## **MICROMARKET**

# PLAN REVIEW APPLICATION AND GUIDELINES



**Warren County Health District** 



Warren County Health District 416 S. East Street Lebanon, Ohio, 45036 (513) 695-1498 www.warrenchd.com

#### MICROMARKET PLAN REVIEW GUIDELINES

A micromarket is a retail food establishment that offers prepackaged non-time/temperature controlled for safety food and/or prepackaged refrigerated or frozen time/temperature controlled for safety food for self-checkout.

Micromarket display may not be more than 250 linear feet.

Refrigerated or frozen time/temperature controlled for safety (TCS) foods must be stored in specialty equipment which prevents the sale of food if the machine malfunctions.

Micromarkets are exempt from the requirement to have a person in charge.

### PLAN REVIEW PROCEDURE

- 1. A detailed set of plans must be submitted to this office for review along with Micromarket Plan Review Application prior to construction of the micromarket.
- 2. The plans will be reviewed to ensure compliance with all existing rules and regulations. A letter regarding the status of the plans will be sent within thirty (30) days.
- Contact the Warren County Health District for an opening inspection when construction has been completed. Criteria for licensing must include that the micromarket was constructed according to the approval plans and all equipment in the operation is the same as listed on the plans.
- 4. The operator may obtain license to operate upon successful opening inspection and completion of the Application for a License to Conduct a Retail Food Establishment and submission of the required fee. Visit <a href="warrenchd.com/environmental;environmental-healthfees">warrenchd.com/environmental;environmental-healthfees</a> for current fees.
- 5. Plans may be submitted electronically provided they are easily readable. Please email any information regarding plans to <a href="mailto:tthornton@wcchd.com">tthornton@wcchd.com</a>.



## MICROMARKET PLAN REVIEW APPLICATION

#### **INTERNAL USE ONLY**

 $\square$  RFE

RECEIPT#

Date:			
MICROMARKET LOCATION INFORMATION	ON		
Name of Facility:			
Address of Facility:			ZIP
APPLICANT/OWNER INFORMATION			
Company/Owner:			
Mailing Address:	CITY	STATE	ZIP
Contact Name:			
Phone (best available):		Email:	
CONSTRUCTION INFORMATION			
Total Square Footage of Micromarket:			
Proposed Date for Start of Project:	Projected Date of Completion:		
MENU			
☐ Menu is attached			
List of all foods prepared:			

## **FACILITIES**

PLUMBING FIXTURES	_ I	N/A
Hand sink(s)	YES □	NO □
Mop/Utility sink(s) location		
Coffee/K-Cup machine	YES □	NO 🗆
Type of backflow prevention:  Air gap, ASSE #, indirect drain, etc.		
Ice machine	YES □	NO □
Type of backflow prevention:  Air gap, ASSE #, indirect drain, etc.		
FRESH AND WASTE WATER		N/A
Is the water supply public or private?	PUBLIC □	PRIVATE □
If private, has the source been approved by the EPA?	YES □	NO □
Attach a copy of written approval and/or permit, if applicable.		
Is the building connected to a municipal sewer?	YES □	NO 🗆
If no, is the building connected to an EPA-approved private treatment system?	VEC 🗆	NO 🗆
Attach a copy of written approval and/or permit if applicable.	YES □ NO □	
<b>FINISHES</b> All finishes in service and storage areas must be smooth and easily cleanable.		
What materials are the floors?		
What materials are the walls?		
What materials is the ceiling?		
FOOD		
Name and location of commissary supplying micromarket		
Is the commissary licensed and inspected by the Ohio Department of Agriculture?	YES □	NO □
Will the micromarket sell produce with edible peels? Example: apples, pears, peaches	YES □	NO □
If yes, will the produce be prewashed and wrapped to prevent contamination?	YES □	NO □

## MICROMARKET PLAN SUBMISSION CHECKLIST

Provide plans that are a minimum of 11 X 14 inches in size including the layout of the micromarket, accurately drawn to scale. This is to allow for ease in reading plans. The plans must include the following. *Failure to provide required information will result in the plans being rejected.* 

	Completed Micromarket Plan Review Application
	Proposed menu or list of foods to be served
	Micromarket floor plan, drawn reasonably to scale, and must include:
	□ Square footage of micromarket
	☐ Entrances and exits
	□ Location and layout of all proposed pieces of equipment
	☐ Location of mop sink
	☐ Any exterior storage areas or locations where food or equipment will be stored
	Lighting schedule showing the location of all overhead lighting
	☐ At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor
	☐ At least 220 lux (20 foot candles) inside equipment
	☐ All lights must have protective shield;
	☐ Finish schedule of floors, walls and ceilings in all areas  Manufacturer's make and model of refrigeration units. All micro market display units that
	offer time/temperature controlled for safety food shall have an automatic control that
	prevents the equipment from opening if the ambient air temperature of the cooler exceeds
	41°F for more than 30 minutes. The coolers must be equipped with self-closing doors
	FINAL INSPECTION CHECKLIST
	I MAL MOFECTION CHECKLIST
The fo	llowing must be completed and available for review during the prelicensing inspection.
	e to provide required information may result in a delay in opening.
•	
Cor	nstruction
Ш	The micromarket is constructed according to the approved plans
<u>Εqι</u>	<u>lipment</u>
	All equipment is commercial grade, and has been approved by the Board of Health
	All equipment is correctly installed and working properly
	All refrigeration is holding 41°F or below, and all refrigerators have working thermometers
	Health timers tested to ensure automatic shutoff of refrigeration and freezers functioning
	Backflow preventers (if required) installed and have been inspected by Plumbing Division
<u>Adn</u>	<u>ninistrative</u>
	Signed application and payment for license fee has been submitted