

Food Plan Review Guidance Document

Every newly proposed food operation and every currently or previously licensed operation must submit plans to Marion Public Health (MPH) whenever planning construction, building, remodeling, or installation of new facilities and/or equipment. Additionally, as licenses are not transferable, no license can be issued until plans have been submitted and approved when a change of ownership is planned. This guidance document is intended to assist you in preparing your plans and is based on the Ohio Uniform Food Safety Code. As an operator, you are encouraged to obtain a copy of the Ohio Uniform Food Safety Code for specific provisions. This code is available online at www.odh.state.oh.us and is Chapter 3717-1 Ohio Administrative Code (OAC). Additionally, Marion Public Health can provide with a copy of the Ohio Uniform Food Safety Code at no cost.

You are required by law to obtain approval of your food plans prior to starting construction (or remodeling, or installing/providing equipment) of the job. This requirement provides you with financial protection that the work/improvements you are doing are approved and will be allowed, prior to spending money on these items. Please allow time for the plan review. Plans will be acted upon within thirty days after the date of receipt. Please note that if plans are incomplete or insufficient, it can take longer than 30 days for plans to become approved. When plans are approved/disproved you will receive a letter stating what is still needed or that you are approved and ready for a pre-license inspection.

Food operations that work the best think about the flow of food prior to construction. A good flow of food allows for quick, easy, safe and sanitary food handling. The facility and equipment must be laid out in a manner to minimize the possibility of cross-contamination of food and equipment. It must also allow for easy cleaning as a clean kitchen promotes food safety. The flow of food will be evaluated in the process of your plan review.

The fee for your plan approval is based on the Risk Level of your proposed operation. There are four risk levels which are based on your menu and food preparation procedures. The simpler the menu and procedures, the less likely the opportunity for inadvertently causing a foodborne illness and consequently your operation will be licensed at a lower Risk Level. Examples of a low risk operation are serving pre-packaged beverages or non-potentially hazardous (non-perishable) foods such as popcorn. An example of a high risk operation is serving raw potentially hazardous food such as sushi or a high risk procedure such as cooling and reheating food. You will need to contact your inspector to determine your Risk Level prior to filling out your application for plan review.

The Plumbing system is an important part of your food facility. All facilities must have a handsink, mopsink, 3 compartment sink, grease trap, backflow prevention device, and a prep sink, with some exceptions. Please note that all hand sinks in the food prep area and restroom that do not have a combination faucet, must have a mixing valve. Also, all 3 compartment sinks must have a grease trap. If there is not a grease trap already hooked up to the 3 compartment sink, you will be required to add one. There must be air gaps on dishwashers and prep sinks, etc. Any plumbing work must be done by a state certified plumber.

Prior to a Food Service Operation or Retail Food Establishment License being issued, you will be required to provide copies of inspections/approvals from other agencies as follows:

1. If your building is not connected to a public water supply, you will need to provide approval of your transient public water system from the Ohio Environmental Protection Agency, Division of Drinking and Ground Water.
2. If your building is not tapped into a public sewer system, you will need to provide approval of your sewage treatment disposal system from the Ohio Environmental Protection Agency, Division of Surface Water.
3. You must provide any other inspections/approvals as required by the Marion Public Health Department (such as high pressure plumbing, etc).
4. Verification of Level I and Level II food training. Any new facility (Risk Level I, II, III, and IV) opening after March 1, 2010 will need to have at least one person-in-charge certified in food protection training at all times of operation.

As of March 1, 2017 each risk level III and risk level IV food service operation and retail food establishment will be required to have one employee, who has supervisory and management responsibility and the authority to direct and control food preparation and service, with the level two certificate.

You must have your plans approved, fees paid, and pass a pre-licensing inspection prior to issuance of your Food Service Operation or Retail Food Establishment License. Please note that the Marion Public Health may place restrictions or conditions on a license. At the pre-licensing inspection, your facility must be in operable condition. Food is not required on the premises, however hot and cold holding equipment must be operating. If you have any questions, please contact Marion Public Health at (740) 387-6520.

MARION PUBLIC HEALTH

Division of Environmental Health

Location: 181 S. Main St.

Marion, Ohio 43302

Phone: (740) 387-6520

Fax: (740) 383-2251

Web Site: www.marionhealthdept.com

Please note: This application must be fully completed, with all questions answered and submitted with the plans and plan review fee paid before the review will be initiated.

Date: _____

Food Facility Plan Review Application

_____ New

_____ Remodel

Name of Establishment: _____

Category: Restaurant _____ Institution _____ Daycare _____ Retail Market _____ Other _____

Address: _____

Phone # at address (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Zoning

_____ Plumbing

_____ Electric

_____ Fire

_____ Ohio EPA

_____ Department of Commerce

_____ Engineering

_____ Other

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Sat _____ Sun _____

Number of Staff: _____
(Maximum per shift)

Total Square Feet of Facility: _____
Number of Floors on which operations are conducted: _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service: Sit Down Meals _____
(Check all that apply) Take Out _____
Caterer _____
Mobile Vendor _____
Other _____

Document Checklist

Please enclose the following documents:

- _____ Plan Review Fee (Please check last page of application) (Plan Review will not start until the Fee is paid)
- _____ License Fee
- _____ Application
- _____ Proposed Menu (including seasonal, off-site, and banquet menus)
- _____ A list of building materials and surface finishes to be used **attachment #1**
- _____ An equipment list with equipment manufacturers and model numbers **attachment #2**
- _____ Manufacturer Specification Sheets for each piece of equipment shown on the plan
- _____ Proof of Level I food training for at least one member per shift
- _____ Proof of Level II Food Training for at least one member of facility (Not needed for Risk I and II)
- _____ Private Water Source-written approval or permit
- _____ Private Sewage Disposal System-written approval or permit

The following 5 Separate Plans will need submitted (all plans drawn to scale, such as 1in=2ft)

- _____ Site Plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system-if applicable)
- _____ A plan that indicates the entrances and exits
- _____ Plumbing Plan which includes location, number and types of plumbing fixtures, including all water supply facilities(3 compartment sink, optional dishwash machine, grease trap, mopsink, handsinks, vegetable prep sink, backflow prevention device)
- _____ Plan of lighting, both natural and artificial, with foot-candles indicated for critical surfaces
- _____ A Floor Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation

Contents and Format of Plans and Specifications

1. Provide plans that are a minimum of 11x14 inches in size including the layout of the floor plan accurately drawn of a minimum of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
3. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
4. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
5. Include and provide specifications for:
 - a. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and waste-water line connections;
 - b. Lighting schedule with protectors;
 - A least 110 lux (10 footcandles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - At least 220 lux (20 footcandles):
 1. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 2. Inside equipment such as reach-in and under-counter refrigerators;
 3. At a distance of 75cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms;
 - At least 540 lux (50 footcandles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - c. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program. Certification can be looked up at <http://www.nsf.org/Certified/Food/>
 - d. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
 - e. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - f. Garbage can washing area/facility
 - g. Cabinets for storing toxic chemicals
 - h. Dressing rooms, locker areas, employee rest areas, and/or coat rack

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

Food Preparation Review

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared, and served.

<u>Category</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings, & toppings)	()	()

FOOD SUPPLIES:

1. How will Dry Goods be stored off the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES / NO

2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If YES, how will cross-contamination be prevented?

3. Is there a bulk ice machine available? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	Thick Frozen Foods*	Thin Frozen Foods*
Refrigeration		
Running Water Less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen State		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

What type of temperature measuring device: _____

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135° to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

PREPARTION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? YES / NO
Method of training:

3. Number(s) of employees: _____

4. How many employees have Level I or Level II in Food Protection Training? _____

5. How will you schedule to have at least one employee trained in food protection per shift?

6. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

7. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts or lesions? YES / NO

Please describe:

9. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise, and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO
If not, how will ready-to-eat foods be cooled to 41°F?

10. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location for washing produce? YES / NO

Describe:

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses. _____

11. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation.

12. If needed, provide a HACCP plan for specialized processing methods, such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

13. Will the facility be serving food to a highly susceptible population? YES / NO
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

14. **Catering/offsite/satellite:** Complete if establishment will cater foods to another location.
List menu items to be catered:

Maximum number of catered meals per day will be: _____

How will hot food be held at proper temperature during transportation and at the remote serving location? _____

How will cold food be held at proper temperature during transportation and at the remote serving location? _____

What types of vehicles will be used to transport food?

INSECT AND RODENT CONTROL:

Please check the appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?	()	()	()
2. Are screen doors provided on all entrances open to the outside?	()	()	()
3. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	()	()	()

GARBAGE AND REFUSE:

Inside

- 1. Will refuse be stored inside? () () ()
If so, where? _____

- 2. Is there an area designated for
garbage can or floor mat cleaning? () () ()

Outside

- 3. Will a dumpster be used?
Number _____ Size _____ () () ()
Frequency of Pickup _____
- 4. Will garbage cans be stored outside?
Storage location? _____ () () ()
- 5. Is there any area to store returnable damaged goods?
If so, where? _____ () () ()

WATER SUPPLY:

- 1. Is water supply Public () or Private () ?
- 2. If Private, has source been approved? YES / NO / PENDING
Please attach copy of written approval and/or permit.
- 3. Is ice made on Premise () or purchased commercially () ?
If made on premise, are specifications for the ice machine provided? YES / NO
Describe provision for ice scoop storage:

- Provide location of ice maker or bagging operation _____
- 4. What is the capacity of the hot water generator?

- 5. Is the hot water generator sufficient for the needs of the establishment? _____
- 6. How are the backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL:

- 1. Is building connected to a municipal sewer? YES / NO
- 2. If NO, is private disposal system approved? YES / NO / PENDING
Please attach copy of written approval and/or permit.
- 3. Are grease traps provided? YES / NO
If so, where? _____
Provide schedule for cleaning and maintenance

Please note: Every 3 compartment sink is required to have a grease trap. NO EXCEPTIONS!

SINKS:

- 1. Is a mop sink present? YES / NO
If NO, please describe facility for cleaning of mops and other equipment:

- 2. If the menu dictates, is a food preparation sink present? YES / NO

GENERAL:

- 1. Are all toxics for use on the premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas? YES / NO
- 2. Are containers constructed of safe materials to store bulk food products? YES / NO
Indicate type:

VENTILATION:

- 1. Indicate all areas where exhaust hoods are installed:

Location	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

DISHWASHING FACILITIES:

1. Will sinks or a dishwasher be used for warewashing?

- () Dishwasher
() Three Compartment Sink
() Two Compartment Sink

2. Dishwasher

Type of sanitization used:

Hot Water (provide temp.) _____

Booster Heater _____

Chemical type _____

Is ventilation provided? YES / NO

3. Do all dish machines have templates with operating instructions? YES / NO

4. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES / NO

5. Does the largest pot and pan fit into each compartment of the pot sink? YES / NO

6. What type of sanitizer is used?

- () Chlorine
() Iodine
() Quaternary Ammonium
() Hot Water
() Other

HANDWASHING/TOILET FACILITIES:

1. Is there a handwashing sink in each food preparation and warewashing area? YES / NO

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES / NO

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

4. Is hand cleanser available at all handwashing sinks? YES / NO

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES / NO

6. Are covered waste receptacles available in each restroom? YES / NO

7. Is hot and cold running water under pressure available at each handwashing sink? YES / NO

- 8. Are all toilet room doors self closing? YES / NO
- 9. Area all toilet rooms equipped with adequate ventilation? YES / NO
- 10. Is a handwashing sign posted at each handwash station? YES / NO

SMALL EQUIPMENT REQUIREMENTS:

Please specify the number, location, and types of each of the following:

Slicers _____
 Cutting Boards _____
 Can Openers _____
 Mixers _____
 Floor Mats _____
 Other _____

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance to the Ohio Uniform Food Safety Code.

 Signature of Owner

 Printed Name of Owner

 Signature of Applicant (if different from above)

 Printed Name of Applicant (if different from above)

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required—federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Building Materials and Surface Finish List:

(attachment #1)

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING	COUNTERTOPS
Kitchen					
Bar					
Food Storage					
Other Storage					
Toilet Rooms					
Dressing Rooms					
Garbage & Refuse Storage					
Mop Service Basin Area					
Warewashing Area					
Walk-in Refrigerators and Freezers					

2019 Application for a License to Conduct a: (check only one) Food Service Operation

Retail Food Establishment

Instructions:

1. Complete the applicable section. (Make any corrections if necessary.)
2. Sign and date the application.
3. Make a check or money order payable to: **MARION PUBLIC HEALTH**
4. Return check and signed application by: **March 1, 2018***

Return to: **MARION PUBLIC HEALTH**
181 S Main Street
Marion, OH 43302

*There is a mandatory penalty fee of 25% of the renewal fee for operating a food service operation or retail food establishment after the deadline (Chapter 3717 of the Ohio Revised Code).

Before license application can be processed the application must be completed and the indicated fee submitted. Failure to complete this application and remit the proper fee will result in not issuing/renewing a license. This action is governed by Ohio Revised Code 3717.

Name of Facility		Name of License Holder	
Address			E-mail
City		State	ZIP
Phone #	Fax	Check if applicable <input type="checkbox"/> Catering <input type="checkbox"/> Seasonal	
Name of individual certified in food protection (if any) and their certificate number (use back for additional names)			

Mailing address for annual renewal if different than above:

Name of parent company or owner		Phone #	
Address			E-mail
City		State	ZIP

I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:

Signature	Date
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Licenser to complete below

Category			
License fee \$	+ Late fee \$	+ State amount \$	= Total amount due \$

Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	Audit no.	License no
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For your convenience, we have included a list of contacts and agencies that you may need to contact when applying for your new food license:

Plumbing Inquiries

Marion Public Health Plumbing Dept.
181 S. Main St. Marion, OH 43302
740-692-9118

Marion City Fire Department

Capt. Mike Makowski
186 S. Prospect St. Marion, OH 43302
740-382-0040

Marion Township Fire Department

Chief- Benjamin C. Meddles
1228 E. Fairground St. Marion, OH 43302
740-382-4255

Marion County Auditor's Office

233 W. Center St, Marion, OH 43302
(740) 383-5254

Marion City Zoning Department

Malcolm Smith
233 W. Center St, Marion, OH 43302
740-383-4114

Marion City Engineering Department

Jim Bischoff
233 W. Center St, Marion, OH 43302
740-387-2240

Individual Departments by Township

<http://www.co.marion.oh.us/engineer/index.php/township-officials>

Ohio Department of Commerce

<http://www.com.state.oh.us/>

Division of Liquor Control

6606 Tussing Rd. Reynoldsburg, OH 43068
614-644-2360

Division of Industrial Compliance

6606 Tussing Rd. PO Box 4009
Reynoldsburg, OH 43068
614-644-2223

Division of State Fire Marshall

8895 East Main St. Reynoldsburg, OH 43068
614-644-2223

Ohio Environmental Protection Agency

<http://www.epa.state.oh.us>

Northwest District Office

347 N. Dunbridge Rd. Bowling Green, OH 43068
419-352-8461

For Water Supply:

www.epa.state.oh.us/ddagw/DrinkingandGroundWaters

For Sewage:

www.epa.state.oh.us/dsw/SurfaceWater

2019 MARION PUBLIC HEALTH FOOD SERVICE FEE SCHEDULE

Food Service Operation (FSO) & Retail Food Establishment (RFE)

ORC 3717.25 & ORC 3717.45 / OAC 3701-21-02 & OAC 901: 3-4-02

Commercial - Less Than 25,000 Square Feet

	Department Fee		State Fee		Total Fee
Risk I	\$200	(+)	\$28	(=)	\$228
Risk II	\$222	(+)	\$28	(=)	\$250
Risk III	\$422	(+)	\$28	(=)	\$450
Risk IV	\$540	(+)	\$28	(=)	\$568

Commercial - Greater Than 25,000 Square Feet

	Department Fee		State Fee		Total Fee
Risk I	\$286	(+)	\$28	(=)	\$314
Risk II	\$300	(+)	\$28	(=)	\$328
Risk III	\$1,062	(+)	\$28	(=)	\$1,090
Risk IV	\$1,142	(+)	\$28	(=)	\$1,170

Non Commercial – Less Than 25,000 Square Feet

	Department Fee		State Fee		Total Fee
Risk I	\$100	(+)	\$14	(=)	\$114
Risk II	\$111	(+)	\$14	(=)	\$125
Risk III	\$211	(+)	\$14	(=)	\$225
Risk IV	\$270	(+)	\$14	(=)	\$284

Non Commercial – Greater Than 25,000 Square Feet

	Department Fee		State Fee		Total Fee
Risk I	\$143	(+)	\$14	(=)	\$157
Risk II	\$150	(+)	\$14	(=)	\$164
Risk III	\$531	(+)	\$14	(=)	\$545
Risk IV	\$571	(+)	\$14	(=)	\$585

FSO & RFE Mobile Operations

	Department Fee		State Fee		Total Fee
	\$122	(+)	\$28	(=)	\$150

Vending Machine Operations

	Department Fee		State Fee		Total Fee
	\$9.44	(+)	\$6.00	(=)	\$15.44

Temporary Food Operations: (Per event 1-5 days)

	Department Fee		State Fee		Total Fee
Commercial	\$60	(+)	NC	(=)	\$60
Non Commercial	\$30	(+)	NC	(=)	\$30

Failure to file or postmark the license fee by the due date will result in a penalty of 25% of the local license fee. (Authority: 3701-21-02 (E)(2), OAC).

FSO and RFE PLAN REVIEW FEES

New Plan Review: Fee is 70% (seventy percent) of applicable local department fee for Risk Level. ANY establishment that changes licensee through sale or disposition requires a New Plan Review approval prior to operation. The Plan Review fee will be waived for all currently licensed operations as long as no extensive changes are planned.

Remodel Plan Review: Fee is 50% (fifty percent) of applicable local department fee for Risk Level when extensive changes are proposed such as remodeling of kitchen areas, reconfiguration of layout of facility, expansion or any other changes deemed to be extensive by the Marion Public Health Department.

Base Fee		New Operation		Remodel		
		70% of Base Fee		50% of Base Fee		
Commercial	Non Commercial	Commercial	Non Commercial	Commercial	Non Commercial	
Less Than 25,000 Sq. Ft.						
Risk I	\$200	\$100	\$140	\$70	\$100	\$50
Risk II	\$222	\$111	\$155.40	\$77.70	\$111	\$55.50
Risk III	\$422	\$211	\$295.40	\$147.70	\$211	\$105.50
Risk IV	\$540	\$270	\$378	\$189	\$270	\$135
Greater Than 25,000 Sq. Ft.						
Risk I	\$286	\$143	\$200.20	\$100.10	\$143	\$71.50
Risk II	\$300	\$150	\$210	\$105	\$150	\$75
Risk III	\$1062	\$531	\$743.40	\$371.70	\$531	\$265.50
Risk IV	\$1142	\$571	\$799.40	\$399.70	\$571	\$285.50

Water/Food Samples - Food Program:

	Department Fee
First Bacteriological water/food sample	\$80.00
Additional Samples for bacteria- Same trip	\$15.00 (+) Lab Fee(s)
Other types of water/food sample	See NOTES below

NOTES: Lab fees are subject to change. Bacteria water testing fees reflect current lab costs and are adjusted to current lab fees at time of water sample. Check to verify current pricing.

If taken at same time as the first water sample, additional water samples for bacteria testing are charged at \$15.00 plus any associated lab fee.

Other types of water samples, as requested, will be based on current lab fees and projected time required and pricing will be quoted prior to collecting the sample(s).