\_\_

**COLD STORAGE:**

- 1. Is adequate and approved freezer and refrigeration available to store frozen foods at 25°F or less? YES / NO
- 2. Is adequate and approved refrigeration available to store refrigerated foods at 41°F (5°C) and below? YES / NO
- 3. 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 they be stored to prevent cross-contamination?

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- 4. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: \_\_\_\_\_

Number of freezer units: \_\_\_\_\_

- 5. Is there a bulk ice machine available? YES / NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen TCS (Time/Temperature controlled for safety food) foods 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 an inch = thick.

**COOKING:**

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods? YES / NO

What type of temperature measuring device: \_\_\_\_\_

**Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:**

- beef roasts 130°F (121 min)
- solid seafood pieces 145°F (15 sec)
- other TCS foods 145°F (15 sec)
- eggs: Immediate service 145°F (15 sec)
  - pooled\* 155°F (15 sec)
  - (\*pasteurized eggs must be served to a highly susceptible population)
- pork 145°F (15 sec)
- comminuted meats/fish 155°F (15 sec)
- poultry 165°F (15 sec)
- reheated TCS foods 165°F (15 sec)

2. List types of cooking equipment.

\_\_\_\_\_  
\_\_\_\_\_

**HOT/COLD HOLDING:**

1. How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COOLING:**

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thick Soups/Gravy	Thin Soups/Gravy	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

**REHEATING:**

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

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2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

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**PREPARATION:**

1. Please list foods that are prepped/ cooked more than 12 hours in advance of service.

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2. Will food employees be trained in good food sanitation practices? YES / NO

Type of training: \_\_\_\_\_

Number(s) of employees: \_\_\_\_\_

3. Will disposable gloves and/or utensils be used to prevent bare hand handling of ready-to-eat foods? YES / NO

4. Is there a written Employee Health Policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Has Copy of Employee Health Policy been submitted? YES / NO

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES / NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO

If not, how will ready-to-eat foods be cooled to 41°F?

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7. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location / produce sink? YES / NO

Describe \_\_\_\_\_

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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8. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

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9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

HACCP Submitted YES / NO

10. 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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**A. FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved 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				
Ware washing Area				
Walk-in Refrigerators and Freezers				

**B. INSECT AND RODENT CONTROL**

	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Will all outside doors be self-closing and rodent proof?	( )	( )	( )
2. Are screen doors provided on all entrances left open to the outside?	( )	( )	( )
3. Do all openable windows have a minimum #16 mesh screening?	( )	( )	( )
4. Is the placement of electrocution devices identified on the plan?	( )	( )	( )
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	( )	( )	( )
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	( )	( )	( )
7. Will air curtains be used? If yes, where? _____	( )	( )	( )

**C. GARBAGE AND REFUSE**

**Inside**

	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Do all containers have lids?	( )	( )	( )
2. Will refuse be stored inside? If so, where? _____ _____	( )	( )	( )
3. Is there an area designated for garbage can or floor mat cleaning?	( )	( )	( )

**Outside**

4. Will a dumpster be used?	( )	( )	( )
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Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_





**E. WATER SUPPLY**

1. Is ice made on premises YES / NO

If purchased commercially, from whom \_\_\_\_\_

If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

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

2. How are backflow prevention devices inspected & serviced?

\_\_\_\_\_  
\_\_\_\_\_

**F. SEWAGE DISPOSAL**

1. Are grease traps provided? YES ( ) NO ( )

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

Provide schedule for cleaning & maintenance as per the City Waste Water Treatment Department.

Schedule provided? YES / NO

**G. DRESSING ROOMS**

1. Are dressing rooms provided? YES ( ) NO ( )

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) \_\_\_\_\_

\_\_\_\_\_

**H. GENERAL**

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?  
YES ( ) NO ( )

Indicate location: \_\_\_\_\_

\_\_\_\_\_

2. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

3. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ( ) NO ( )

4. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where? \_\_\_\_\_  
\_\_\_\_\_

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

5. Is a laundry dryer available? YES ( ) NO ( )

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

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

8. Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )

Indicate type: \_\_\_\_\_  
\_\_\_\_\_

9. Indicate all areas where exhaust hoods are installed:

Location	Filters &/or Extraction Devices	Square Feet	Fire Protection

10. How are the ventilation hood system cleaned?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. How often will they be cleaned?

\_\_\_\_\_

12. Lighting: Has the Type, Location, and Foot-Candle been approved by the County Building Department? Yes / No

## I. SINKS

1. Is a mop sink present? YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment:

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2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

## J. DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?

Dishwasher ( )

Three compartment sink ( )

2. Dishwasher

Type of sanitization used:

Hot water (temp. provided) \_\_\_\_\_

Booster heater YES ( ) NO ( )

Chemical type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ( ) NO ( )

5. Does the largest pot and pan fit into each compartment of the pot sink? YES ( ) NO ( )

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

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6. Are there drain boards on both ends of the pot sink? YES ( ) NO ( )

7. Are there test kits available for the sanitizer? YES ( ) NO ( )

## **K. HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and ware washing area? YES ( ) NO ( )
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )
4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )
5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?  
YES ( ) NO ( )
6. Are covered waste receptacles available in each restroom? YES ( ) NO ( )
7. Is there hot and cold running water under pressure available at each handwashing sink?  
YES ( ) NO ( )
8. Are all toilet room doors self-closing? YES ( ) NO ( )
9. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )
10. Is a handwashing sign posted at each handwashing sink used by food employees?  
YES ( ) NO ( )

# Menu

Attach a copy of the operation's Menu, or list products to be sold below:

Salads: \_\_\_\_\_

Appetizers: \_\_\_\_\_

Soups, Gravies: \_\_\_\_\_

Main Courses or Specialties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Desserts: \_\_\_\_\_

Beverages: \_\_\_\_\_

Condiments: \_\_\_\_\_

List the sources of the food, or the wholesaler, used to purchase food. (Reminder: All meats must be from USDA or Ohio Department of Agriculture approved source, and must indicate such on the labels.):

Food Item

Source

Meats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seafood: \_\_\_\_\_  
\_\_\_\_\_

Vegetables: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fruits: \_\_\_\_\_  
\_\_\_\_\_

Food Item

Source

Breads/Cereals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dairy Products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beverages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

List all of the equipment in the operation with the make and model number:

	<u>Type of Equipment</u>	<u>Make</u>	<u>Model #</u>
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		

Note: The Marietta/Belpre Health Department must approve any equipment not bearing a NSF (National Sanitation Foundation) stamp.

## COPY OF MARIETTA/BELPRE HEALTH DEPARTMENT CHECKLIST

This form is a copy of the plan checklist that is used by the health department to make sure the operation meets various requirements. It is good for you to go through these and check all that apply in order to meet the requirements.

### ***Food Service Operation/Food Establishment***

#### Check List

Square footage										
					<b>FSO</b>	<b>RFE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
I.	Plans Drawn to Scale	Yes	No				Sat.	Unsat.	Quest.	
		___	___	VII.	Surface Finishes		___	___	___	
II.	Menu Provided	___	___		A. Kitchen					
					1. Floors		___	___	___	
					2. Walls		___	___	___	
III.	Plan Approval	___	___		3. Ceilings		___	___	___	
	A. Building Dept.	___	___		B. Storerooms					
	B. Plumbing	___	___		1. Floors		___	___	___	
	C. EPA	___	___		2. Walls		___	___	___	
	D. Zoning	___	___		3. Ceilings		___	___	___	
	E. Electrical	___	___		C. Dishwashing areas					
	F. Fire	___	___		1. Floors		___	___	___	
					2. Walls		___	___	___	
IV.	Water Supply				3. Ceilings		___	___	___	
	A. Municipal	___	___		D. Toilet rooms					
	B. Non-community	___	___		1. Floors		___	___	___	
					2. Walls		___	___	___	
V.	Wastes Disposal – Sewage				3. Ceilings		___	___	___	
	A. Municipal	___	___							
	B. On-Site	___	___	VIII.	Food Storage					
					A. Adequate (size)		___	___	___	
		Sat.	Unsat.	Quest.	1. Cold					
VI.	Kitchen Flow				a. Refrigerators		___	___	___	
	A. Receiving	___	___	___	b. Freezers		___	___	___	
	B. Storage	___	___	___	2. Hot		___	___	___	
	C. Preparation	___	___	___	3. Dry		___	___	___	
	D. Cooking	___	___	___	B. Location (accessibility)					
	E. Serving	___	___	___	1. Cold		___	___	___	
	F. Dishwashing	___	___	___	2. Hot		___	___	___	
	G. Disposal	___	___	___	3. Dry		___	___	___	





Risk Level Determination  
OAC 3701-21-02.3

- Less than 25,000 sq. ft.                       Greater than or equal to 25,000 sq. ft.
- Retail Food Establishment                       Food Service Operation

Please check the Risk Level Box that applies to the facilities food operations:

- Risk Level 1:** Poses Potential risk to the public in terms of sanitation, food labeling, sources of food, storage practices, or expiration dates.
- (1) Coffee, self-service fountain drinks, pre-packaged, non-time/temperature controlled for safety beverages;
  - (2) Pre-packaged, refrigerated or frozen potentially hazardous foods;
  - (3) Pre-packaged non-potentially hazardous foods;
  - (4) Baby food or formula.
- Risk Level 2:** Poses higher potential risk to the public due to hand contact or employee health concerns, but minimal potential for pathogen growth exists.
- (1) Handling, heat-treating, or preparing, non-time/temperature controlled for safety food;
  - (2) Holding for sale or serving potentially hazardous food at the same proper temperature at which it was received;
  - (3) Heating individually packaged, commercially processed, time/temperature controlled for safety foods for immediate service;
- Risk Level 3:** Poses a higher risk than risk level 2 because of the following concerns: proper cooking temperatures, proper cooling temperatures, 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 as ready-to-eat.
- (1) Handling, cutting, or grinding raw meat products;
  - (2) Cutting or slicing ready-to-eat meats and cheeses;
  - (3) Assembling or cooking time/temperature controlled for safety food that is immediately served, held hot or cold, or cooled;
  - (4) Operating a heat treatment dispensing freezer;
  - (5) Reheating individual portions only; or
  - (6) Heating of a product, from an intact, hermetically sealed package and holding it hot.

Risk Level Determination  
Continued

- Risk Level 4:** Poses a higher potential risk than risk level 3 because of concerns with: handling or preparing food using a procedure with several steps that **includes reheating** a product or ingredient where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw time/temperature controlled for safety meat, poultry product, fish or shellfish, or a food with these time/temperature controlled for safety items as ingredients; using freezing as a means for parasite destruction; serving a high-risk clientele; or using time in lieu of temperature as a control.
- (1) Reheating bulk quantities of leftover, time/temperature controlled for safety food more than once every 7 days;
- (2) Caterers or similar operations that transport time/temperature controlled for safety food.

Risk Level	Number of Inspections Per Licensing Year
1	1 Standard Inspection
2	1 Standard Inspection
3	2 Standard Inspections
4	2 Standard Inspections (includes 2 Critical Control Point Inspections or Process Reviews)
<b>Other</b>	<b>Number of Inspections Per Licensing Year</b>
Mobile	1 Standard Inspection
Vending	1 Standard Inspection of at least 50% of the licensees' locations
Temporary	1 Standard Inspection during the period the Temporary is being operated

**STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.**

Signature(s) \_\_\_\_\_

\_\_\_\_\_  
Owner(s) or responsible representative(s)

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

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Preventing Transmission of Diseases through Food by  
Infected Food Employees

The purpose of this agreement is to ensure that food employees and applicants who have received a conditional offer of employment notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

**I AGREE TO REPORT TO THE PERSON IN CHARGE IF:**

**I HAVE SYMPTOMS OF:**

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)

**I HAVE A MEDICAL DIAGNOSIS OF:**

Salmonella Typhi (typhoid fever), Shigella spp. (shigellosis), Escherichia coli O157:H7, Hepatitis A virus, Entamoeba Histolytica, Campylobacter spp., Vibrio Cholera spp., Cryptosporidium Parvum, Giardia Lamblia, Hemolytic Uremic Syndrome, Salmonella spp. (non-typhi), Yersinia Enterocolitica, or Cyclospora Cayetanensis.

**PAST MEDICAL DIAGNOSIS:**

Have you ever been diagnosed as being ill with one of the diseases listed above?      Yes      No  
If you have, what was the date of the diagnosis?      \_\_\_\_\_

**I HAVE A HIGH-RISK CONDITION:**

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli O157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 3717-1 Ohio Uniform Food Safety Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

**Applicant or Food Employee Name (please print)** \_\_\_\_\_

**Signature of Applicant or Food Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Permit Holder or Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

## **3717-1-02.4 Management and personnel: supervision.**

(A) Person in charge - assignment of responsibility.

(1) The license holder shall be the person responsible for the food service operation or retail food establishment. The license holder may be the person in charge or shall designate a person or persons in charge and shall ensure that a person in charge with applicable knowledge is present at the food service operation or retail food establishment during all hours of operation. This paragraph does not apply to a micro market as defined in Chapter 3717-1 of the Administrative Code.

(2) One year after the effective date of this rule, at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall obtain the level two certification in food protection according to rule 3701-21-25 of the Administrative Code.

(3) Temporary, mobile, vending and risk level I and risk level II food service operations or retail food establishments are exempt from paragraph (A)(2) of this rule.

# **Marietta/Belpre Health Department FSO/RFE Food Safety Program Progressive Enforcement Policy**

In the interest of promoting a culture of food safety for all food service operations (FSO) and retail food establishments (RFE) licensed in the Cities of Belpre and Marietta, the Marietta/Belpre Health Department has developed a Progressive Enforcement Program (PEP). The goal of the PEP is to bring FSOs and RFEs with habitual and/or critical violations into compliance with the Ohio Uniform Food Safety Code in a fair and consistent way. This program is in line with the Health Department's mission to serve and educate with public health programs that prevent disease.

## **Non-Critical Violations**

- Facilities found with the same non-critical violation(s) during 3 consecutive standard inspections will be entered into the program and a copy of the PEP policy will be given to the owner/operator.
- If the same violation(s) are noted after the third inspection, the owner/operator will be informed that a re-inspection will occur within 14 days. The re-inspection will be conducted by the inspecting sanitarian and Environmental Health Director (EH Director).
- If the violation(s) are not corrected, a letter will be sent requesting the owner/operator to appear at an Environmental Hearing to provide a reasonable timeframe for the correcting the violation(s).
- An inspection by the inspecting sanitarian will be conducted based on the agreed upon timeframe.
- If the facility has failed to correct the violation(s), the EH Director and Health Commissioner will begin the process of revoking the FSO or RFE license.
- If at any time the violation(s) are corrected, it will be so noted on the inspection form and the facility will be removed from the PEP.

## **Critical Violations**

- Facilities found to have one or more non-correctable violations during an inspection will be scheduled for a re-inspection within 14 days, depending on the severity of the violation(s).
- The inspecting sanitarian will conduct the re-inspection and if the same critical violation(s) are observed, a re-inspection will be scheduled within 7 days, the facility will be entered into the PEP and a copy of the PEP policy will be given to the owner/operator.
- The second inspection will be conducted by the inspecting sanitarian and the EH Director.
- If the violation(s) are not corrected, the owner/operator will be requested to appear at an Environmental Hearing to be held within 14 days, to provide a timeframe of not more than 14 days to correct the violation(s).
- An inspection by the inspecting sanitarian will then be conducted based on the agreed upon timeframe.
- If the facility has failed to correct the violation(s), the EH Director and Health Commissioner will take steps to revoke the FSO or RFE license.
- If at any time the violation(s) are corrected, it will be so noted on the inspection form and the facility will be removed from the PEP.

## **License Revocation**

The steps for revoking a license are outlined in Chapter 911 of the Ohio Revised Code (ORD) and include the following:

- A notice will be mailed to the license holder detailing the violation(s).
- The license holder must request a hearing within 30 days of the mailing.
- If a hearing is not requested within 30 days, it will be recommended that the license be revoked at the next regularly scheduled Board of Health meeting. The Board of Health meets the third Tuesday of each month.
- If a hearing is requested within 30 days, it must be held within 7-15 days at which time the license holder may appear in person or by their attorney, to present their position, arguments, or contentions. These may be presented in writing and evidence may be presented and witnesses examined.
- Once a license is revoked, in order to obtain a new license, plans must be submitted for the facility along with the required fee. The facility and equipment must meet all aspects of chapter 3717 of the Ohio Administrative Code and be brought into compliance with current laws and regulations. Since March 1, 2010, all newly licensed facilities must have a person in charge for each shift with Level One Certification in Food Protection. Once these requirements have been met, a new license may be obtained after an application and required fee has been submitted.

## **Immediate Closure Due to Imminent Public Health Threat**

It is the policy of the Marietta/Belpre Board of Health that when a facility refuses to voluntarily close due to imminent health threat that an emergency BOH meeting be called immediately. The BOH has the authority to suspend the license of an FSO or RFE that fails to follow the applicable regulations and whose continued operation would constitute a clear and present danger to public health. This type of action will only be taken in extreme cases. Any FSO or RFE whose license is suspended must close immediately and may appeal the suspension pursuant to ORC 3719 (29) and (49).

**Implemented 1/1/2016**