STARK COUNTY HEALTH DEPARTMENT

"Striving Toward a **Healthier** Community."

# Food Facility Pre-License Inspection

**FACILITY NAME:** _____

**FACILITY ADDRESS:** _____

**FACILITY PHONE NUMBER:** _____ **FACILITY EMAIL ADDRESS:** _____

| ITEM | STATUS<br>✔=Yes X=No **N/A**=Not Applicable | COMMENTS |
|---|---|---|
| FINALS FROM ALL OTHER AGENCIES: BUILDING, ELECTRICAL, PLUMBING, SEWER, ZONING, FIRE, OEPA | | |
| RISK LEVEL 1, 2, 3, 4<br>CATERING OR COMMISSARY | | |
| OHIO MANAGER CERTIFICATE | | |
| OHIO PERSON-IN-CHARGE CERTIFCATION | | |
| ACCEPTABLE WATER SAMPLE | | |
| APPROVED NSF EQUIPMENT | | |
| DOES THE FLOOR PLAN & MENU MATCH THE SUBMITTED APPROVED PLAN? | | |
| ALL FLOORS, WALLS, AND CEILINGS ARE MADE OF APPROVED & CLEANABLE MATERIALS | | |
| THERE IS COVING AT THE FLOOR AND WALL JUNCTURES WHERE NEEDED | | |
| SELF-CLOSURES HAVE BEEN INSTALLED ON ALL DOORS WHERE NEEDED | | |
| ALL EXTERIOR DOORS ARE TIGHT-FITTING | | |
| ALL APPLICABLE EQUIPMENT IS SEALED TO THE WALLS TO FACILITATE CLEANING | | |
| EASY ACCESS FOR CLEANING EQUIPMENT<br>EX: QUICK DISCONNECTS, CASTORS | | |

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|---|---|---|
| ADEQUATE SUPPLY OF WARM WATER, SOAP AND AN APPROVED DRYING DEVICE AT ALL HAND SINKS | | |
| ADEQUATE SCREENING FOR DOORS AND WINDOWS | | |
| ADEQUATE FOOD AND EQUIPMENT STORAGE | | |
| ADEQUATE IMPERVIOUS TRASH CONTAINTER WITH TIGHT-FITTING LIDS AVAILABLE | | |
| OUTSIDE DUMPSTER IS IN SOUND CONDITION | | |
| PEST CONTROL PROGRAM | | |
| ADEQUATE EMPLOYEE STORAGE AREA | | |
| BACKFLOW PREVENTION IS PRESENT WHERE NEEDED | | |
| INDIRECT DRAINS WITH PROPER AIR GAPS AVAILABLE FOR FOOD PREP: SINK, ICE MACHINE, ETC. | | |
| NO SUBMERGED WATER INLETS | | |
| WASTED DRAIN LINES ARE NOT INSTALLED THROUGH ICE BINS | | |
| SHELVES ARE 6 INCHES OFF FLOOR | | |
| STORAGE AND WORK AREAS ARE NOT LOCATED BELOW WATER, SEWER, OR CONDENSATION LINES | | |
| LIGHTING IS SUFFICENT (LIGHT METER) | | |
| ADEQUATE LIGHT SHIELDS ARE PRESENT | | |
| FOOD AND CHEMICAL STORAGE IS SEPARATE | | |

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| FOOD PROTECTION SHIELDS ARE PROVIDED WHERE NEEDED | | |
| A LONG STEM THERMOMETER REGISTERING FROM 0 TO 220 DEGREES IS AVAILABLE | | |
| OPERATOR WAS INSTRUCTED ON HOW TO USE AND CALIBRATE THE THERMOMETER | | |
| THERMOMETERS IN ALL REFRIGERATION UNITS | | |
| TEMPERATURE IS 41 DEGREES FARENHEIGHT OR BELOW IN ALL REFRIGERATION UNITS | | |
| ALL REFRIGERATION UNITS HAVE BEEN RUNNING AT LEAST 24 HOURS TO PRE-LICENSING INSPECTION | | |
| APPROVED SANITIZER AVAILABLE FOR USE | | |
| OPERATOR INSTRUCTED ON HOW TO USE THE SANITIZER AND TEST STRIPS | | |
| OPERATER IS FAMILIAR WITH THE MECHANICAL DISHWASHING SANITIZING METHOD AND IS FAMILIAR WITH THE PROCEDURE FOR MONITORING | | |
| FOOD IS FROM APPROVED SOURCE(S) | | |
| FOOD ARE STORED UNDER REFRIGERATION IN A MANNER THAT WILL PREVENT CROSS-CONTAMINATION | | |
| MENU REVIEW: ADEQUATE FOOD SAFETY PROCEDURES IN PLACE FOR COOKING, COOLING, REHEATING, ETC | | |
| ICE MACHINE CLEANING PROCEDURES IN PLACE | | |
| GENERAL CLEANING PROGRAM IN PLACE | | |
| OPERATOR ADVISED TO CLEAN & SANITIZE ALL EQUIPMENT PRIOR TO USE | | |

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| OPERATOR INFORMED THAT ILL EMPLOYEES ARE NOT PERMITTED TO HANDLE FOODS & EMPLOYEE ILLNESS LOG MUST BE IMPLEMENTED | | |
| OPERATOR RECEIVED FOOD SAFETY EDUCATIONAL PACKET | | |
| OPERATOR INFORMED THAT THE FOOD LICENSE MUST BE RENEWED EACH YEAR BY MARCH 1ST OR A 25% PENALTY WILL BE IMPOSED | | |
| OPERATOR ADVISED THAT ANY REMODELING, ADDITION OF EQUIPMENT (NO RESIDENTIAL) OR MENU ADDITIONS MUST RECEIVE PRIOR APPROVALFROM THE STARK COUNTY HEALTH DEPARTMENT | | |

**LICENSE LIMITATIONS:** _____

_____

_____

**ADDITIONAL COMMENTS:** _____

_____

_____

**A THIRTY (30) DAY POST-LICENSING INSPECTION WAS SCHEDULED:** _____

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