

Micromarket Plan Review Application

Licensing:

All new retail food establishments/food service operations and those altering or remodeling an existing facility must complete the plan review process. All questions regarding the plan review process can be directed to our environmental office.

Getting Started:

Step 1: Submit Plans (prior to construction)

- 1. Submit the completed Food Facility Plan Review Application.
- 2. Submit the entire layout of the facility. This layout must include:
 - A complete and detailed menu;
 - The total square footage to be used for the retail food establishment;
 - All portions of the premises of the retail food establishment, including dumpster areas;
 - Entrances and exits;
 - Location, number and type of plumbing fixtures, if applicable;
 - Plan of lighting: show exact location of light fixtures and indicate if the lights are shielded;
 - A floor plan showing all fixtures and equipment;
 - List the floor, wall, ceiling surface materials and floor/wall juncture cove material;
 - List equipment with manufacturers and model numbers;
 - All coolers and freezers holding time/temperature controlled for safety foods, must be equipped with a functional automatic locking mechanism/health switch.
 - Facility layout must be drawn to scale;
 - Aerial map of the facility site
 - Google map or Wood County Auditors website can be used;
 - Plan Review fee must be paid when plans are submitted.

Plan Review Category	Fee	
Micromarket	\$100.00	

Step 2: Plan Review Process

- Wood County Health Department will review the plans within 30 days after completed plans are received.
- A letter will be sent informing you that the plans have been disapproved or approved.
- If the plans were disapproved, the items listed on the disapproval letter will need to be corrected and resubmitted.
- Plan approvals expire one (1) year after approval is issued.

Step 3: Construction and Preparation for Opening

 Once the facility is ready to open, contact Wood County Health Department for a pre-license inspection (419) 354-2702. The facility must follow the Ohio Uniform Food Code 3717-1. (https://www.odh.ohio.gov/en/rules/final/3717-1)

Step 4: Obtain Food Service Operation/Retail Food Establishment License

Once your pre-licensing inspection is completed and all necessary work is done, you may purchase your food service license at the Wood County Health Department.

Keep this sheet for your information.



1840 E. Gypsy Lane Road Bowling Green, OH 43402 419-354-2702 WoodCountyHealth.org

Micromarket Plan Review Application

Facility Name:		Pi	oject Dates:		
Facility Address:		C	ity/Zip:		
Facility Phone Number:	Facility Phone Number: Hours of Operation:				
Previous vending or micromark	et at this location? \Box I	No 🗆 Yes,	former name: _		
Owner Name:					
Owner Address:					
Primary Contact Person:		0	Cell Phone:		
Contact Person Email:					
How do you prefer to receive co	prrespondence from ou	ur office:	🗌 E-mail	US Postal Service	
Signature of Owner or Repres	entative:			Date: Continue to page 3	

Date Received R		•	Amount P	aid	
Were oversize facility blueprints	s submitted? 🗌 Yes	🗆 No			
***************************************	Sanitarian U		***************	***************************************	
 Completed Food Plan Review A Complete Facility Menu, includin specials Aerial View of Facility, including dumpsters 	ng seasonal and	 Facility Floor Plan: Drawn to scale Square Footage Entrances/Exits Plumbing Locations Lighting Surface Finishes Equipment: Manufacturer/Model 			
Plans Approved – Date:					
*****	*****	****	*****	******	

Menu:

- Attach a menu of items that you will be selling and give a brief description of ingredients.
- All foods must be properly labeled.
- Provide a list of your food suppliers:

Food Preparation Review:

How will you prepare produce? (Check all that apply)

No produce will be used or served.

All produce will come into the facility pre-washed and pre-cut.

Identify location of this activity:

How will employees avoid bare-hand contact with ready-to-eat foods?

All pre-packaged foods

Other _____

Dishwashing, if applicable:

Check the method(s) your facility will use for dishwashing

3 compartment sink (manual dishwashing is required at all facilities)

- The compartments must be large enough to fit your largest item that needs to be washed.
- High temperature dish machine
- Low temperature chemical dish machine
- Dishwashing off-site

Identify location of this activity: _____

Note: Dish machines installed after March 1, 2005 must be equipped to:

- 1. Automatically dispense detergents and sanitizers; and
- 2. Incorporate a visual means to verify that detergents and sanitizers are delivered (or) a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the washing and sanitizing cycle.

What sanitizer will you be using?

- Bleach (5.52%, unscented household)
- Quaternary Ammonia
- lodine
- Dishwashing off-site

What corresponding sanitizer test strips will you be using?

Chlorine (50-100ppm)

pHydrion QT-10 (200ppm) or QT- 40 (150-400ppm)

lodine (25ppm)

High temperature test strips

- Irreversible registering temperature indicator
- Dishwashing off-site

How will chemicals be stored?

Chemicals must be stored in an area that is not above food, equipment, utensils, linens, or single-use articles and will not cause contamination.

Water Supply:	
Public	Lighting:
Private	Are the facility lights shielded or otherwise shatter
	resistant?
Sewer Supply:	Yes
Public	No
Private	Note: Facility must have adequate light intensity
—	of:
Solid Waste Storage/Removal:	50 foot candles at surfaces where a food
What type of trash storage will be used?	employee is working with food.
Compactor	20 foot candles at surfaces at buffets, inside
Dumpster with lid	equipment, dishwashing areas, & where packaged
Cans	foods are sold.
Provided by host facility	10 foot candles in all areas of the walk-in coolers
What is the frequency of trash pick-up?	and dry food storage areas.
What type of surface will the dumpster be placed upon?	, ,

Equipment List

Provide the following information for all food equipment you will use in your facility. A separate list or specification sheets are acceptable.

All equipment must be commercial grade and approved by a recognized testing agency. All coolers and freezers holding time/temperature controlled for safety foods, must be equipped with a functional automatic locking mechanism/health switch.

Equipment must hold appropriate temperature at the time of pre-licensing inspection.

Thermometer located inside all coolers.

All surfaces are smooth and easily cleanable. (No rust, no bare wood, no contact paper, no chips or cracks, no tape) Check box if equipment list information is printed on the plans provided.

Manufacturer	Model Number	Description		

Room Finish Materials:

All surfaces must be smooth and easily cleanable. Please explain any abbreviations.

All finishes are smooth and easily cleanable. (No rust, no bare wood, no contact paper, no chips or cracks, no tape) Check box if room finish schedules are listed on the plans provided.

Area	Floor Material	Coving Material	Wall Material	Ceiling Material
Example: kitchen	Commercial tile	Rubber base molding	Fiberglass reinforced panel board (FRP)	Vinyl coated ceiling tiles
Dishwashing				
Food Storage				
Other:				

Square Footage: Total square footage to be used for the food service operation/retail food establishment______sq ft.