

MICROMARKET

PLAN REVIEW APPLICATION AND GUIDELINES



**Warren County
Health District**



Public Health
Prevent. Promote. Protect.

Warren County Health District
416 S. East Street
Lebanon, Ohio, 45036
(513) 695-1220
warrencohealthoh.gov

Working to build healthy communities every day

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.
3. 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 <https://warrencohealthoh.gov/environmental/environmental-health-fees> for current fees.
5. Plans may be submitted electronically provided they are easily readable. Please email any information regarding plans to Benjamin Ginter at gintbm@warrencohealthoh.gov or call (513) 695-3098 with any questions.



MICROMARKET PLAN REVIEW APPLICATION

INTERNAL USE ONLY

☐ RFE

RECEIPT #

Date: _____

MICROMARKET LOCATION INFORMATION

Name of Facility: _____

Address of Facility: _____
CITY STATE 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	☐ N/A
Hand sink(s)	YES ☐ NO ☐
Mop/Utility sink(s) location	
Coffee/K-Cup machine	YES ☐ NO ☐
Type of backflow prevention: <i>Air gap, ASSE #, indirect drain, etc.</i>	
Ice machine	YES ☐ NO ☐
Type of backflow prevention: <i>Air gap, ASSE #, indirect drain, etc.</i>	
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? <i>Attach a copy of written approval and/or permit, if applicable.</i>	YES ☐ NO ☐
Is the building connected to a municipal sewer?	YES ☐ NO ☐
If no, is the building connected to an EPA-approved private treatment system? <i>Attach a copy of written approval and/or permit if applicable.</i>	YES ☐ NO ☐
FINISHES <i>All finishes in service and storage areas must be smooth and easily cleanable.</i>	
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

The following must be completed and available for review during the prelicensing inspection. Failure to provide required information may result in a delay in opening.

Construction

- ☐ The micromarket is constructed according to the approved plans

Equipment

- ☐ 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

Administrative

- ☐ Signed application and payment for license fee has been submitted