



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8th Street
Ironton, OH 45638
740-532-3962



Public Health
Prevent. Promote. Protect.
Lawrence County Health Department

Tony Virgin, MD
Health Commissioner

Jim Meadows, MD
Medical Director

Plan Review Guide

Name of Establishment: _____

Address: _____

City: _____ **Zip:** _____

Owner/Operator: _____

Phone Number: _____

Date Submitted: _____

Date Approved: _____

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 Lawrence County 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. The fees for the facility review are in addition to the license fee.
- The license or permit will not be issued until all food facility requirements are completed and a preopening inspection shows that you are following the Ohio Uniform Food Safety Code. **Please schedule this inspection at least two weeks in advance of opening date.** Before requesting the pre-opening inspection (for licensing) be sure that your operation has passed all your other final applicable inspections. 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 be accepted.
- The Lawrence County 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.

Plan Review Requirements

You must provide the following information in your plans:

General requirements:

1. All plans must be legible and drawn reasonably to scale.
2. A site plan that includes all of the premises.
3. Must include the type of facility proposed.
4. A statement indicating the seating capacity and square footage.
5. A detailed drawing of the area used by the business including all entrances, exits, windows, and doors.
6. The plans must contain the exact placement of all equipment within the food facility. This includes sinks, cooking equipment, and refrigeration units.
7. The number and location of all lighting fixtures. All lighting in the storage, cooking, and preparation areas must be shielded.
8. All surfaces must be smooth, easily cleanable, and non-absorbent. A complete list of surface finishes must be submitted along with the plans or detailed on the plans.
9. A complete list of all food items that will be prepared and served.
10. All restroom doors that open to food preparation/cooking areas must be self-closing.

Plumbing requirements:

1. The location, number, and types of all plumbing fixtures. Including the placement of all hand sinks, toilets, food preparation sinks, and three compartment sinks.
2. The three-compartment sink must have drain boards on each end, or a moveable cart to be used as a drain board.
3. The location of the mop sink.
4. The size and location of the hot water heater.
5. The size and location of the grease interceptor. At minimum all three compartment sinks must discharge into an approved grease interceptor.
6. An indirectly drained food preparation sink will be required if food will be thawed in water or if food will be washed.

Equipment requirements:

1. A list of all food equipment with the manufacturer and model numbers listed. All food equipment shall be approved for commercial use by a testing agency such as NSF.
2. All refrigerators must have a working thermometer and must maintain 41 degrees or less.
3. Proper thermometers available for testing food temperatures (stem thermometer).

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;
- (4) If food is dropped off from a licensed FSO/RFE to serve to students.

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

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

LAWRENCE COUNTY HEALTH DEPARTMENT APPLICATION FOR FACILITY PLAN REVIEW		
OPERATION NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
CITY/VILLAGE/TOWNSHIP:		
PHONE IF AVAILABLE:		EMAIL:
NAME OF OPERATOR: Be sure this is the same name as appears on your liquor license; usually a person or corporation.		
NAME OF PARENT COMPANY OR OWNER:		
MAILING ADDRESS FOR LICENSE RENEWAL:		
CITY:	STATE:	ZIP:
CONTACT PERSON: (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:		
PLEASE CIRCLE WHICH APPLIES: <input type="checkbox"/> NEW CONSTRUCTION OR RENOVATION OF AN UNLICENSED FACILITY <input type="checkbox"/> RENOVATION/REMODEL OF CURRENT LICENSED FACILITY <input type="checkbox"/> NEW OWNERSHIP CATERING: YES NO		
PLAN REVIEW FEES (SEE ENCLOSED DEFINITIONS OF RISK CLASSIFICATIONS – PAGE 3) (SEE ENCLOSED LIST OF FEES) *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.		

Indicate which one of the following licenses you have or will be applying for:

- ☐ Food Service Operation (FSO) – Primary business is the on-site preparation and/or consumption of ready-to-eat foods in individual portions (i.e. restaurants, carry out's preparing individual meals, fast food operations, nursing home, day cares, schools, hospitals, etc.)
- ☐ Retail Food Establishment (RFE) – Primary business is the sale of food in bulk portions for off premises consumption and/or preparation (i.e. grocery stores, drive-thru, carry outs preparing bulk meals, pizza, gas stations, etc.)

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 Food Service Operation or Retail Food Establishment)

EXTENSIVE ALTERATION/RENOVATION OR CHANGE OF OWNESHIP OF AN EXISTING FOOD OPERATION REQUIRES THE SUBMISSION OF PLANS AND THE APPROPRIATE FACILITY REVIEW FEE PAID.

- ☐ **LEVEL 1** - selling of commercially prepackaged non-potentially hazardous foods and beverages
- ☐ **LEVEL 2** - satellite facility, cooking or baking non-potentially hazardous foods and beverages
- ☐ **LEVEL 3** - preparing, cooking, reheating, or serving food, reheating in individual portions only
- ☐ **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 potentially hazardous food items like sushi.

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 ()		
Will each refrigerator or freezer have a thermometer? Yes () No ()		
Will each warming cabinet have a thermometer? Yes () No () NA ()		
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.		
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 ()		
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 ()		
MANUAL WAREWASHING		
The dimensions of each compartment in the 3-compartment sink will be: _____ inches long _____ inches wide _____ inches deep.		
Will the required drain-boards provided on both ends of the three-compartment sink? Yes () No ()		
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 ()		
Will the hot water temperature delivered to the sink be 120°-140° F? Yes () No ()		

What type of sanitizer will be utilized? Chlorine () quaternary ammonia () other ()		
Will test papers be available to check the sanitizer concentration? Yes () No ()		

PLUMBING					
Will all plumbing work be done under permit from the plumbing authority? Yes () No () N/A ()					
Will the grease interceptor be sized and located by the plumbing inspector? Yes () No () N/A ()					
Will the facility be provided with a commercial garbage disposal? Yes () No ()					
Will a required mop sink be provided on each floor? Yes () No ()					
Will the required mop hanger be provided at the mop sink? Yes () No ()					
If the mop sink is in the food prep or ware washing areas will there be a partition to protect food and equipment from splash? Yes () No () N/A ()					
Will the drains of the following equipment be provided with at least a two-inch air gap?					
Ice Machine	Yes ()	No ()	N/A ()		
Ice Storage Bins	Yes ()	No ()	N/A ()		
Food Processing Sinks	Yes ()	No ()	N/A ()		
Steam Tables	Yes ()	No ()	N/A ()		
Dipper Wells	Yes ()	No ()	N/A ()		
Steam Kettles and Ovens	Yes ()	No ()	N/A ()		
Other _____	Yes ()	No ()	N/A ()		
Will the potable water supply be protected from cross-contamination? Indicate where if applicable:					
	<u>ASSE Backflow Prevention Device</u>	<u>Air Gap</u>	<u>N/A</u>		
Garbage Disposal	()	()	()		
Ware washing Hoses	()	()	()		
Kettle Filler	()	()	()		
Urn Filler	()	()	()		
Steam Table	()	()	()		
Cleaning Hoses	()	()	()		
Dipper Well	()	()	()		
Flush Trough	()	()	()		
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 ()					
Will your facility be in compliance with the requirement that any sinks used for food preparation, utensil washing or mop sinks <u>may not</u> be provided with hand washing aids and devices? Yes () No ()					
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			
Will there be a dedicated hand sink available within 10 ft of any food handling, ware washing area or toilet facility without going around any corners or going through any doors? Yes () No () Total number of handwashing sinks include 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 Sign or poster that notifies food employees to wash their hands? () 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			
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 _____ # covered receptacles. There are _____ # handsinks.	

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 ()			
Will spent cooking fat be stored in a covered, tight container while waiting for recycling? Yes () No () NA ()			

ROOM FINISHES						
<p>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 comply? Yes () No ()</p>						
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
<p>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 ()</p>		
<p>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 ()</p>		
<p>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 ()</p>		
<p>Will the required shielding or shatter-resistant lamps be provided for light fixtures in food and utensil areas? Yes () No ()</p>		

VENTILATION		
Will a commercial exhaust hood be provided to service cooking appliances producing grease-laden vapors? Yes () No () NA ()		
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°F 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 ()		
Is the required site plan enclosed with the materials submitted? Yes () No ()		
Do you have an Employee Health Policy, Food Choking First Aid Poster, and Fecal Vomit Cleanup procedures? (Forms below can be used if needed). Yes () No ()		

Food Service Fees for 2025

Categories	Total	Local	ODH/ODA Amount	Late Fee	Total with Late Fee
Risk Level 1 < 25,000 SQ. FT.	\$ 218.00	\$ 190.00	\$ 28.00	\$ 47.50	\$ 265.50
Risk Level 2 < 25,000 SQ. FT.	237.00	209.00	28.00	52.25	289.25
Risk Level 3 < 25,000 SQ. FT.	398.00	370.00	28.00	92.50	490.50
Risk Level 4 < 25,000 SQ. FT.	488.00	460.00	28.00	115.00	603.00
Risk Level 1 ≥ 25,000 SQ. FT.	287.00	259.00	28.00	64.75	351.75
Risk Level 2 ≥ 25,000 SQ. FT.	299.00	271.00	28.00	67.75	366.75
Risk Level 3 ≥ 25,000 SQ. FT.	904.00	876.00	28.00	219.00	1,123.00
Risk Level 4 ≥ 25,000 SQ. FT.	\$ 954.00	\$ 926.00	\$ 28.00	\$ 231.50	\$ 1,185.50

Mobile, Vending & Temporary	Total	Local	ODH/ODA Amount	Late Fee	Total with Late Fee
High Risk Mobile Retail Food / Food Service	\$ 194.00	\$ 166.00	\$ 28.00	\$ 41.50	\$ 235.50
Low Risk Mobile Retail Food / Food Service	111.00	83.00	28.00	20.75	131.75
Vending Machine Food Service	6.00	-	6.00	-	6.00
Temporary Food License (Per event)	\$ 82.00	\$ 82.00	\$ 0.00	\$ 20.50	\$ 102.50

Plan Review	Total Fee ⁴
Risk Level 1 & 2 < 25,000 SQ. FT.	\$ 121.00
Risk Level 1 & 2 ≥ 25,000 SQ. FT.	242.00
Risk Level 3 & 4 < 25,000 SQ. FT.	363.00
Risk Level 3 & 4 ≥ 25,000 SQ. FT.	\$ 440.00

Extensive Alteration Plan Review	Total Fee ⁴
Risk Level 1 & 2 < 25,000 SQ. FT.	\$ 111.00
Risk Level 1 & 2 ≥ 25,000 SQ. FT.	111.00
Risk Level 3 & 4 < 25,000 SQ. FT.	161.00
Risk Level 3 & 4 ≥ 25,000 SQ. FT.	\$ 200.00



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Food Employee or Conditional Employee Reporting Agreement

I AGREE TO REPORT TO THE PIC:

Any of the following symptoms, either while at work or outside of work, including the date that the symptoms first started:

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the eyes or skin)
4. Sore throat with fever
5. A lesion containing pus such as a boil or open infected wound on the hands, wrists, exposed portions of the arms or other parts of the body (unless the lesion is protected by disposable gloves or a dry, tight-fitting bandage).

If a health care provider has diagnosed me with any of the illnesses listed below, the PIC must notify Lawrence County Public Health when a food employee is diagnosed with any of these illnesses or conditions:

A) Any of the following illnesses:

- | | |
|--|----------------------|
| 1. Campylobacter | 8. Norovirus |
| 2. Cryptosporidium | 9. Salmonella spp. |
| 3. Cyclospora | 10. Salmonella Typhi |
| 4. Entamoeba histolytica | 11. Shigella |
| 5. Shiga toxin-producing Escherichia coli (STEC) | 12. Vibrio cholera |
| 6. Giardia | 13. Yersinia |
| 7. Hepatitis A | |

B) An illness that was diagnosed by a health care provider, within the past three months due to Salmonella typhi (without having received antibiotic therapy).

C) 1. If I am the suspected cause of, or exposed to a confirmed disease outbreak;

2. Attend or work in a setting where there is a confirmed disease outbreak;

3. Live in the same household with a person diagnosed or

4. Live in the same household with a person who attends or works in a setting of a confirmed outbreak of any of the following:

1. Norovirus within the past forty-eight hours of the last exposure.
2. Shiga toxin-producing Escherichia coli (STEC) within the past ten days of the last exposure.
3. Shigella spp. within the past four days of the last exposure.
4. Salmonella Typhi within the past fourteen days of the last exposure.
5. Hepatitis A within the past fifty days of the last exposure.

The PIC must ensure that a conditional employee:

1. Is prohibited from becoming a food employee until exclusions* or restrictions** are removed if they exhibit the symptoms or are diagnosed with any of the illnesses that were listed previously.
2. Is prohibited from becoming a food employee in an operation that serves a highly susceptible population (define highly susceptible) until exclusions or restrictions are removed if they report a high-risk condition or any of the illnesses listed in the previous paragraph.
 - **The PIC shall restrict the duties of a food employee that exhibits any of the previously listed symptoms.**
 - **The PIC shall restrict the duties of, or exclude a food employee from the operation if they have been diagnosed with any of the thirteen previously listed illnesses.**
 - **The PIC may remove an exclusion or restriction due to an illness diagnosis if the food employee is released by a healthcare provider or approved by Lawrence County Public Health. The PIC may remove a restriction if it was due to previously listed symptoms, if the symptoms have ceased and the symptoms were not from one of the thirteen previously listed illnesses.**

*Exclude means to prevent the employee from working in the operation or entering the operation as an employee.

**Restrict means to prevent the employee from working with clean equipment, utensils, linens or unwrapped single-service articles.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Ohio Uniform Food Safety Code. I understand that failure to comply with the terms of this agreement could lead to action by my employer or Lawrence County Public Health that may impact my employment or involve legal action against me.

CONDITIONAL EMPLOYEE NAME (PRINT)

SIGNATURE OF CONDITIONAL EMPLOYEE

DATE

FOOD EMPLOYEE NAME (PRINT)

SIGNATURE OF PERMIT HOLDER OR PIC

DATE

For more information, please visit www.lawcohd.org or call the Food Safety Program at (740) 532-3962.



Department of Health

Bureau of Environmental Health
& Radiation Program
Food Safety Program

Clean-up Guidance for Vomit/Fecal Accidents in Food Service Operations

The 2016 Ohio Uniform Food Safety Code requires that all food service operations and retail food establishments have written procedures for employees to follow when responding to vomiting and diarrheal events. Information from this document can help develop written procedures for a facility.

Note: Effective cleaning of vomitus and fecal matter in a food service operation or retail food establishment should be handled differently from routine cleaning procedures.

It is recommended that written procedures for cleaning up vomiting and diarrheal accidents include the following steps:

1. Segregate the area. It is recommended that all surfaces within a twenty-five foot radius of the vomit or diarrhea accident be segregated and properly cleaned and disinfected.
2. Wear disposable gloves during cleaning. To help prevent the spread of disease, it is recommended that a disposable mask and/or cover gown (apron) be worn when cleaning liquid matter.
3. Wipe up the matter with towels and dispose into a plastic garbage bag.
4. Use a U.S. Environmental Protection Agency (EPA) registered disinfectant effective against Norovirus (Norwalk-like virus) following label directions or mix a chlorine bleach solution that is stronger than the chlorine solution used for general cleaning [CDC recommends 1000-5000 ppm or 2.5-12.5 fluid ounces of household bleach (5.25%) per gallon of water].
5. Apply the disinfectant or bleach solution and allow it to remain wet in the affected area for at least 10 minutes. Allow to air dry. Dispose of any remaining disinfection solution once the accident has been cleaned up.
6. Discard gloves, mask, and cover gown (or apron) in a plastic bag.
7. Take measures to dispose of and/or clean and disinfect the tools and equipment used to clean up vomit and fecal matter.
8. Properly wash hands.
9. Discard any food that may have been exposed.
10. Food contact surfaces that have been disinfected must be **washed, rinsed, and sanitized prior to use** to remove disinfectant residue and prevent contamination of food.
11. Discard all garbage bags in the dumpster or waste receptacle. If any of the waste appears to contain blood, refer to the Ohio EPA guidelines for disposal of infectious waste (https://epa.ohio.gov/portals/34/document/guidance/gd_75.pdf).
12. Minimize the risk of disease transmission through the prompt removal of ill employees, customers and others from areas of food preparation, service, and storage.

Additional Resources

CDC Preventing Norovirus Infection:

<http://www.cdc.gov/norovirus/preventing-infection.html>

U.S. EPA Registered Hospital Disinfectants Effective against Norovirus (Norwalk-like virus):

<https://www.epa.gov/sites/production/files/2017-07/documents/20171207.listg.pdf>

Ohio Uniform Food Safety Code:

<http://codes.ohio.gov/oac/3717-1>

Ohio Department of Health Food Safety Program:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/food-safety-program/welcome/>

Ohio Department of Agriculture Division of Food Safety:

<https://agri.ohio.gov/wps/portal/gov/oda/divisions/food-safety>

FIRST AID FOR FOOD CHOKING

Victim Cannot Cough, Speak, or Breathe

Rescuer must act quickly. Choking is a life threatening condition. Call 911 immediately.

1

GIVE 5 BACK BLOWS

Back blows: stand behind the victim and place arm across their chest for support; bend the victim slightly at the waist; firmly strike the victim between shoulder blades with the heel of your hand.



2

GIVE 5 ABDOMINAL THRUSTS

Abdominal thrusts: stand behind the victim and wrap your arms around the victim's waist; place your fist thumb-side in against victim's abdomen below rib cage, slightly above the navel; grasp your fist with the other hand; press your fist forcefully with quick upward thrust into the victim's abdomen.



Repeat steps 1 and 2 until the object is forced out, the person can cough forcefully or breathe, or the person becomes unconscious.

If the person becomes unconscious, begin CPR starting with chest compressions. Each time you open the airway, look in the airway and remove the object if you see it.

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