

MEDINA COUNTY HEALTH DEPARTMENT 4800 LEDGEWOOD DRIVE, MEDINA, OHIO 44256

(330) 723-9523 \* FAX (330) 723-9650 Email: env@medinahealth.org

## FOOD SERVICE OPERATION/RETAIL FOOD ESTABLISHMENT PLANS SUBMITTAL FORM

	PLAN REVIEW SUBMITTAL INFORMATION									
Please submit one (1) HARD copy of the FLOOR PLAN and one (1) complete set of plans in PDF format.										
FACILITY RISK CLASSIFICATION INFORMATION ( Plan Review Fee is based on Risk Classification)										
Risk classification is based on menu. Please verify classification with a food inspector prior to submitting plans for review.										
☐ Risk level 1 ☐ Risk level 2 ☐ Risk level 3 ☐ Risk level 4 ☐ Micromarket										
FACILITY INFORMATION										
Facility Name/Business Name							Suite #			
Facility L	ocation	(Address)								
City, State, and Zip Code										
□YES □NO This facility will have plumbing installation/changes. If yes, Contact MCHD, 4800 Ledgewood Drive, 330 723-9523,										
BRUNSWICK CITY call (330) 225-9144, in MEDINA CITY call (330) 722-9030.										
L LIYES	□YES □NO Have you contacted Medina County Sanitary Engineer's office to see if a grease trap is required? MCSE, 791  W. Smith Rd, Medina, OH 44256 330 723-9585									
OWNER/FACILITY OPERATOR INFORMATION										
Contact Person										
Contact A	Address	;								
Email Address					Phone #		Cell#			
ARCHITECT INFORMATION										
Architect Name										
Address										
Email Address						Phone #		Cell #		
PLAN INFORMATION										
□YES	□NO	NO Is the (proposed) three-compartment sink/diswasher adequately sized to accommodate the								
		largest piece of equipment in this facility's kitchen?								
□YES	1 / 1								•	
100°F at the handwashing sinks and of 110°F at the three-compartment sink during peak										
demands?  □YES □NO Will whole produce be cut and cleaned on site?										
		Will a dumpster with tight-fitting lids be provided on a curbed concrete or asphalt surface that								
is sloped to drain?										
□YES	'							led or shatter-		
	resistant?									
□YES	□NO	Will fifty	Will fifty (50) footcandles of light be provided in food preparation areas?							
□YES	□NO	Will twenty (20) footcandles of light be provided in equipment washing areas, restrooms, and								
handwashing areas?										
□YES										
			s there a designated area available for employee storage?							
□YES □NO Is there a designated chemical storage area?										
PAYMENT can be made over the phone on Visa, MasterCard, Discover, or American Express.										
Payments can mailed in with check, or cash payments at our office, 4800 Ledgewood Drive, Medina.  \$ Check # MCHD R# Date Clerk										
\$		cneck	#		INICUD K#		Date		CIETK	