



**Food Facility Layout & Equipment Review Application**

Complete and return with fee to:  
**Defiance County Health Dept.**  
**1300 East Second Street, Suite 100**  
**Defiance, OH 43512**

Phone: (419) 784-3818  
 Fax: (419) 782-4979  
 e-mail: [deh@defiancecohealth.org](mailto:deh@defiancecohealth.org)  
 Office Hours: Mon-Fri 8:30am-4:30pm

| Size                         | Risk 1                  | Risk 2 | Risk 3   | Risk 4 | Submissions   |
|------------------------------|-------------------------|--------|--|--------|---|
| New ≥ 25,000 square feet     | 190.00                  | 200.00 | 380.00   | 470.00 |   |
| Remodel ≥ 25,000 square feet | 95.00                   | 100.00 | 190.00   | 235.00 |   |
| Size                         | Risk 1                  | Risk 2 | Risk 3   | Risk 4 | Submissions   |
| New < 25,000 square feet     | 130.00                  | 140.00 | 230.00   | 290.00 |   |
| Remodel < 25,000 square feet | 65.00                   | 70.00  | 115.00   | 145.00 |   |
| Construction Start Date      | Planned completion date |        | Number of people to receive Ohio Level One Certification in Food Protection training (one PIC per shift minimum) Level 2-One Manager |        | <input type="checkbox"/> Menu<br><input type="checkbox"/> Equipment Schedule<br><input type="checkbox"/> Lighting Schedule<br><input type="checkbox"/> Plumbing Schedule<br><input type="checkbox"/> Surface Finish Schedule<br><input type="checkbox"/> Scale Floor Plan<br><input type="checkbox"/> Training Certificates |
|                              |                         |        |  |        |   |

**Food Facility Information**

|                                    |       |
|------------------------------------|-------|
| Name of Operation or Establishment | Phone |
| Address or Location                |       |
| Type of Operation                  |       |

**Operator / Licensee Information**

|                 |              |              |
|-----------------|--------------|--------------|
| Operator Name   | Company Name |              |
| Mailing Address |              |              |
| e-mail          | Phone #      | Cell Phone # |

**Person to Contact regarding plans, if different from Operator / Licensee**

|   |              |              |
|---|--------------|--------------|
| Contact Person if different from operator | Company Name |              |
| Contact Address                           |              |              |
| e-mail                                    | Phone #      | Cell Phone # |

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

|                            | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Planned Hours of Operation |        |        |         |           |          |        |          |

# Licensing Levels

Please circle yes or no if you will be performing the tasks listed in each row. Based on the activities to be conducted, the appropriate risk level will be determined. If you are not sure, leave item blank or call our office for more clarification.

|   |    |  |
|---|----|--|
| Yes   | No | Selling self-serve beverages (Example: coffee, fountain drinks).   |
| Yes   | No | Selling prepackaged refrigerated or frozen TCS* foods (Example: sandwiches, packaged ice cream).   |
| Yes   | No | Selling prepackaged non TCS foods (Example: Chips, candy, pop, beer, snacks).  |
| Yes   | No | Selling baby food or formula or over-the counter medication.   |
| Yes   | No | Handling, reheating or preparing non-TCS food (Example: slicing apples, making popcorn).   |
| Yes   | No | Heating individually packaged, commercially processed TCS food for immediate service. (Example: breakfast burritos)                                |
| Yes   | No | Baking of non TCS food (Example: cookies, bread, cakes).   |
| Yes   | No | Manufacturing of confectionary products.   |
| Yes   | No | Bulk display of unwrapped, non TCS foods (Example: self-serve doughnuts or self-serve jerky).  |
| Yes   | No | Manufacturing and packaging of ice or food for retail sale.  |
| Yes   | No | Hand dipping of frozen desserts, frozen dessert dispenser. (Example: ice cream or yogurt).   |
| Yes   | No | Receiving hot or cold TCS bulk food and keeping it at the receiving temperature.   |
| Yes   | No | Handling, cutting or grinding raw meat products (Example: making sausage or hamburger, cutting meats for sale).                                    |
| Yes   | No | Cutting or slicing, ready-to-eat meats and cheeses (Example: cutting deli meats, making salads or sandwiches).                                     |
| Yes   | No | Reheating individual portions only (Ex. heating one cup of leftover soup in microwave when ordered by customer).                                   |
| Yes   | No | Operating a heat-treatment dispensing freezer.   |
| Yes   | No | Assembling or cooking TCS food that is immediately served, held hot or held cold or cooled.  |
| Yes   | No | Processing of product for ready-to-eat sell (Example: Making potato salads, bake beans, roller dogs).  |
| Yes   | No | Reheat bulk quantities of TCS food more than once every 7-days (Example: Reheating pan of leftover meatloaf).                                      |
| Yes   | No | Serving a high-risk population, such as a hospital, nursing home or assisted living.   |
| Yes   | No | Use time in lieu of temperature as a public health control for TCS foods. (Example: Keeping food at room temperature and disposing after 4 hours). |
| Yes   | No | Catering that transport TCS food to be served off-site (Example: Food for wedding at reception hall).  |
| Yes   | No | Using freezing as a means to achieve parasite destruction (Freezing fish).   |
| Yes   | No | Offers as ready-to-eat raw or undercooked TCS meat, poultry, fish, or shellfish (Example: Rare hamburger).   |
| <b>The following activities may require a variance from Ohio Department of Agriculture or Ohio Department of Health</b> |    |  |
| Yes   | No | Use smoke or cure agents (Example: Nitrates to preserve food).   |
| Yes   | No | Use additives for food preservation or to render foods Non-potentially hazardous (Example: acidified rice).  |
| Yes   | No | Process foods using Reduced Oxygen Packaging (Example: Cryovac®).  |
| Yes   | No | Operate a molluscan shellfish life-support system tank to store and display shellfish (Ex. oysters) that are offered for human consumption.        |
| Yes   | No | Custom process animals that are for personal use as food and not for sale.   |
| Yes   | No | Produce canned or bottled food or drinks.  |
| Yes   | No | Press or bottle fruit or vegetable juices.   |

\*TCS - Time/Temperature Control for safety = food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation

Please check One:

**Food Service Operation** - The majority of food sales are expected to be through the preparation and sale of individual meal portions.

**Retail Food Establishment** - The majority of food sales are expected to be through the sale of prepackaged foods or portions serving more than one individual.

# Menu

1. Have all items (including seasonal) been included on menu submission?

YES

No

2. Will the establishment offer buffet style serving (example salad bar or taco bar)?

YES

No

3. Will the establishment offer undercooked animal foods (examples would be undercooked hamburgers or eggs sunny side up)?

YES (see below)

No

4. Please list the suppliers of your food (Gordon's, Sofo) \_\_\_\_\_

If the establishment plans to sell or offer animal food such as beef, eggs, fish, lamb, milk, pork, poultry, or shellfish, undercooked, or without otherwise being processed to eliminate pathogens, either in ready-to-eat form or as an ingredient in another ready-to-eat food, the license holder shall inform consumers of the significantly increased risk of consuming such foods by way of a disclosure and reminder.

The disclosure shall include:

- A description of the animal-derived foods, such as "oysters on the half shell (raw oysters)," "raw-egg Caesar salad," and "hamburgers (can be cooked to order);" or
- Identification of the animal-derived foods by asterisking them to a footnote that states that the items are served raw or undercooked, or contain (or may contain) raw or undercooked ingredients.

Reminder shall include asterisking the animal-derived foods requiring disclosure to a footnote that states:

- Regarding the safety of these items, written information is available upon request;
- Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness; or
- Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions."

## Example

- Two eggs\* served with grits and toast
- Hamburger\*
- Ceviche (raw fish)\*

*\*Eggs and hamburger may be served raw or undercooked. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have a certain medical condition.*

# Light Schedule

The food code requires that specific light intensity is met throughout the facility. There are three different levels that at a minimum foot candle must be achieved. They include:

1. At least **10-foot candles** (one hundred eight lux) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning

3. At least **20-foot candles** (two hundred fifteen lux) at a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption; Inside equipment such as reach-in and under-counter refrigerators; and at a distance of 30 inches above the floor in restrooms, in areas used for handwashing, warewashing, and equipment and utensil storage.

3. At least **50-foot candles** (five hundred forty lux) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor

**Are the facility lights shielded or otherwise shatter resistant?**     YES     NO

*\*\*\* Please initial each item in the "Meets or Exceeds" column to acknowledge that the minimum light intensity is provided. \*\*\**

| Location  | Minimum Required Light Intensity (foot candles) | Meets or Exceeds Requirement |
|---|---|------------------------------|
| Areas where working with utensils or equipment  | 50  |                              |
| Food preparation areas                          | 50  |                              |
| Restrooms                                       | 20  |                              |
| Equipment and utensil storage                   | 20  |                              |
| Inside reach-in and under-counter refrigerators | 20  |                              |
| Handwash areas                                  | 20  |                              |
| Dishwash areas (mechanical or manual)           | 20  |                              |
| Walk-in refrigerator                            | 10  |                              |
| Walk-in freezer                                 | 10  |                              |
| Dry food storage                                | 10  |                              |
| All areas during periods of cleaning            | 10  |                              |

**Note:** 1 Foot Candle = 10.76 Lumens = 0.001496 Watts





