



FOOD FACILITY APPROVAL PROCEDURES

Ohio Law requires that every food operator be licensed prior to operating. Ohio Law also requires that plans for the construction or remodeling be submitted and approved by the Kent City Health Department.

Written approval, disapproval or a request for additional information will occur within **30 days** of receipt of facility plans and facility review fee. Fees for the facility review are in addition to the license fee. All Food Safety Program fee are available on page 4.

Pages 1-4 have be provided for your convenience.

Please submit your completed facility plans, application, menu, and facility review fee to:

Kent City Health Department, 201-G E. Erie St., Kent OH 44240

Facility review will not commence until the facility review fee has been paid.

A complete set of plans consists of the following:

- 1. Submission of all items listed on Page 2.**
- 2. A completed application for Food Facility Review Application starting on Page 5 - 9.**
- 3. Complete or provide all Make and Model numbers for all equipment, even existing. An equipment list has been provided on Page 10.**
- 4. Complete and sign specification statement Page 11.**

The license or permit will not be issued until all food facility 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 of opening date.** A copy of the facilities review section of the Ohio Revised Code is also available at our office.

Before requesting the pre-opening inspection (for licensing) be sure that your operation has passed all your other final applicable inspections. You must submit written documentation that all of these inspections have been completed and passed before a license will be issued. A copy of the **Certificate of Occupancy** will be requested at the time of the final inspection.

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. Only at the health department front counter will cash or credit be accepted.

The following information MUST be submitted to the Kent City Health Department

A facility layout, including equipment specifications, these specifications shall be legible, be drawn reasonably to scale, and shall include:

- The type of food operation or food establishment proposed and a list of foods to be prepared and served or sold;
- The total square footage to be used for the food service operation or retail food establishment.
- The portions of the premises in which the food service operation or retail food establishment are to be conducted including entrances and exits;
- **A site plan of your 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 and other appropriate items for your project.
- The location, number and types of plumbing fixtures, including all water supply facilities;
- A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces;
- A floor plan showing the general layout of fixtures and other equipment;
- The building materials and surface finishes to be used; and
- An equipment list with equipment manufacturer's name and model numbers.

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.

The **Kent City Health Department** 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.

What Is My Risk Level?

Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to Public Health and are based on the highest risk level activity of the food service operation/food establishment in accordance with the following criteria:

Risk level I: poses potential risk to the public in terms of sanitation, food labeling, and sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or sells:

- (1) coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages;
- (2) pre-packaged refrigerated or frozen potentially hazardous foods;
- (3) pre-packaged non-potentially hazardous foods;
- (4) baby food or formula
- (5) food delivery sales operations

Risk level II: poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

- 1) handling, heat treating, or preparing non-potentially hazardous food;
- 2) holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received;
- 3) heating individually packaged commercially processed potentially hazardous foods for immediate service;

Risk level III: poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, 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 it as ready-to-eat. Examples of risk level III activities include but are not limited to:

- (1) handling, cutting, or grinding raw meat products;
- (2) cutting or slicing ready-to-eat meats and cheeses;
- (3) assembling or cooking potentially hazardous food that is immediately served, held hot or cold, or cooled;
- (4) operating a heat treatment dispensing freezer;
- (5) reheating in individual portions only; or
- (6) heating of a product, from an intact, hermetically sealed package and holding it hot;

Risk level IV: poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for potentially hazardous food. Examples of risk level IV activities include, but are not limited to:

- (1) reheating bulk quantities of leftover potentially hazardous food more than once every seven days; or
- (2) caterers or other similar food service operations that transport potentially hazardous food;

Risk level IV: also includes operations that perform a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules adopted pursuant to section 3717.05 of the revised code. These facilities will need to have a written HACCP plan for these activities. Examples of these risk level IV variance activities include, but are not limited to:

- (1) reduced oxygen packaging;
- (2) smoking for preservation

2020 FOOD SERVICE PROGRAM FEES

Risk Classification	Total License Fee
Risk Class 1 < 25,000 sq. ft.	\$255.00
Risk Class 2 < 25,000 sq. ft.	\$285.00
Risk Class 3 < 25,000 sq. ft.	\$520.00
Risk Class 4 < 25,000 sq. ft.	\$650.00
Risk Class 1 > 25,000 sq. ft.	\$365.00
Risk Class 2 > 25,000 sq. ft.	\$380.00
Risk Class 3 > 25,000 sq. ft.	\$1300.00
Risk Class 4 > 25,000 sq. ft.	\$1380.00
Mobile FSO/RFE	\$310.00
Vending	\$29.69
Commercial Temporary FSO/RFE	\$120.00
Non Commercial Temporary FSO/RFE	\$60.00

Late Fee: 25% of the Local Health Fee for Each Classification

Facility Plan Review Fee: \$525

Food Safety Basics - Person-In-Charge Training Level 1

Per Person: \$20.00

Corporate Rate (10-50 students): \$200.00

Level II ServSafe Course – \$150

Test or Retest only – \$65

PLEASE SUBMIT THIS COMPLETED FORM AND YOUR FACILITY REVIEW FEE WITH YOUR PLANS

KENT CITY HEALTH DEPARTMENT APPLICATION FOR FOOD FACILITY REVIEW		
OPERATION NAME:		
ADDRESS:		
CITY: Kent	STATE: Ohio	ZIP:
PHONE IF AVAILABLE:	REQUIRED EMAIL:	
NAME OF OPERATOR: <i>Be sure this is the same name as appears on your liquor license; usually a person or corporation.</i>		
NAME OF PARENT COMPANY OR OWNER:		
MAILING ADDRESS FOR LICENSE RENEWAL:		
CITY/VILLAGE/TOWNSHIP:	STATE:	ZIP:
PHONE:	REQUIRED EMAIL:	
CONTACT INFORMATION FOR FACILITY REVIEW APPROVAL RESPONSE		
NAME:		
PHONE: () -	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
(1) Seating capacity is	(2) Total size of operation is	sq. ft.
(3) Anticipated date for starting construction:		completion date:
<p>PLEASE CIRCLE WHICH APPLIES: NEW CONSTRUCTION RENOVATION/REMODEL CHANGE OF OWNERSHIP CATERING: YES NO NON-COMMERCIAL: YES NO (schools, governmental, tax exempt)</p>		
<p>FACILITY REVIEW FEE: \$525 (Must be paid in full to be considered a complete submittal)</p> <ul style="list-style-type: none"> <input type="checkbox"/> LEVEL 1: Selling of commercially prepackaged non-time and temperature controlled for food safety (TCS) foods and beverages *Need not to fill out whole application packet. Please refer to page 2 of the FOOD FACILITY APPROVAL PROCEDURES for submission requirements. <input type="checkbox"/> LEVEL 2: Satellite facility, cooking or baking non-TCS foods and beverages <input type="checkbox"/> LEVEL 3: Preparing, cooking, reheating, or serving food, reheating in individual portions only <input type="checkbox"/> LEVEL 4: Reheating foods in bulk portions, off premise caterer, service high risk clientele (i.e. nursing home, hospital), variance required, offering for sale raw TCS food items like sushi 		
<p>*License Fee will only be accepted once facility has passed the final pre-licensing inspection and has provided written documentation that all final applicable inspections have been completed. List of License Fees can be found on page 4 FOOD FACILITY APPROVAL PROCEDURES handout.</p>		
<p>Indicate which one of the following licenses you have or will be applying for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food Service Operation (FSO) – Primary business is the on-site preparation and/or consumption of ready to eat foods in individual portions (for ex. restaurants, carry out’s preparing individual meals, fast food operations, nursing home, day cares, schools, hospitals, etc.) <input type="checkbox"/> Retail Food Establishment (RFE) – Primary business is the sale of food in bulk portions for off premise consumption and/or preparation (for ex. grocery stores, drive-thru, carry outs preparing bulk meals i.e. pizza, gas stations, etc.) <p>*Primary business is defined through sales volume. If you operate as both an FSO and RFE, whichever portion of your business has the greater sales volume determines your designation (either FSO or RFE)</p>		

Please answer all the questions in the first column and return form with plans - Leave the right two columns blank		
FOOD PROTECTION AND STORAGE	SHOWN ON PLANS	PRESENT ON FINAL
Will a person-in-charge with applicable knowledge of the risks of foodborne illness inherent to the operation, foodborne disease prevention, and application of Hazard Analysis Critical Control Point (HACCP) principles be present during all hours of operation? Yes () No ()		
Risk Level 3 and 4 facilities Only: Will at least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service obtain a Level Two Certification in Food Protection? Yes () No ()		
Will each refrigerator or freezer have a thermometer? Yes () No ()		
Will each warming cabinet have a thermometer? Yes () No () N/A ()		
Will food shields be used to protect foods on display? Yes () No () N/A ()		
Will metal stem type thermometers with a range of (0 - 220°F) be available to the staff? Yes () No ()		
Will shelving space available for dry goods storage be a minimum of 72 sq. ft.? Yes () No ()		
Will ice bins hold only ice; not beverage chill plates? Yes () No () N/A ()		
Will containers of food be stored at least 6 inches above the floor on NSF or like 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 (), gas quick disconnects (), a seal at the wall and floor (), or sufficient open space?		
If produce is washed or frozen foods are thawed in a sink will the required dedicated food prep sink with indirect drain be provided? Yes () No () N/A ()		
If utensils used with moist food such as ice cream, mashed potatoes or steamed rice are not stored in the product, will the required dipper well provided? Yes () No () N/A ()		
If this operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules (i.e. - reduced oxygen packaging, acidification of sushi rice for holding between 41°F and 135°F, smoking for preservation, or bottling/canning of food product), is the required written HACCP plan enclosed? Yes () No () N/A ()		
WAREWASHING		
What method of ware washing will be used, mechanical (), manual (), or both ()?		
The specifications for the primary hot water generator are _____ BTU/hr., or _____ KWH or _____ gallons per minute for tank-less water heaters. Existing facilities? Yes () No ()		
MECHANICAL WAREWASHING		
What type of sanitization will be used? 180° F water () chemical ()		
Capacity is _____ racks per hour. Final rinse water usage is _____ gph.		
Will a pre-scrapping or pre-rinse for dishes facility be provided? Yes () No ()		
Will the required drain-boards be provided on both sides of the machine? Yes () No ()		
If a chemical ware washing machine is used, will the required sanitizer level indicator (audible or visual alarm when empty) be provided? Yes () No () N/A ()		

<p>If a high temperature dish machine, will a measuring device that indicates the temperature of the water in each wash, rinse tank, and as the water enters the hot water sanitizing final rinse manifold be provided? Yes () No () N/A ()</p> <p>Will a maximum registering thermometer or an irreversible registering temperature indicator strip be provided? Yes () No () N/A ()</p>																																																		
MANUAL WAREWASHING	SHOWN ON PLANS	PRESENT ON FINAL																																																
<p>The dimensions of each compartment in the 3-compartment sink will be: <u> </u> inches long <u> </u> inches wide <u> </u> inches deep. Existing facilities? Yes () No ()</p>																																																		
<p>Will the required drain-boards provided on both ends of the three-compartment sink? Yes () No ()</p>																																																		
<p>Will the dimensions of the largest pot or bowl allow it to be completely submerged in the compartments of your sinks? Yes () No () N/A ()</p> <p>If no, provide documentation on how equipment that is unable to fit in sinks will be washed.</p>																																																		
<p>Will the hot water temperature delivered to the sink be 120°-140° F? Yes () No ()</p>																																																		
<p>What type of sanitizer will be utilized? Chlorine () quaternary ammonia () other ()</p>																																																		
<p>Will test papers be available to check the sanitizer concentration? Yes () No ()</p>																																																		
PLUMBING																																																		
<p>Will all plumbing work be done under permit from the plumbing authority? Yes () No () N/A ()</p>																																																		
<p>Will the grease interceptor be sized and located by the plumbing inspector? Yes () No () N/A ()</p>																																																		
<p>Will the facility be provided with a commercial garbage disposal? Yes () No ()</p>																																																		
<p>Will a required mop sink be provided on each floor? Yes () No ()</p>																																																		
<p>Will the required mop hanger be provided at the mop sink? Yes () No ()</p>																																																		
<p>If the mop sink is located in the food prep or ware washing areas will there be a partition to protect food and equipment from splash? Yes () No () N/A ()</p>																																																		
<p>Will the drains of the following potable equipment be provided with at least a two-inch air gap?</p> <p>Ice Machine Yes () No () N/A ()</p> <p>Ice Storage Bins Yes () No () N/A ()</p> <p>Food Processing Sinks Yes () No () N/A ()</p> <p>Dish Machine Drain Yes () No () N/A ()</p> <p>Steam Tables Yes () No () N/A ()</p> <p>Dipper Wells Yes () No () N/A ()</p> <p>Steam Kettles and Ovens Yes () No () N/A ()</p> <p>Other _____ Yes () No () N/A ()</p>																																																		
<p>Will the potable water supply be protected from cross-contamination? Indicate where applicable:</p> <table border="0"> <thead> <tr> <th></th> <th>ASSE Backflow Prevention Device</th> <th>Air Gap</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Ice Machine</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Ware washing Hoses</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Dish Machine Water line</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Kettle Filler</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Urn Filler</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Coffee Brew Equip</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Steam Table</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Cleaning Hoses</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Dipper Well</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Flush Trough</td> <td>()</td> <td>()</td> <td>()</td> </tr> <tr> <td>Other _____</td> <td>()</td> <td>()</td> <td>()</td> </tr> </tbody> </table>		ASSE Backflow Prevention Device	Air Gap	N/A	Ice Machine	()	()	()	Ware washing Hoses	()	()	()	Dish Machine Water line	()	()	()	Kettle Filler	()	()	()	Urn Filler	()	()	()	Coffee Brew Equip	()	()	()	Steam Table	()	()	()	Cleaning Hoses	()	()	()	Dipper Well	()	()	()	Flush Trough	()	()	()	Other _____	()	()	()		
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<p>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 ()</p>																																																		
<p>Will your facility be in compliance with the requirement that any sinks used for food preparation, utensil washing or mop sinks may not be provided with hand washing aids and devices? Yes () No ()</p>																																																		
WATER SUPPLY AND SEWAGE DISPOSAL																																																		

Will your water be provided by a public authority () or a private well ()? If a private well, attach the Ohio EPA approval 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					SHOWN ON PLANS	PRESENT ON FINAL
Will there be a dedicated hand sink available within 20 ft. of any food handling, ware washing area, toilet facility or server area without going around any corners or going through any doors? Yes () No () Total number of handwashing sinks including toilet rooms ()						
Will all hand sinks be equipped with the required: Hand drying facilities? Yes () No () Waste receptacles? Yes () No () Mixing hot/cold faucet? Yes () No () Water under pressure, not exceeding 120°? Yes () No () Employees Must Wash Hands sign? Yes () No ()						
TOILET FACILITIES						
Will public toilet rooms be accessible without passing through food preparation or ware washing 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 () Will there be an employee only toilet room? Yes () No ()						
In the men's toilet room: There are _____ # water closets There are _____ # urinals There are _____ # hand sinks		In the women's toilet room: There are _____ # water closets There are _____ # hand sinks There are _____ # covered waste receptacle				
REFUSE STORAGE AND DISPOSAL						
Will all the outdoor refuse receptacles be placed on the required graded and paved surface? Yes () No () N/A ()						
Will all the indoor and outdoor refuse receptacles have the required lids and drain plugs? Yes () No ()						
Will spent cooking fat be stored in a covered, tight container while waiting for recycling? Yes () No () N/A ()						
ROOM FINISHES						
All room surface finishes on floors, walls and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject food splash/vapors, food /wet bars, buffet lines, drink dispensing areas, mop sinks/service sinks, steam tables and areas where food preparation equipment is located 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 () See Plans ()						
Complete the schedule showing the finish materials used, where applicable						
Area	Floor	Walls	Coved Base	Ceiling		
Food Prep.						
Warewashing						
Dry Storage						
Cold Storage						
Other Storage						
Toilet Rooms						
Mop Room						
Bars						
Other						

LIGHTING	SHOWN ON PLANS	PRESENT ON FINAL
Will at least 50 foot-candles of light be provided at: Food preparation surfaces? Yes () No () N/A () Areas where employees work with utensils or equipment? Yes () No () N/A ()		
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 hand washing, ware washing or equipment and utensil storage and in toilet rooms? Yes () No () N/A ()		
Will at least 10 foot-candles of light be provided at: Walk-in coolers and freezers? Yes () No () N/A () 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 and utensil areas including bars? Yes () No ()		
VENTILATION		
Will a commercial exhaust hood be provided to service cooking appliances producing grease-laden vapors? Yes () No () N/A ()		
Will the canopy hoods completely cover the cooking equipment, by extending a minimum horizontal distance of 6 inches beyond the edge of the cooking surface on all open sides? Yes () No () N/A ()		
Will a commercial exhaust hood be provided to service 180-degree dishwashing machine? Yes () No () N/A ()		
Will make-up air be supplied during the operation of the exhaust hood? Yes () No () N/A ()		
MISCELLANEOUS		
Will a separate storage area be provided for employee's personal belongings (I.e. coats, boots, purses, and medications)? Yes () No ()		
Is the required menu enclosed? Yes () No ()		
Will all toxic chemicals be stored away from food preparation and storage areas? Yes () No () Where will cleaning tools be stored?		
Will laundry facilities be located on premises? Yes () No () N/A () Will a laundry dryer be available? Yes () No () N/A () What will be laundered?		
If the kitchen is not air-conditioned, will all exterior kitchen doors be screened or be provided with an air curtains? Yes () No () N/A ()		
Will all exterior kitchen 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 ()		
Will animals other than service animals be permitted with in the FSO/RFE? Yes () No ()		
Will a patio or outdoor eating area be provided? Yes () No () N/A () If yes, will dogs be permitted on the patio? Yes () No () If yes, are the owner and managers willing to comply with 3717-1-08.5? Yes () No ()		
Will the FSO/RFE have written procedures for employees to follow when responding to vomiting or diarrheal events? Yes () No () Will corresponding supplies or a body fluid clean-up kit must be present? Yes () No ()		
Is the required site plan enclosed with the materials submitted? A site plan of your 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 and other appropriate items for your project. Yes () No ()		



KENT CITY HEALTH DEPARTMENT

201-G E. ERIE ST., KENT OH 44240 (330) 678-8109 FAX (330) 678-2082

SPECIFICATION STATEMENT

I, _____, owner/operator of the proposed Food Service Operation (FSO) or Retail Food Establishment (RFE) located at _____, Kent, Ohio, hereby state that the listed specifications will be adhered to in the construction and completion of this proposed food facility.

1. All equipment will be constructed and installed, so that all FSO/RFE laws and rules can be met adequately. All equipment shall be tested by the National Sanitation Foundation (NSF) or equivalent testing agency for commercial use. All equipment and utensils shall be approved the Kent City Health Department before use or install.
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 supply of hot water will be made available for the proper conduct of the FSO or RFE. Both hot and cold running water will be supplied to all plumbing fixtures per the Ohio Food and plumbing codes.
4. Construction materials and finish of floors, walls, and ceilings will be as specified in the Ohio Uniform Food Safety Code under 3717-1-06.1 Physical facilities: design, construction, and installation.
5. Any piece of equipment, utensil, or design that is not fully indicated or explained on this plan is subject to rejection by this department at any time. This plan may be changed only with the expressed written approval of the Kent City Health Department. Deviations from the approved plan or the conditions of this form may lead to a denial of a license to operate the FSO or RFE.
6. At least one name of an individual certified in food protection and their certificate number will be requested for final approval.
7. A level one Person in Charge employee is required per shift of a risk level I, II, III, and IV FSO or RFE. This is required when a new FSO or RFE is licensed after March 1, 2010, unless the individual has successfully completed an equivalent certification in food protection course.
8. Employees will be informed in a verifiable manner of their responsibility to report information about their health.
9. A copy of the Certificate of Occupancy or Final Building approval report will be provided.
10. Finally, any future alterations, changes of address, changes in contact information, change of ownership shall only be done when prior approval from the Kent City Health Department has been granted. Additional review may be required.

Signature: _____ Title: _____ Date: _____