



Public Health
Prevent. Promote. Protect.

HOCKING COUNTY HEALTH DEPARTMENT

350 State Route 664 North ~ Logan, Ohio 43138

Phone 740-385-3030

Fax 740-385-2252

Dear New Food Facility Operator:

The Hocking County Health Department would like to welcome you and your business to the county. We realize opening a new operation can be an overwhelming experience and we would like to assist you as much as possible.

Designing your establishment with food safety in mind is critical for not only providing safe food, but also for better work flow in the kitchen that will ultimately save you time and money.

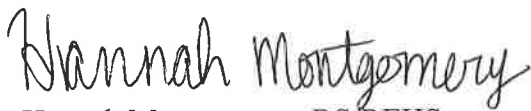
The following guidelines and requirements along with the plan review process will help you properly plan a safe and efficient facility:

1. All food must be from a licensed or approved source.
2. All equipment must be approved by a recognized food equipment-testing agency such as NSF, CSA or UL for sanitation.
3. All refrigeration units must be capable of maintaining 41°F or below and have an accurate thermometer located inside each unit.
4. All hot holding units must be able to maintain a temperature above 135°F.
5. All floors, walls and ceilings must be smooth, non-absorbent, and easily cleanable in all food preparation, food storage, dishwashing, service areas, and restrooms.
6. The food preparation, dishwashing, service, and storage areas must have adequate lighting with protective shielding.
7. All food facilities must be kept separated from any living or sleeping quarters by complete partitioning or a solid, self-closing door.
8. Dry storage area and cold holding units must be able to accommodate all inventories between deliveries.
9. A utility/mop sink must be installed with hot and cold running water and appropriate back flow prevention device along with an area set aside for mop, mop bucket, and maintenance equipment.
10. An adequate number of hand wash sinks with hot and cold water must be installed in the food preparation areas, dishwashing area and in every restroom. All hand wash sinks must have soap, disposable towels, a trashcan, and an employee hand washing sign located near them.
11. A three-compartment sink that is big enough to immerse the largest equipment and utensils must be installed with drain boards on both sides. Approved detergent and sanitizer with appropriate test strip must be provided.
12. A commercial dish machine with a booster heater or chemical sanitizer rinse cycle is optional. If a chemical sanitizer rinse cycle is used, the appropriate sanitizer test strips must be provided.
13. A food preparation sink will need to be installed if the menu dictates.
14. All self-service areas must have a sneeze guard over serving lines.

15. All restrooms must be properly located, equipped and have a power vent and self-closing doors if open to food storage or food preparation areas.
16. All outside openings must be screened and all doors must be tight fitting so as to be insect and rodent proof.
17. All cleaning agents and toxic chemicals must be stored and labeled properly.
18. Personal clothing, items, and medication must have designated storage areas away from food preparation areas.
19. Clean and soiled linens must have separate storage areas.
20. All receptacles for waste or recyclables shall be of sufficient capacity and on concrete or asphalt surface that slope to the drain.
21. The outside premises must be properly maintained at all times.
22. Each time a licensed operation changes ownership, the facility must be brought into compliance with current laws and regulations.

Please feel free to contact this department Monday through Friday from 8:00 am to 4:30 pm at 740-385-3030 ext. 224 with any questions you have regarding the list above. We are looking forward to further assisting you with your new adventure.

Sincerely,

A handwritten signature in cursive script that reads "Hannah Montgomery".

Hannah Montgomery, RS/REHS
Registered Sanitarian



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FACILITY PLAN REVIEW APPLICATION

THIS APPLICATION MUST BE COMPLETELY FILLED OUT AND SIGNED

Name of Facility: _____

Address: _____

Telephone: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ E-mail: _____

STATEMENT: I hereby certify that all the information submitted is correct, and I fully understand that any deviation without prior permission from the Hocking County Health Department may void the approval of the plans. I also understand that approval of these plans does not indicate the facility is ready to open. Application for a Food License with appropriate license fee must be submitted and a pre-licensing inspection of the facility is required before opening. I must obtain the proper permits and approval from other regulatory agencies and the training certifications for food safety if required.

Signature _____ Date: _____

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For Office Use Only

Plan Review Type: <input type="checkbox"/> New <input type="checkbox"/> Remodel	Category: <input type="checkbox"/> FSO <input type="checkbox"/> RFE
Risk Level:	Plan Review Fee:
Payment Type:	Receipt #
Date Received:	Received By:

Total Square Footage of Facility: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: Sit Down Meals _____
 (check all that apply) Take Out _____
Caterer _____
Mobile Vendor _____
Other _____

Water Source: Private _____ Public _____ Municipal _____

Sewage Treatment system: Private _____ Public _____ Municipal _____

Please enclose the following documents:

- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside storage building and equipment including dumpsters, well, septic system if applicable.
- Plan drawn to scale of food facility showing the total area to be used for the operation, location of equipment, plumbing fixtures, electrical service, lighting schedule, mechanical ventilation system, and surface finishes of floors, walls and ceilings.
- Manufacturer specification sheets for each piece of equipment shown on the plan. Include make and model numbers and the certification for sanitation by an accredited food equipment testing agency (NSF, CSA or UL for sanitation).
- Proposed menu with food sources including seasonal, off-site and banquet menus.

In the following table, please fill in the materials used (i.e. quarry tile, stainless steel, 4" plastic covered molding, etc.)

Room/Area	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin				
Dishwashing Area				

*** Before a final inspection and issuance of a license to operate a food facility by the Hocking County Health Department, you must obtain the proper permits and approval from the following departments:**

- | | | |
|----------------|--|--|
| Water & Sewage | If Public Water/Sewer System:
Ohio EPA – SEDO
2197 E. Front St.
Logan, OH 43138
740-385-8501 | If Private Water/Sewer:
Hocking County Health Dept.
350 St. Rt. 664 N
Logan, OH 43138
740-385-3030 |
| Plumbing | Hocking County Health Dept.
350 St. Rt. 664 N
Logan, OH 43138
740-385-3030 | |
| Building | Ohio Dept. of Commerce
Division of Industrial Compliance
6606 Tussing Rd
Reynoldsburg, OH 43068
614-644-2223 | |
| Fire Safety | Logan Fire Department
155 East Main Street
Logan, Ohio 43138
740-385-2307 | Or other local Fire Dept. |
| Zoning | Local zoning authorities
(Logan City only)
Logan Service Director
10 S. Mulberry
Logan, OH 43138
740-385-4060 | |

	Agency Signature	Approval Date
Water		
Sewer		
Plumbing		
Building		
Fire Safety		
Zoning		

Certifications for Food Protection

Person-in-Charge (Level 1)

Person-in-Charge Certification in Food Protection, is a mandated training for the person in charge per shift of a risk level I, II, III, and IV food service operation or retail food establishment in the following instances:

- When a new food service operation or a new retail food establishment is licensed after March 1, 2010 unless the individual has successfully completed an equivalent or more comprehensive certification in food protection course.
- When a food service operation or retail food establishment has been implicated in a foodborne disease outbreak.
- When the licensor has documented a failure to maintain sanitary conditions as per section 3717.29 of the Revised Code for a retail food establishment or section 3717.49 of the Revised Code for a food service operation.

Manager Certification (Level 2)

After March 1, 2017, Ohio Administrative Code (OAC) 3717-1-2.4(A) requires that all Risk Level Three or Four FSO/RFE must have at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service who has the Manager's Certification in Food Protection (previously referred to as Level 2). The course must be approved by the Ohio Department of Health (such as ServSafe management).

For more information about Ohio Certifications, or for a list of the approved providers for the Level One and Level Two Certification in Food Protection Trainings, please visit the Ohio Department of Health website at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/food-safety-program/food-safety-certification>