Hamilton County Public Health, Division of Environmental Health

Plan Review Application - Micro Market Project Information

Facility Name			Operator Name			
Facility Address			Operator Address			
Facility Zip Code			Operator City, State Zip			
Facility Phone Number			Operator Phone Number			
Estimated Day of Op	ening		Date Submitted			
Project Contact Pers	on		Project Contact Title			
Project Contact Pho	ne Number/email					
	t the above information is correct				prior permission from	
	Hamilton County General Health District (dba Hamilton Country General Health District (dba Hamilton G		/Operator/Representative Signature		Date	
Health, for review	ion of a micro market, a set of p v. Plan review applications can	take up to 30 days ;	for review. Incomplete ap			
subsequent facilit	y operation. Indicate if items a 		n space provided at left. Be Included in Plan Revie	- W	1	
	1. Menu or list of foods to be s			<u>- ' ' </u>		
	2. List of equipment stating manufacturer and model number. All equipment must be approved by a recognized food equipment testing agency (e.g. NSF, UL, ETL); equipment used for cold holding TCS food shall be approved for use by a recognized agency for use in a micro market.					
	3. A floor plan of the operation showing the following items: entrances and exits to the area, locations of any plumbing fixtures, and the locations of equipment.					
	4. A lighting schedule or statement of achieved lighting levels in all food preparation and storage areas throughout facility (food preparation areas require minimum of 50 foot candles, storage areas require a minimum of 10 foot candles).					
	5. A completed Plan Review Application.					
	6. Plan Review Application and Fee submitted to: Hamilton County Public Health, 250 William Howard Taft, 2nd Fl, Cincinnati, OH 45219.					
Section II: Po	ermits ace below to fill in all necessary	nermit numhers				
Building	ee seton to jut in all necessary	Plumbing		Electrical		
Other						

Section III: Plumbing

1.	1. Fill out the below chart with information as it pertains to the facility:							
	Sink/Plumbing Fixture Type	Quantity/NA	Backflow/Siphonage Prevention In Place?		Type (e.g. air gap, ASSE #, Indirect Drain, etc)			
	Hand Sink		Yes	No				
Mop Sink			Yes	No				
	K-Cup/Coffee Dispenser		Yes	No				
2. Is the water supply municipal or private (such as well water). Note: attach approvals if private.					Municipal	Private		
3. Is the waste water system municipal or private (such as septic). Note: attach approvals if private.					Municipal	Private		

Section IV: Finish Schedule

4. Fill out the below chart with the types of building materials used in the various areas. Note: use caulk/sealant in the appropriate areas (i.e. high splash - silicone caulk; behind hood/grills - high temperature caulk); ensure all floor-wall junctures have a minimum of 4 inch cove base molding. See "Approved Finishes Table" below for more information.

Area	Floor	Wall	Ceiling
Sales Floor			
Walk-ins (Coolers/ Freezer)			
On-Site Food Storage			

Section V: Food Safety/Sources

5.	Provide the name and address of the commissary that will supply the micro market's food:		
6.	Is the commissary licensed and inspected by the Ohio Department of Agriculture or federal counterpart?	Yes	No
7.	Will the cold foods be transported using refrigerated/freezer vehicles (or at least vehicles with cold holding equipment)?	Yes	No
	Will the micro market sell produce (ex: apples, bananas, or oranges)? Note: All produce with an edible peel shall be preshed and wrapped to prevent contamination of the food.	Yes	No
9.	How often will the micro market be serviced?		
	. Will the micro market be designed so that the health timers can be tested on a regular basis? Note: All equipment shall checked on a regular basis to ensure locking mechanisms on TCS food coolers can be checked.	Yes	No