



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558
www.scphoh.org

MICRO MARKET FACILITY LAYOUT AND EQUIPMENT SPECIFICATION REVIEW

Ohio Law requires that food operators be licensed prior to operating. Ohio Law also requires that plans for the construction or remodeling be submitted and approved by Summit County Public Health.

Written approval, disapproval, or a request for additional information will occur within **30 days** of receipt of the plans and the plan review fee. The plan review fee covers only the plan review process. Prior to opening, an additional fee will be collected for your license.

Please note: your review will not commence until the plan review fee has been paid.

Submit a completed application for micro-market plan review, including all items listed on the checklist on the following page, and the applicable plan review fee to:

Summit County Public Health
Attn: Building C Food Safety
1867 West Market Street
Akron, Ohio 44313

If any of the plan requirements need clarification, please call our office at 330-926-5600 and ask to speak with a plan reviewer.

The license or permit will not be issued until all food plan requirements are completed and a pre-opening inspection shows that you are in compliance with the Ohio Uniform Food Safety Code.

Please schedule this inspection at least 10 days in advance or your target opening date.

Before requesting the pre-opening inspection (for licensing), be sure that your operation has passed all your other final applicable inspections (e.g. fire, building, etc.). You must submit written documentation that all of these inspections have been completed and passed before a license will be issued.

The application for the license will be available at the pre-opening inspection if the inspection is successfully passed. The license fee must be paid at this time. We accept checks or money orders.



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901

Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558

www.scphoh.org

Checklist of items required to be submitted with a plan review application:

- A facility layout, including equipment specifications. These specifications shall be legible and be drawn reasonably to scale.
- A list of foods to be sold.
- The total square footage to be used for the food service operation or retail food establishment.
- The portion(s) of the premises in which the retail food establishment/micro-market is to be located including entrances and exits – please show where in the building the market is located.
- A site plan of the property showing the property lines and any structures that currently exist on that land and where your proposed construction or addition is to be located. This may include but not be limited to a drawing showing an arrow indicating north, adjacent street names and any easements, the distance between buildings and between buildings and property lines, the dimensions of the existing buildings, dumpster/trash areas and other appropriate items for your project.
- The location, number and types of plumbing fixtures, including all water supply facilities if applicable.
- A lighting plan.
- A floor plan showing the general layout of fixtures and other equipment.
- The building materials and surface finishes to be used.
- An equipment list with equipment manufacturer's name and model numbers.

***Make sure all questions/sections of this application are properly filled in. Failure to properly complete the application or supply all required information may lead to delays in the review of your submittal.**

Only commercial food equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1 (KK) of the administrative code.

Summit County Public Health may place restrictions or conditions on a license limiting the types of food that may be prepared or served by the food service operation or retail food establishment based on the equipment or facilities of the food service operation or retail food establishment. Limitations shall be posted on the back of the license.



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901

Phone: (330) 923-4891 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-7558

www.scphoh.org

SUMMIT COUNTY PUBLIC HEALTH APPLICATION FOR MICRO-MARKET PLAN REVIEW

LOCATION NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CITY/VILLAGE/TOWNSHIP:

PHONE IF AVAILABLE:

NAME OF OPERATOR:

NAME OF PARENT COMPANY OR OWNER:

MAILING ADDRESS FOR LICENSE RENEWAL:

CITY:

STATE

ZIP

CONTACT PERSON (FOR PLAN REVIEW APPROVAL RESPONSE)

NAME:

PHONE: () -

ADDRESS:

CITY:

STATE:

ZIP

Food displays are a total of: _____ linear feet. (250 linear feet maximum)

Anticipated date for starting construction:

completion date:

PLEASE CIRCLE WHICH APPLIES: NEW CONSTRUCTION: YES NO RENOVATION/REMODEL: YES NO
NON-COMMERCIAL*: YES NO (schools, governmental, tax exempt)

*If tax exempt a copy of the businesses/corporations 501 C3 must be submitted with this application.

Micro Markets are a Retail Food Establishment Risk Level 1 operations because they pose potential risk to the public in terms of sanitation, food labeling, and sources of food, storage practices, and expiration dates.

Submit the plan review fee of \$550.00 made payable to Summit County Combined General Health District.

EXTENSIVE ALTERATION/RENOVATION OF AN EXISTING FOOD ESTABLISHMENT REQUIRES THE SUBMISSION OF PLANS AND THE PLAN REVIEW FEE PAID.

MAKE SURE ALL QUESTIONS/SECTIONS OF THIS APPLICATION HAVE BEEN PROPERLY FILLED IN.

FOOD PROTECTION AND STORAGE Please answer all the questions in the first column and return form with plans	SHOWN ON PLANS	PRESENT ON FINAL
Will the display units offering time/temperature controlled for safety (TCS) foods have an automatic control that prevents the equipment from opening if: a.) There is a power failure, mechanical failure, or other condition that results in an internal equipment temperature that cannot maintain food temperatures as specified under rule 3717-1-03.4 of the Administrative code? Yes () No () b.) And, a condition, as specified above, until the equipment is serviced and restocked with food that has been maintained at temperatures under rule 3717-1-.03.4 of the Administrative Code? Yes() No()		
Will each refrigerator or freezer have a thermometer? Yes () No ()		
Will the automatic shut-off within the display, when activated, prevent the ambient temperature to exceed 41 degrees Fahrenheit (5 degrees Celsius) for more than thirty minutes immediately after the display is filled, serviced, or restocked? Yes () No ()		
Will all micro-market display units offering TCS food be equipped with a self-closing door? Yes () No ()		
Will each refrigeration unit, holding TCS product, hold these products at 41 degrees Fahrenheit or less? Yes () No ()		
Will metal stem type thermometers with a range of (0- 220°F) be available to the staff? Yes () No ()		
Will the facility have secondary cold storage units for back up stock on the premises? Yes () No ()		
Will containers of food be stored at least 6 inches above the floor on NSF or similarly approved storage/dunnage racks? Yes () No ()		
EQUIPMENT/UTENSILS		
Will all equipment and utensils be listed by a recognized equipment-testing agency (such as NSF) for commercial use? Yes () No ()		
Is the required equipment list with the manufacturer's name and model number enclosed? Yes () No ()		
To provide for easy cleaning; will equipment be installed with casters (), a seal at the wall and floor (), or sufficient open space?		
PLUMBING		
Will all plumbing work be done under permit from the plumbing authority? Yes () No () N/A ()		
Will the required mop sink be provided/made available for use? Yes () No ()		
Will the required mop hanger be provided at the mop sink? Yes () No ()		
If the mop sink is located in the market area will there be a partition to protect food and equipment from splash? Yes () No () N/A ()		
Will the potable water supply be protected from cross-contamination - equipment with water connection (e.g. coffee maker) has backflow protection installed? Yes () No ()		
Will all equipment drain lines, exposed utility service lines and soda/beer lines be installed so as not to interfere with floor cleaning? Yes () No ()		
WATER SUPPLY AND SEWAGE DISPOSAL		
Will your water be provided by a public authority () or a private water system ()? If a private water system, attach the Ohio EPA private water system documentation.		
Is the building connected to a municipal sewer () or private disposal system ()? If a private system, attach the Ohio EPA approval documentation		
HANDWASHING FACILITIES		
Will there be a conveniently located hand washing sink equipped with hand drying facilities, waste receptacles, mixing hot/cold faucet, and water under pressure at a temperature not exceeding 120 degrees Fahrenheit? Yes () No ()		

TOILET FACILITIES				SHOWN ON PLANS	PRESENT ON FINAL	
Will public toilet rooms be accessible without passing through food display or storage areas? Yes () No () N/A ()						
Will all toilet rooms be equipped with the required:						
Toilet tissue dispensers?		Yes () No ()				
Mechanical exhaust fan or screened, operable windows?		Yes () No ()				
Self-closing room doors?		Yes () No ()				
REFUSE STORAGE AND DISPOSAL						
Will all the outdoor refuse receptacles be placed on the required graded and paved surface? Yes () No () NA ()						
Will all the indoor and outdoor refuse receptacles have the required lids? Yes () No ()						
ROOM FINISHES						
All room surface finishes on floors, walls and ceilings in areas where sinks, areas subject to food splash, drink dispensing areas, and mop sinks/service sinks are required to be durable, smooth, easily cleanable and impermeable to water. FRP, tile, stainless steel or other similar materials (with prior approval by the health department), is needed. These finishes must start at the top of the cove base and extend past any of the above referenced areas a minimum of 18 inches in all directions. Will your facility be in compliance? Yes () No ()						
Complete the schedule showing the finish materials used, where applicable						
Area	Floor	Walls	Coved Base	Ceiling		
Market Area						
Dry Storage						
Cold Storage						
Other						
LIGHTING						
Will at least 20 foot-candles of light be provided at:						
Consumer self-service areas?		Yes () No () N/A ()				
Inside equipment?		Yes () No () N/A ()				
Areas used for handwashing, equipment storage, and in toilet rooms? Yes () No () N/A ()						
Will at least 10 foot-candles of light be provided at:						
Dry storage areas?		Yes () No () N/A ()				
All areas when cleaning?		Yes () No () N/A ()				
Will the required shielding or shatter-resistant lamps be provided for light fixtures in food areas/in equipment holding food? Yes () No ()						
MISCELLANEOUS						
Is the required menu/list of foods to be sold enclosed?				Yes () No ()		
Will all toxic chemicals be stored away from food display and storage areas? Yes () No ()						
Where will cleaning tools be stored?						
Will all exterior market doors be self-closing and tight fitting? Yes () No ()						
Will all openings to the exterior be designed to keep out rodents and insects? Yes () No ()						
Will all insect control devices used to electrocute or stun flying insects be designed to retain the insect within the device as required? Yes () No () N/A ()						
Is the required site plan enclosed with the materials submitted?				Yes () No ()		