

### **Supplement Three – BEH Program Forms**

Supplement Three contains sample Bureau of Environmental Health forms that are used in the Bureau's current EH Program business processes to gather environmental health data from the various stakeholder groups throughout the State.

- Pool/Spa
- Campground
- Agriculture Labor Camp
- Food Safety

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## **Pools/Spas Forms**

# Application for License To Operate a Public Swimming Pool

- Public Swimming Pool     Public Spa  
 Special Use Pool

An annual license fee determined by the licensor in accordance with section 3709.09 of the Ohio Revised Code may be levied upon each facility for the operation costs associated with enforcement of the program rules. Any such fee or portion of any such fee retained by the licensor shall be paid into a special fund and used only for the purpose of administering and enforcing the program under the Ohio Revised and Administrative Codes.

For license renewal, return the completed application before May 1<sup>st</sup> pursuant to section 3749.04 (B) of the Ohio Revised Code. If payment of a fee established under section ORC 3709.09 (D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee. The applicable fee applies to the local fee only.

<b>Pool Name</b>		<b>Health District</b>	
Street Address		<b>Directions: (please print)</b>  1. Complete <u>one application</u> for each licensed establishment;  2. <b>Sign and Date</b> the application  3. Attach a check or money order and return according to the address listed below.	
City/Zip			
Phone #	Email Address		
<b>Owner/ Licensee</b>			
Street Address			
City/State/Zip			
Phone #	Email address		
Pool/Spa Volume (gal.)	Pool/Spa Surface Area (sq ft)	Water Supply : <input type="checkbox"/> Community <input type="checkbox"/> Licensee owned <input type="checkbox"/> Other:	
<input type="checkbox"/> Gov't <input type="checkbox"/> School		<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	

**Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee**

Name	Phone #
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I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Phone #	Date
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**Check or money order for the license fee, payable to:**

**Return the fee and application to:**

	Health District	
	Street address	
	City	
	Zip	Phone #

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

License fee (LHD)	+	State program fee	+	Late fee <sup>1</sup>	=	Total amount due
\$		\$		\$		\$

<sup>1</sup> If the license fee is not post marked by the application due date a **25% penalty- late fee** shall be assessed.

**Application approved for license as according to the applicable sections of the Ohio Revised Code**

Processor:	Date received:	Date processed:
License Audit no.	Health District License no.	

License no. \_\_\_\_\_

Health District	Type
Pool name	Licensee
Address	
Pool volume (gal)	Pool surface area (sq ft)

This license has been issued in accordance with section 3749.04 of the Ohio Revised Code and Chapter 3701-31 of the Ohio Administrative Code. This license is subject to revocation or suspension for cause and is non-transferable.

**Expires on May 31, \_\_\_\_\_**

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Health Commissioner

# Public Swimming Pool Equipment Replacement Notification Report

Action governed by Ohio Administrative Code Chapter 3701-31

ODH File No.	
<b>Type</b> <input type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	<b>Special Feature</b> <input type="checkbox"/> Kiddee slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain  Other _____

County	Local health department
Project name	Owner
Street address	Street address
City, ZIP	City, State, ZIP
Project phone number ( )	Owner phone number ( )

**Instructions:**

- Print clearly and complete both sides.
- Use only one form for each public swimming pool, spa, or special use pool you propose to make equipment changes.
- Replacement equipment that is *identical (same manufacturer, same model number)* to the original and *previously approved equipment* is considered as **maintenance and repair** that does not require plan approval or submission of this form.
- All equipment shall be listed, per the rule, by an organization that performs third party testing for swimming pools.
- Changes to equipment, including the use of additives or substitute materials, reagents or chemicals that affect equipment performance and are not authorized by the manufacturer, affect the product listing; accordingly, such are substantial alterations that must be authorized.**
- Other **substantial alterations** requiring more extensive plan review shall be submitted with plans and a completed **Application for Plan Review, HEA 5215.**

**I. Equipment Replacement Plan Review Fee Schedule**

-Replacement of a <b>disinfection reagent feed device</b> with a different <i>method of delivery, different reagent, or that changes the disinfectant output</i> ; -Replacement of a <b>circulation filter</b> with a <i>different size, different method of filtration, different media, or a different method of operation</i> ; -Replacement of a <b>circulation, jet, or special feature pump</b> that <i>changes the operation</i> of the pool or associated equipment; -Replacement of a <b>Safety Vacuum Release System (SVRS)/Automatic Pump Shut-off System (ASPO)</b> to prevent potential entrapment from drain outlets;	
The plan review fee is \$45 for each <b>type</b> of equipment being changed (effective 04/01/11) The plan review fee is \$50 for each <b>type</b> of equipment being changed (effective 04/01/12)	\$

**II. Pool, Spa, Special Use Pool Design (existing)**

<b>01 Design Specifications</b>	
a. Pool/Spa Volume _____ gal. b. Required Turnover Period <input type="checkbox"/> Pool — 480 min. (8 hr.) <input type="checkbox"/> Special Use Pool — 240 min. (4 hr.) <input type="checkbox"/> Wading Pool — 120 min. (2 hr.) <input type="checkbox"/> Spray ground — 30 min. <input type="checkbox"/> Spa — 30 min. <input type="checkbox"/> Other _____ min.	c. Required Flow Rate (1a/1b) _____ gpm d. Actual Flow (As measured by a flow measuring device) _____ gpm

**III. Equipment Replacement**

02 Disinfection					
	No.	a. Disinfectant	b. Manufacturer/Make	c. Model #	d. Output
Existing		<input type="checkbox"/> Calcium Hypo <input type="checkbox"/> Sodium Hypo <input type="checkbox"/> Di/Tri-chloro <input type="checkbox"/> Bromine <input type="checkbox"/> Salt			<input type="checkbox"/> gals./d <input type="checkbox"/> lbs./d <input type="checkbox"/> grams/d
Replacement		<input type="checkbox"/> Calcium Hypo <input type="checkbox"/> Sodium Hypo <input type="checkbox"/> Di/Tri-chloro <input type="checkbox"/> Bromine <input type="checkbox"/> Salt			<input type="checkbox"/> gals./d <input type="checkbox"/> lbs./d <input type="checkbox"/> grams/d

**NOTE:** Change from one disinfectant to another within the same disinfectant feeder is still an alteration requiring plan approval.

03 Filtration						
	No.	a. Media	b. Manufacturer/Make	c. Model #	d. Total Filter Area (sf)	e. Max. Allowable Filter Flow (gpm)
Existing		<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE. <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure				
Replacement		<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE. <input type="checkbox"/> Vacuum <input type="checkbox"/> Pressure				

- NOTE:**
- Changing filter media within the same filter unit is an alteration requiring approval.
  - Flow through a filter shall not exceed the rated capacity (see 03e).
  - Filters shall be installed in parallel and of equal size/capacity.

**04 Pumps: Circulation, Jet/Hydrotherapy, Special Features, [Automatic Pump Shut-off System (APSO)-see section 05]**

**Attach the pump curve for each pump**

No.	a. Manufacturer/Make	b. Model #	c. Horsepower	d. Total Dynamic Head (ft. if known)	e. Capacity (gpm)

**The following criteria shall apply:**

- a. Provide a pump curve and other applicable design specifications.
- b. A replacement circulation pump shall provide, at minimum, the flow rate as indicated in 01(c), above.
- c. There shall be no significant increase to pump capacity without approval to prevent potential drain outlet entrapment hazard or equipment damage.
- d. To avoid shock hazard, air pumps shall be installed on a wall or with a vertical loop of pipe; both, 12 inches or more, above the operating water level of the spa/special use pool.

**05 Safety Vacuum Release System (SVRS) /Automatic Pump Shut-off System (APSO):**

No.	a. Manufacturer/Make	b. Model #

**NOTE:**

- 1. An automatic Pump Shut-off System (APSO) serves the dual purpose as a pump but also as a secondary means of entrapment prevention for drain/suction outlets.
- 2. To verify the installation an inspection is required by the Ohio Department of Health or a certificate of installation must be filed with the Ohio Department of Health.
- 3. These units must be serviced and tested according to manufacturer specifications and the results logged on the Weekly Operation Report or kept on file.

**06 Automatic Chemical Controllers**

These units are required on all spas but those that are installed on public swimming pools shall abide by the requirements within the pool rules. Replacement of an automatic chemical controller or the pH chemical feed pump is not a substantial alteration. Replacement of the disinfection feeder may be a substantial alteration requiring plan approval, see III. 02 Disinfection, on the front of this form.

**07 Pipe**

Pipe used for maintenance or repair work or as part of equipment installation shall be according to the following standard or equivalent: ASTM D 1785 (of equal diameter or greater) with compatible fittings.

**NOTE:** The above information will be forwarded to the local health district to verify the installation after approval.

**IV Remarks:**


Individual to be contacted regarding this project (please print). I certify that the foregoing data is a true statement of the facts pertaining to the above proposed work and agree to properly install the above equipment according to manufacturer specifications or as approved.

Applicant	Phone number ( )	Fax Number ( )
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**NOTE:** Review will not proceed nor will approval be granted without complete submission of all information.

For any questions concerning this form please contact: Ohio Department of Health, Environmental Engineering, (614) 466-1390

Please make check payable to: **Treasurer, State of Ohio**

Send this form and remittance to:

**Mailing address:**  
Ohio Department of Health  
Revenue Processing Unit  
Public Swimming Pool Plan Review Fees  
P.O. Box 15278  
Columbus, OH 43215-0278

**Walk-in address:**  
Ohio Department of Health  
Revenue Processing Unit  
1st Floor  
246 N. High St.  
Columbus, OH

# Ohio Department of Health Public Pool/Spa Data Sheet

ODH file no \_\_\_\_\_

Type of project			Construction type
Outdoor	Indoor	Special	1. <input type="checkbox"/> New 2. <input type="checkbox"/> Renovation (See C. of Instructions)
1. <input type="checkbox"/> Pool	5. <input type="checkbox"/> Pool	9. <input type="checkbox"/> Special use pool	
2. <input type="checkbox"/> Spa	6. <input type="checkbox"/> Spa	10. <input type="checkbox"/> Special feature	
3. <input type="checkbox"/> Wading pool	7. <input type="checkbox"/> Wading pool	11. <input type="checkbox"/> _____	
4. <input type="checkbox"/> Diving pool	8. <input type="checkbox"/> Diving pool		

Action governed by  
Ohio Revised Code Chapter 3749

County _____		Local health district _____	
Project name _____		Designer _____	
Street address _____		Street address _____	
City _____	Township _____	City _____	Township _____
ZIP _____	Phone ( ) _____	ZIP _____	Phone ( ) _____
Owner _____		Contractor _____	
Street address _____		Street address _____	
City _____	Township _____	City _____	Township _____
ZIP _____	Phone ( ) _____	ZIP _____	Phone ( ) _____

**Instructions**

- A. Print clearly
- B. Original and four (4) copies required.
- C. Complete all sections to provide full information. For renovation work always complete section 01; check each section 'New' or 'Existing'.
- D. Where a component is not used or does not exist label that section "N/A"—Not Applicable.
- E. Describe work to be done in Section 14- "Remarks"

<p><b>01. Design Geometry</b></p> <p>a. Pool/Spa surface area _____ ft<sup>2</sup></p> <p>b. Deck surface area _____ ft<sup>2</sup></p> <p>c. Total area _____ ft<sup>2</sup></p> <p>d. Pool Spa volume _____ gal</p> <p>e. Required turnover period</p> <p><input type="checkbox"/> Pool-480 min.    <input type="checkbox"/> Wading pool-120min.</p> <p><input type="checkbox"/> Spa-30 min.    <input type="checkbox"/> Other _____ min.</p> <p>f. Minimum required flow rate (1d / 1e) _____ gpm</p> <p>g. Normal operating flow rate _____ gpm</p> <p>h. Maximum operating flow rate _____ gpm</p> <hr/> <p><b>02. Recirculation Pump</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Make/Model no. _____</p> <p>b. H.P. _____ submit pump curve</p> <p>c. System total dynamic head (usually 40-60ft.) _____ ft.</p> <p>d. Pump capacity (at TDH in 2c) _____ gpm</p> <p>e. Hair/Lint strainer    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>f. Throttle valve required?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>    limit flow _____ gpm</p> <hr/> <p><b>03. Other Pumps</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Make/Model no. _____</p> <p>b. H.P. _____ submit pump curve</p> <p>c. System total dynamic head (usually 40-60ft.) _____ ft.</p> <p>d. Pump capacity (at TDH in 3c) _____ gpm</p> <p>e. Throttle valve required?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>    limit flow _____ gpm</p>	<p>f. Flow measuring device _____</p> <p>    Range _____</p> <p>Note: Provide vertical loop (12 inch minimum above top of pool for air blower to prevent shock hazard).</p> <hr/> <p><b>04. Filtration</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Filter type    <input type="checkbox"/> Sand    <input type="checkbox"/> D.E.    <input type="checkbox"/> Cartridge</p> <p>                    <input type="checkbox"/> Pressure    <input type="checkbox"/> Vacuum</p> <p>b. Make/Model no. _____</p> <p>c. Number    Elements _____ Filters _____</p> <p>d. Area of each    Elements _____ Filters _____</p> <p>e. Total filter area _____ sq ft</p> <p>f. Commercial filter design flow rate _____ gpm/sf</p> <p>g. Maximum allowable filter flow (4e x 4f) _____ gpm</p> <hr/> <p><b>05. Main Drain</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Anti-Vortex grates    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b. Make/Model no. _____</p> <p>c. Size/Dimension _____ in</p> <p>d. Each grate open area _____ sq-in</p> <p>e. Velocity thru grate at 100% of 2d _____ fps</p> <p>f. Maximum allowable flowrate _____ gpm</p> <hr/> <p><b>06. Other Suction Drains</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Anti-Vortex grates    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>b. Make/Model no. _____</p> <p>c. Size/Dimension _____ in</p> <p>d. Each grate open area _____ sq-in</p> <p>e. Velocity thru grate at 100% of 3d _____ fps</p> <p>f. Maximum allowable flowrate _____ gpm</p>	<p><b>07. Overflow</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Skimmers</p> <p>1. Make/Model no. _____</p> <p>2. Number _____</p> <p>3. Equalizer (equalizer valve required)</p> <p>    a.) Depth below operating level _____ in.</p> <p>b. Gutters</p> <p>1. Make/Model no. _____</p> <p>2. Number of drain/collector boxes _____</p> <p>3. Open area each box _____</p> <p>4. Number of return boxes _____</p> <p>5. Available surge capacity (gallons)</p> <p>    Surge tank _____</p> <p>    Pool _____</p> <p>    Gutters _____</p> <p>    Total _____</p> <hr/> <p><b>08. Return Inlets</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. <input type="checkbox"/> Wall    <input type="checkbox"/> Integral gutter</p> <p>1. Depth below operating level _____ in.</p> <p>2. Spacing _____ # _____</p> <p>b. Floor (space uniformly) _____ # _____</p> <hr/> <p><b>09. Piping</b>    <input type="checkbox"/> New    <input type="checkbox"/> Existing</p> <p>a. Type Material _____</p> <p>b. Schedule or S.D.R. no. _____</p> <p>c. A.S.T.M. no. _____</p> <p>d. Other _____</p> <p>Note: All pipe shall be clearly labeled.</p>
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**10. Chemical Feeders**       New       Existing

a. Disinfection feed system(s)

1. Hypochlorite       Calcium       Sodium

2. Erosion       DiTri-Chloro       Bromine

3. Make/Model no. \_\_\_\_\_

4. Dosing rate       gpd       lbs. per day  
 minimum \_\_\_\_\_ maximum \_\_\_\_\_

b. Other chemical feed system(s)

1. Reagent \_\_\_\_\_ concentration \_\_\_\_\_

2. Make/Model no. \_\_\_\_\_

3. Dosing rate       gpd       lbs. per day  
 minimum \_\_\_\_\_ maximum \_\_\_\_\_

c. Automatic chemical controller (shall be installed on all new spas)

1. Make/Model no. \_\_\_\_\_

2. Provides proportional dosing rate       Yes       No

3. Reagent feeders       disinfection       ph

Note: Unit shall measure ORP and operate only when there is recirculation flow.

**11. Make-Up/Fill Water/Waste Water**       New       Existing

a. Water supply from approved source       Yes       No

b. Backflow/cross connection protection

1. Fill spout with proper air gap       Yes       No

2. Hose bibb w/ASSE backflow prevention valve       Yes       No

3. Direct connection from supply to recirculation system w/backflow prevention valve       Yes       No

a.) Make/Model no. \_\_\_\_\_

b.) ASSE no. \_\_\_\_\_

Note: Show filter backwash and/or pool drainage discharge line on plans.

**12. Monitoring Devices**       New       Existing

a. Flowmeter—Make/Model no. \_\_\_\_\_  
 Range \_\_\_\_\_

b. Press/Vac Gauge—Make/Model no. \_\_\_\_\_  
 Range \_\_\_\_\_

Note: Monitoring devices shall be correctly sized for the pipe diameter, flow, proper range, and shall be installed on straight pipe at least 10 pipe diameter downstream and 5 pipe diameter upstream from any fitting.

**13. Miscellaneous (check appropriate boxes)**

a. Lighting:       outdoor pool w/night use       indoor pool

1. Water surface       with underwater lighting; ≥ 30 fc area lighting  
 without underwater lighting; ≥ 50 fc area lighting

Note: underwater lighting ≥ 5watts/sf (pool surface area)

2. Deck level ≥ 60 fc (required deck area)

b. Pool and/or wading pool fence/barrier

1. Perimeter enclosure ≥ 48 in high

2. Wading pool barrier between pool(s) ≥ 36 in high

3. Four inch diameter sphere shall not pass through any opening

4. Gates/doors shall be lockable (except wading pool barrier) self-closing, and self-latching

c. Deck markings/warnings signs\*

1. Depth markers on deck per code

2. "No Diving" signs on deck per code

3. "Warning, No Lifeguard" signs per code

4. Cautionary sign for spa users posted

5. Sign with location of nearest telephone posted

6. Emergency phone numbers posted

7. Other \_\_\_\_\_

d. Deck fixtures

1. Diving boards       Competitive       Recreational  
 standard used for design \_\_\_\_\_

2. Starting blocks

3. Water slides

4. Steps, ladders, handrails

5. Handicap ramps

6. Life guard chair(s) # \_\_\_\_\_

7. Other \_\_\_\_\_

e. Safety—Equipment\*

1. First aid kit

2. Emergency telephone available

3. Reach pole(s)

4. Ring buoy(s) with throw line

5. Spine board

6. Rescue tube(s) (one per guard chair)

7. Other \_\_\_\_\_

\*Provide signs and safety equipment prior to licensure by local health department.

- Note:
1. Filters, primary disinfection devices, or skimmers shall be of an approved type. (NSF, ETL or as approved by the Director).
  2. Spa heater must be thermostatically controlled to a maximum of 104°F.
  3. All electrical must conform to Article 680 of the current National Electric Code
  4. All equipment and materials associated with the pool are subject to approval by the Ohio Department of Health.
  5. Ventilation for filter rooms and indoor pools must be adequate to remove excess condensation, prevent fungal growth, and remove noxious odors/gases.
  6. Heat exchangers for boiler coils must be of double wall construction.

**14. Remarks**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Data Sheet when approved becomes a binding part of the plans. Individual(s) to be contacted for questions regarding this proposal (please print).

Name	Phone
_____	(      )

I certify the above information has been approved by the owner and is a true representation of the facts and the project as it is to be constructed.

Designer	Phone
_____	(      )

Contact Environmental Engineering for any questions concerning this form.  
 Ohio Department of Health, Bureau of Environmental Health, 246 North High Street, Columbus, Ohio 43215-2412, (614) 466-1390  
 Projects submitted without this form are incomplete and will not be reviewed.

# Ohio Department of Health Application For Plan Review Public Swimming Pools and Spas

ODH File No. \_\_\_\_\_

Type of Project		
Outdoor	Indoor	Special
1. <input type="checkbox"/> Pool (OP)	6. <input type="checkbox"/> Pool (IP)	9. <input type="checkbox"/> Special Use Pool (SUP)
2. <input type="checkbox"/> Spa (OS)	8. <input type="checkbox"/> Spa (IS)	10. <input type="checkbox"/> Special Feature (SF)
3. <input type="checkbox"/> Wading Pool (OWP)	7. <input type="checkbox"/> Wading Pool (IWP)	
4. <input type="checkbox"/> Diving Pool (ODP)	8. <input type="checkbox"/> Diving Pool (IDP)	

Action governed by Ohio Revised Code Chapter 3749

Application Type
<input type="checkbox"/> New <input type="checkbox"/> Renovation

County	Local Health District
Project Name	Designer
Street Address	Street Address
City, State, ZIP	City, State, ZIP
Project Phone Number	Designer Phone Number

Owner	Contractor
Street Address	Street Address
City, State, ZIP	City, State, ZIP
Owner Phone Number	Contractor Phone Number

### Plan Review Fee Schedule

A. Total project cost of proposed construction and installation (includes equipment, materials, the deck, the perimeter fence, or structures and ancillary buildings).	\$
B. If the pool surface area is less than 2000 sq. ft. enter \$1,408.00 for each pool. This fee includes up to <b>two inspections</b> per rule 3701-31-05.	\$
C. If the pool surface area is 2000 sq. ft. or more, enter \$2232.00 for each pool. This fee includes up to <b>two inspections</b> per rule 3701-31-05.	\$
D. Special feature \$1408.00 each. This fee includes up to <b>two inspections</b> per rule 3701-31-05.	\$
E. If the cost and installation above is less than \$5000.00, enter the <b>minimum plan review fee, \$655.00.</b> This fee includes <b>no inspection.</b>	\$
A \$291.00 fee will be assessed to the owner for each inspection in excess of those required in rule 3701-31-05.	Total Fees \$

**Note** - Every pool with a separate circulation system requires payment of a fee.

For equipment changes of pump, filter or disinfectant unit use, Equipment Replacement Notification form.

### Individual to be contacted for questions regarding this proposal (please print).

Name	Phone number	FAX number

I certify that the foregoing data is true statement of facts pertaining to this project as it is to be constructed.

Owner	Date of signature

Must be signed by owner or owner's agent must provide written authorization from owner.

The owner hereby agrees to construct the project in accordance with the approved plans and data sheets.

Please make check payable to: TREASURER, STATE OF OHIO.

#### Mailing address

Ohio Department of Health  
Revenue Processing  
(name of program optional)  
246 North High Street  
Columbus, Ohio 43215-0278

#### Walk-in address

Ohio Department of Health  
Revenue Processing  
246 North High Street  
Columbus, Ohio 43215-0278

#### Engineering Phone No:

(614) 466-1390

## Public Swimming Pools, Spas and Special Use Pools

(Ohio Administrative Code 3701-31-05)

Each plan submittal shall include the following prior to the start of the plan review.

1. This **application form (HEA 5215)**, signed, and with the appropriate fee payable to: "Treasurer, State of Ohio."
2. Four sets of complete plans including:
  - a) Four **data sheets (HEA 5214)** for each project for which a fee is to be paid; signed by the designer or consulting engineer\*, with one set of technical literature and specifications;
  - b) A **vicinity map** with specific directions to the project site;
  - c) A **site plan** of the project and significant details, including property lines, elevations, fencing and north arrow;
  - d) Provide detailed drawings\*, to scale, as follows:
    - A **plan view** of the pool including the deck area and fixtures, (diving area, slides, ladders, stairs, steps ramps, fencing and north arrow);
    - A **cross-section view** of the pool, including depths and other dimensions;
    - Details of construction, materials used and finish of the pool;
    - A **pipe schematic** for the recirculation, disinfection and applicable hydrotherapy systems; all inlet and outlet fixtures and all pipes and pipe sizes shall be labeled;
    - A layout of the filter room; all pipes, equipment and valves shall be labeled; show the source supply of fill water with applicable back-siphonage protection and show the terminus for filter back-wash water or draining the pool (shall be to a sanitary sewer or other approved means);
  - e) Complete information relating to installation, safe use, and safe operation of water slides, fountains or other special features.

Reproductions from other documents are acceptable if legible. Drawings should be to scale and legible.

### Notes

- \* To obtain building permits from a certified local building department or the Bureau of Construction Compliance of the Ohio Department of Commerce plans shall be signed and sealed by a professional engineer or an architect registered in Ohio.
  - Other additional information may be requested during review of the plans.
  - Provide complete information as required on forms including work that may be done by others.
  - Incomplete submittals will cause reviewing delays or the return of your plans.





# Public Swimming Pool Inspection Report

Health District: \_\_\_\_\_

Name of facility	Type visit	Type pool	Setting	Special feature (SF)	
Address	<input type="checkbox"/> Standard <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Epi Investigation <input type="checkbox"/> Consultation	<input type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	<input type="checkbox"/> Wading pool <input type="checkbox"/> School <input type="checkbox"/> Indoor <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other _____	<input type="checkbox"/> Zero Entry <input type="checkbox"/> Govt <input type="checkbox"/> Outdoor <input type="checkbox"/> Camp <input type="checkbox"/> Hotel/motel	<input type="checkbox"/> Kiddle slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other _____

Insp date (mm/dd/yy)	Insp Time	Travel Time	ID no.	License no.
Surface area (sf)	Required turnover rate (min) [e 30]	Volume (gallons)	Required flow min: (gpm) [Volume/TRate]	

Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E); NA= Not Applicable

<input type="checkbox"/> Flow measure reading (gpm)	<input type="checkbox"/> Max allow. filter flow: (gpm) [ filter label ]	<input type="checkbox"/> Max allow. flow: SF pump capacity (gpm)	<input type="checkbox"/> Max allow. flow: Jet pump capacity (gpm)
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### Critical violations (3701-31-04(B)(1)(a-l))

<input type="checkbox"/> (a) Outlet covers installed/secured/ in compliance	<input type="checkbox"/> (d) Circulation/Disinfection system operating properly	<input type="checkbox"/> (g) Water clarity: (can see pool bottom)	<input type="checkbox"/> (j) Pool treated after RWI
<input type="checkbox"/> (b) SVRS devices functioning	<input type="checkbox"/> (e) Automatic chemical controller functioning properly	<input type="checkbox"/> (h) Natural or artificial light sufficient	<input type="checkbox"/> (k) Proper use/storage of chemicals
<input type="checkbox"/> (c) Disinfection residual as required	<input type="checkbox"/> (f) Lifeguards on duty	<input type="checkbox"/> (i) Fecal accident treated properly	<input type="checkbox"/> (l) No Electrical hazards present

### Water Quality 3701-31-04 C, D

<i>(Circle disinfectant used)</i> Calcium Hypochlorite Di-Chlor Sodium Hypochlorite Tri-Chlor Bromine Salt ***Monopersulfate (if present will interfere with DPD test kit results)	<input type="checkbox"/> (D)(6) Total Chlorine- Cl <sub>2</sub> (ppm) <input type="checkbox"/> (D)(6) Free Chlorine- Cl <sub>2</sub> (ppm) [ ≥ 1; 2 ] <input type="checkbox"/> (D)(6) Combined- Cl <sub>2</sub> / (ppm) [ ≤ 1 ]	<input type="checkbox"/> (C)(2) pH [ 7.2-7.8 ] <input type="checkbox"/> (C)(3) Alkalinity (ppm) [ min 60 ] <input type="checkbox"/> (C)(6) Pool water temp [ ≤ 90°F ]
Secondary disinfection (circle if used) UV light (MJoules/cm <sup>2</sup> ) Ozone (ppm) Ionization: Copper-Silver (ppm)	<input type="checkbox"/> (D)(6) Total Bromine- Br <sub>2</sub> (ppm) [ ≥ 2; 4 ] <input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [ ≥ 650 ] <input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70	<input type="checkbox"/> (C)(7) Spa water temp [ ≤ 104°F ] <input type="checkbox"/> (C)(8) Spa water replaced every 30 days

### Responsibilities of the Operator 3701-31-04

<input type="checkbox"/> (A) License is displayed or on file	<input type="checkbox"/> (B)(7) No domestic animals unless otherwise permitted	<input type="checkbox"/> (D)(9) Chemicals are manually added while bathers are not present
<input type="checkbox"/> (A) All construction or alterations of a pool done with approved plans	<input type="checkbox"/> (D)(1) No gas chlorine for disinfection	<input type="checkbox"/> (E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting
<input type="checkbox"/> (B) All facilities are maintained clean, safe and sanitary condition and in good repair	<input type="checkbox"/> (D)(2) Pool is continuously disinfected by a feeding device connected to circulation system	<input type="checkbox"/> (E)(2) Safety equipment is visible and accessible
<input type="checkbox"/> (B)(2) Authorized representative available within 30 minutes	<input type="checkbox"/> (D)(3) Mixing tank for spray ground has disinfection	<input type="checkbox"/> (E)(3) Appropriate signs are posted
<input type="checkbox"/> (B)(3) Staff are knowledgeable of equipment and pool operation	<input type="checkbox"/> (D)(4) Secondary disinfection device is not adversely affecting water quality	<input type="checkbox"/> (E)(4) Lifeguards are provided and on duty as required
<input type="checkbox"/> (B)(4 & 5) Operational records maintained and on file	<input type="checkbox"/> (D)(7) Automatic chemical controller is functioning properly	
<input type="checkbox"/> (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair	<input type="checkbox"/> (D)(8) Test kit is maintained and complete	

### THE ITEMS LISTED BELOW ARE IN VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED

Cite the specific rule number, explain where and what violation has occurred, and when the violation must be corrected.


<b>REMARKS</b> <input type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-Inspection required? <input type="checkbox"/> Yes <input type="checkbox"/> No; Compliance date: _____	Sanitarian/other	Phone	Operator or Representative	Phone
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Abbreviated rule violations 3701-31-04 (this is not a comprehensive list)

**3701-31-04(A) PLAN APPROVAL & LICENSURE.**

Plan approval; req'd for new construction/alterations [05, 05.1]

Substantial alterations: change in basic design affecting safety, circulation system, decks, adds special feature; change perimeter barrier; replace circulation system; new/relocated dive stand; replace outlet(s) and line; replace > 50% of overflow system, return inlets or outlets & lines [05(C)]

(ERRN) Equip Replacement Notification Report; req'd to change pumps; disinfection feeders or type or disinfectant; filter(s) or type of filtration [05(D)(4)]

A1-License to operate: license req'd to operate/maintain a public swimming pool

A1c-License renewal: existing pools shall apply in April for a license

A2-Authorization to inspect: the licensee shall not deny access to inspect a pool

A3-Compliance to the rules: No person shall violate the pool laws or rules(ORC/OAC)

**3701-31-04(B) OPERATIONS.** Pool/components/surrounding area maintained safe, clean, sanitary condition, good repair

B1-Critical items. Pool shall not operate when an imminent health hazard is present:

B1a-Outlet covers not installed/secured/in compliance

B1b-SVRS non-functional

B1c-Disinfection residual less than the req'd minimum

B1d-Circulation/disinfection system non-functional

B1e-Auto Chemical Controller non-functional

B1f-Lifeguard not on duty, as req'd

B1g-Water clarity insufficient

B1h-Natural or artificial light insufficient

B1j-Fecal accident occurs/documente-pool closed until treated per Appendix A

B1k-Improper chemical use/storage

B1l-Electrical hazard suspect until in compliance

B2,3-Authorized/trained representative; staff knowledgeable, trained, available

B4-Recordkeeping: water quality, injuries, fecal accidents; staff certifications; maint records for SVRS/ auto chem. controllers

B5-Record retention: keep for at least two years available upon request

B6-Maintenance/Repair. Equipment maintained safe, clean, sanitary, good repair per mfr. specifications; approved plans per rules

B6a-Pool structure watertight w/ cleanable surfaces; vinyl liner used for repair; pool interior surfaces white/ lane markers/logos, as approved

B6b-Replacement pipe per rule 5.1(C)(2)

B6c-Cross connection hazards prohibited; backflow prevention devices maintained; discharge lines/sumps open w/ air gap; equip floors free of standing water; no condensate added to pool; all these and pool discharge water per rule 5.1(E)

B6d-Spa drainage equip on site

B6e-Equip labels maintained or information on file

B6f-Turnover rates maintained per rule 5.1(F)(1); water quality maintained

B6g-Throttle valves maintained/ adjusted/labeled

B6h-Meters/gauges maintained per rule 5.1(F)(2)(b)(i)

B6i-Means of measuring flow properly installed for all pumps

B6j-SVRS devices functional/tested per rule 04(B)(4)(c)

B6k-Outlet covers installed/secured; skimmer equalizers w/covers/plugged

B6l-Secondary means of entrapment prevention, as approved: a second outlet drain; gravity flow w/unblockable cover; unblockable outlet cover w/sump; SVRS device

B6m-Sprayground mixing-holding tank per 5.1 (Y)(2)(3)

B6n-Water (operating) level per rule 01(B8)

B6o-Access ladders, steps, recessed steps, hand rails slip resistant/good repair

B6p-Deck surfaces clean, smooth slip resistant/no standing water/ hazards

B6q-Depth markers per rule 5.1(H)

B6r-Safety lines installed per rule 5.1(N); may be temporarily removed

B6s-Perimeter barriers maintained prior to these rules, installed per rule 5.1 (O)

B6t-Equip/Chemical storage areas clean, no hazards; staff access only

B6u-Ventilation system good repair, no hazards per rule 5.1(R)

B6v-Electrical system good repair, no hazards per rule 5.1(S)

B6w-Lighting adequate during pool use per rule 5.1(T)

B6x-Sprayground spray pad free of accumulated debris

B6y-Chemicals stored in labeled containers/ properly used w/o hazards

B6z-Special features: slides, fountains, other water attractions in repair/per mfr specs

B6aa-Diving areas/components in good repair; alterations to equip per rule 5.1(K)

B6bb-Pools w/existing rec diving equip per rule 04(B)(6)(bb) & Appendix B

B6cc-Starting blocks in repair/inaccessible to public

B7-Domestic animals prohibited in pool/within barrier during regular swim season

**3701-31-04(C) WATER QUALITY:** testing frequency per rule 04(B)(4)(a)

C1-Approved water supply per rule 5.1(D)

C2-pH 7.2 to 7.8

C3-Total alkalinity > 60 ppm

C4-Total dissolved solids not to impair water clarity/ water quality per rule 04(C)

C5-Water clarity sufficient to see bottom of pool

C6-Pool water temperature < 90F, or as approved

C7-Spa water temperature < 104F

C8-Spa water replaced every 30 days

**3701-31-04(D) DISINFECTION:** testing frequency per rule 04(B)(4)(a)

D1-Gas chlorine is prohibited for pool disinfection

D2-Continuous disinfection thru a chemical feed device connected to the circulation system; imparts a measurable residual; no continuous hand feeding

D3-Sprayground mixing-holding tank disinfection to prevent bacterial growth

D4-Secondary disinfection systems do not affect chlorine-bromine free residual

D5-Cyanuric acid < 70 ppm; tested per rule 04(B)(4)(a)(vii)

D6-Disinfection residuals for various pools per table-rule 04(D)(6)

D7-Approved automatic chemical controllers (ACC) provided for every spa

D7a-ACC monitors pH & free disinfection residual by ORP

D7b-ACC displays pH & ORP values

D7c-Visual or audible alarm activated by unacceptable levels

D7d-Flow/pressure switches to detect no/low circulation flow & stop chemical feeders or via pump

D7e-Interrupter; tested per mfr specs. 1VV, results recorded on records sheet

D8-Proper DPD test kit in repair; reagents fresh

D9-Chemicals shall not be added w/ bathers present; chemicals added automatically

D10-Bacteriological standards per rule 3745-81-27

**3701-31-04(E) HEALTH AND SAFETY.** Pool maintained in healthy/safe environment.

E1-Infectious/Communicable disease. Patrons w/ obvious infectious wounds/ vomiting/diarrhea, passing feces, urine or blood using pool.

E2-Safety equipment visible, accessible provided

E2a-Pools w/o req'd lifeguard w/ 12ft reach pole-Sheppard's crook; ring buoy, throw bag or same w/ safety line; spine board; provided all per rule 04(E)(2)

E2b-Pools w/ req'd lifeguard w/ 12ft reach pole-Sheppard's crook; ring buoy, throw bag or same w/ safety line; spine board w/ straps & head immobilizers

E2c-Safety lines provided per rule 5.1(N); reinstalled after temporary activities

E2d-Proper first aid kit provided

E2e-Functional phone, call box or device connected to power source provided within

500 ft of pool; emergency contact numbers provided per rule 04(E)(3)(c)

E3-Signs.

E3a-"Warning, No Lifeguard" sign provided as req'd

E3b-Pools w/o lifeguards provide signs per rule 04(E)(3)(b):

- "Swimming alone is not recommended"

- "Children must be supervised"

E3c-Emergency phone location sign posted when phone or device is not visible; emergency contact

numbers provided

E3d-"Pool Closed" sign posted when pool is closed

E3e-Spa caution sign posted per rule 04(E)(3)(e)

E3f-Slide safety recommendations posted per rule 04(E)(3)(f)

E3g-Spray ground warning sign posted per rule 5.1(Y)(9)

E4-Req'd guards are on duty/ assigned an area w/ view of pool bottom

E4a-Pools < 6,000sf: No. of lifeguards matches the table in rule 04(E)(4)(a)

E4b-Additional lifeguards req'd for the bather load/ pool activities

E4c-Pool surface area available to patrons applies, and to rule 04(E)(B)

E4d-Pools > 6,000sf w/ a written lifeguard coverage plan per rule (E)(4)(C) and:

E4d-i-Sketch of the pool w/ dimensions

E4d-ii-Location of lifeguard stations incl. special features

E4d-iii-Lifeguard scanning areas designated

E4d-iv-Amendments to the drawing for changes in bather load, swim practice, etc

E4d-v-Revisions to pool area changes, added special feature, change in line of sight

E4c-Number of lifeguards is sufficient when:

E4c-i-All pool surface areas and bottom, in use, always provide a clear line of sight; reachable within

20 seconds

E4c-ii-Each lifeguard can scan their assigned area within 20 seconds

E4c-iii-Bather safety can effectively be controlled

E4d-Elevated lifeguard stands provided other than for roaming lifeguards

E4d-i-Diving stands, in use, always require a lifeguard

E4d-ii-A zero depth or other similar area (0 to > 24") requires > 1 lifeguard

E4d-iii-Water slides > 10' requires a lifeguard to supervise/access landing areas

E4d-iv-Multiple slide flumes, in use, may use only one lifeguard

E4d-v-Slides > 25" require a lifeguard in the landing area

E4d-vi-Slides > 10' w/dispatchers, properly attired w/ contact to guard in landing area

E4d-vii-Patrons height < posted restrictions may be tested for swimming proficiency

NOTE: when the fixtures in rule (E)(d) are not used and made inaccessible those guards may be relieved

BUT at least one lifeguard is always required for the pool

E4e-Guards on duty shall:

E4e-i-Capable swimmers/perform tasks per their certifications

E4e-ii-Responsible for bathers in assigned areas

E4e-iii-Clear unobstructed view of pool bottom

E4e-iv-Similarly attired/identifiable

E4e-v-Prepared to enter water immediately

E4e-vi-Not engaged with swim classes/ coaching

E4e-vii-Rescue tube and CPR pocket mask, on person

E4e-viii-Current-valid lifeguard training certificate

E4e-ix-Current-valid CPR training certificate w/pocket mask & bag valve

E4e-x-Current-valid first aid training certificate

**Water Chemistry**—to adjust; add CHEMICALS SLOWLY to WATER in a pail; mix dilution, disperse into pool; test; repeat as needed.

To Hyper chlorinate (Whenever the combined chlorine value is over approx. 0.4 ppm): the amount of free chlorine to neutralize the combined = (4) X 10 or 4.0 ppm (free chlorine)

To raise Chlorine (1 ppm/10,000 gal of pool water): add 2 oz Calcium Hypochlorite (65%); add 10.7 fl oz Sodium Hypochlorite (12%)

To neutralize excess chlorine (1 ppm/10,000 gal of pool water): add 1 oz Sodium Thiosulfate-carefully, or more chlorine will be required to off set the extra neutralizer

To LOWER Cyanuric Acid, Total Dissolved Solids (TDS), or Calcium Hardness: drain a portion or all of the pool.

To RAISE pH (.2 units/10,000 gal of pool water, based upon BASE demand test/ Alkalinity): add 6 oz of Sodium Carbonate (Soda Ash)

To LOWER pH (.2 units/10,000 gal of pool water, based upon ACID demand test/ Alkalinity): add 12 oz Muriatic acid or 1.0 lb. Sodium Bisulfate (dry acid)

To RAISE Alkalinity (10 ppm/10,000 gal of pool water): add approx. 1.5 lbs. Sodium Bicarbonate (Baking Soda)

To LOWER Alkalinity (10 ppm/10,000 gal of pool water): add approx. add 26 oz Muriatic acid or 2.15 lbs. Sodium Bisulfate (dry acid)

To RAISE Calcium Hardness (10 ppm/10,000 gal of pool water, based upon Calcium Hardness test): add .9 lbs Calcium Chloride Dihydrate (100%)

# Public Swimming Pool Equipment Inventory Report

Health District: \_\_\_\_\_

Name of facility		Type visit <input type="checkbox"/> Standard	Type pool <input type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Setting <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground	Special feature	
Address					<input type="checkbox"/> Kiddie slide	<input type="checkbox"/> Water slide
City					<input type="checkbox"/> Playground slide	<input type="checkbox"/> Fountain
Insp. date (mm/dd/yy)	Insp. time			Travel time (min)		
Surface area (sf)	Volume (gallons)	Turnover rate (min) [30, 120, 240, 480, .....]			Min. required flow (gpm) [Volume/Turnover-Rate]	

**Authority: OAC 3701-31-03(F)(1)** The following section shall be completed annually for each public swimming pool to verify the equipment installed and that there have been no unauthorized changes

Filter(s) #	<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
(if different than above) #	<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
Pumps #	Circulation	Make	Model #	Hp	Hair/ lint strainer? <input type="checkbox"/> Yes <input type="checkbox"/> No n/a on vacuum DE filters
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature	Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature	Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature	Make	Model #	Hp	Max. allowable flow (gpm)
Air pump	Make	Model #	Hp	The pump or a vertical air loop shall be 12 in. min. above static water level	

**Meters and Gauges:** Meters and gauges shall be properly installed and maintained in good repair at all times the pool operates.

Flow meter/ Circulation	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Flow meter/ Jet/hydrotherapy	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Flow meter/ Special features	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Pressure gauge	<input type="checkbox"/> Gauge on top of filter(s) Reading (psi)	<input type="checkbox"/> On pump impellor housing Reading (psi)	<input type="checkbox"/> Filter Inlet gauge Reading (psi)	<input type="checkbox"/> Filter Outlet gauge Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)
Vacuum gauge	<input type="checkbox"/> On hair-lint strainer Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)	<input type="checkbox"/> Reading (psi)		
Disinfection Primary feeder	(Check all the apply) <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Bromine <input type="checkbox"/> Di-Chloro <input type="checkbox"/> Tri-Chloro <input type="checkbox"/> Salt			Make	Model #
Secondary units	<input type="checkbox"/> UV light	<input type="checkbox"/> Ozone	<input type="checkbox"/> Ionization: Copper-Silver	Make	Model #
Auto chemical controller	Displays pH & ORP/HRR	Make	Model #	Pump interlock/flow switch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
pH feeder	<input type="checkbox"/> Murlatic acid <input type="checkbox"/> Sulfuric acid <input type="checkbox"/> Sodium bisulfate	Make	Model #		
Safety vacuum Release system	Make	Model #	ODH construction inspection on file or Certificate of Installation on file: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fill water/ approved source	<input type="checkbox"/> Public water supply <input type="checkbox"/> Non- community <input type="checkbox"/> Well	<input type="checkbox"/> Fill spout, line w/ air gap <input type="checkbox"/> Hose bibb w/ BFPV	<input type="checkbox"/> Direct connection (see next box)	Back Flow Prevent Valve ASSE #	
Waste water	Discharge to sanitary sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Backflow protection for waste lines: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Discharge to Semi-public sewage disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No		Air gap provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Equipment labels are intact and legible or information is on file for reference?  Yes  No

For equipment changes, other than IDENTICAL, an Equipment Replacement Notification report form (HEA 5234) must be submitted for approval.

Remarks			

Sanitarian/other	Phone	Operator or Representative	Phone
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## Campground Forms

Ohio Department of Health  
**SITE EVALUATION REPORT**

To be completed by licensor having jurisdiction.

Authority: Ohio Administrative Code Chapters, 3701-27-06 (A), 3701-25-52 (C) and (F)

TYPE OF PROJECT	
<input type="checkbox"/>	Manufactured Home Park (MHP)
<input type="checkbox"/>	Recreation Camp (RC)
<input type="checkbox"/>	Recreational Vehicle Park (RVP)
<input type="checkbox"/>	Combined Park Camp (CPC)
<input type="checkbox"/>	Temporary Park Camp (TPC)

TYPE OF DEVELOPMENT	
<input type="checkbox"/>	New
<input type="checkbox"/>	Expansion
<input type="checkbox"/>	Substantial Alteration
<input type="checkbox"/>	Changes/Repairs

COUNTY	LOCAL HEALTH DISTRICT
PROJECT NAME	OWNER
STREET ADDRESS	STREET ADDRESS
CITY, ZIP CODE	CITY, STATE, ZIP
PROJECT PHONE NO. ( )	OWNER PHONE NO. ( )

**I. Site Information/Conditions:**

A. Describe access thoroughfares on and adjoining the site: \_\_\_\_\_

B. Describe adjoining land uses: \_\_\_\_\_

C. Describe significant topographic features such as unusable land area, sharp changes in grade, waterways, or wetlands: \_\_\_\_\_

D. You may use the back of this form for additional remarks or to sketch the above or any other appropriate items.

E. Soil classification: list predominant soil types and characteristics (refer to the "Soil Conservation Service, Soil Survey"; \_\_\_\_\_

F. Research and comment on previous land uses to include, but not limited to, landfills or hazardous substance/disposal sites: \_\_\_\_\_

<p><b>II. Lot Information:</b></p> <p>Number of existing, fully developed lots: _____          (any lot a man. home can be placed/occupied)</p> <p>Total number of proposed lots: _____</p>	<p><b>III. Describe work proposed:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

**IV. Utilities (check appropriate items):**

A. Transmission lines:

	Existing	Proposed	No Indication	
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas, propane, fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitary Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storm sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Service systems:

Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public	Private	Other _____
Sanitary	<input type="checkbox"/>					

Campgrounds only:

Restroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dump station(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water drain(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on soil types in Sec. I E above, do you oppose use of a leaching type waste water drain(s)?  Y  N

Note: New development or expansion may be subject to OEPA review and permits.

**V. Expansion/Substantial Alteration/New Development:**

A. Is the proposed development licensed by the licensor?  Yes  No

1. Verify the number of lots on the license permit with section II above, and with previously approved plans, plan approval letters, and plan extension approval letters.

B. Comment on the compliance of the existing facilities to the appropriate rules. \_\_\_\_\_

C. Objections to development of the existing or proposed project. \_\_\_\_\_

SANTARIAN	DATE
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Use the space provided below for additional remarks or for drawings of the site. For multi-phase projects or for expansion of an existing project/establishment, use and number additional copies of this form.

Page No. \_\_\_\_\_  
of \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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Mailing Address:  
Ohio Department of Health  
Bureau of Environmental Health  
246 North High Street  
Columbus, OH 43215-2412  
(614) 466-1390

SCALE:

Show the North Arrow

**Ohio Department of Health**  
**APPLICATION FOR PLAN REVIEW**

ODH File No. \_\_\_\_\_

Action governed by Ohio Revised Code Chapter 3733

TYPE OF PROJECT	TYPE OF DEVELOPMENT
<input type="checkbox"/> Marina (MAR) <input type="checkbox"/> Recreational Vehicle Park (RVP) † <input type="checkbox"/> Recreation Camp (RC) <input type="checkbox"/> Combined Park Camp (CPC) <input type="checkbox"/> Temporary Park Camp (TPC)*	<input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Substantial Alteration

\* Temporary Park Camp plan review is the responsibility of the local health department having jurisdiction.

COUNTY	LOCAL HEALTH DISTRICT
PROJECT NAME	DESIGNER
STREET ADDRESS	STREET ADDRESS
CITY, ZIP CODE	CITY, ZIP CODE
PROJECT PHONE NO.	DESIGNOR PHONE NO.
OWNER	CONTRACTOR
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
OWNER PHONE NO.	CONTRACTOR PHONE NO.

**Sites/Moorings:**

Number of proposed sites/moorings: \_\_\_\_\_  
 Number of existing/fully developed sites/moorings: \_\_\_\_\_  
 Total number of sites/moorings: \_\_\_\_\_

**Individual to be contacted for questions regarding this proposal. (please print)**

Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

I certify that the foregoing data is a true statement of facts pertaining to this project as it is to be constructed.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by owner or owner's agent must provide written authorization from owner.

The owner hereby agrees to construct the project in accordance with the approved plans and data sheets.

**NOTE:** Review will not proceed and approval will not be granted without complete submission of all information. See checklist on back of this form.

Plan review fee: total construction cost of project (campgrounds only) \$ \_\_\_\_\_

If the total cost of construction exceeds \$5,000,  
 enter 3 ½ % of the above amount, but not more than \$3,100 \$ \_\_\_\_\_

If the total cost of construction is less than \$5,000,  
 enter \$525 \$ \_\_\_\_\_

Inspections will be charged at \$440 each.

**Mailing address:**  
 Ohio Department of Health  
 Revenue Processing Unit  
 P.O. Box 15278  
 Columbus, OH 43215

**Walk-in address:**  
 Ohio Department of Health  
 Revenue Processing Unit, 1<sup>st</sup> floor  
 246 N. High Street  
 Columbus, OH 43215

**Engineering Phone No.** 614-466-1390  
**Fax No.** 614-466-4556

**RV Park, Recreation Camp, Combined  
Park-Camp, or Temporary Park Camp\***

(Ohio Administrative Code 3701-25-52)

**Each plan submittal shall include the following prior  
to the start of the plan review:**

1. † Signed Application for Plan Review Form HEA 5213;
2. † Site Evaluation Report, ODH HEA 5228 completed and signed by the licensor;
3. † Written verification from the local flood plain management official that development will be according to the local flood plain management plan and any permits;
4. † Signed set of plans or letter from local fire authority indicating they have reviewed the plans for fire protection and compliance to applicable codes.
5. **Four sets of drawings\*\* to include:**
  - a. † A vicinity map showing general location of project;
  - b. † Plot plan of total area and development phase;
  - c. † Plot plan showing location, number and size of sites;
  - d. † Spot elevations of contour lines;
  - e. † Internal street system;
  - f. † Method and layout of electrical distribution system including individual service connections;
  - g. † Detail of water and sewer hookup at individual sites;
  - h. † Typical site, to scale, showing utility locations;
  - i. † Location and number of toilets and a layout of any restroom facilities;
  - j. † Location, number, and details of grey water waste drains;
  - k. † Location, number, and details of dump station;
  - l. † Method of backflow prevention for potable water supply;
  - m. † The layout, profile, and design of the sanitary sewerage system and water distribution system shall be included in the above submitted plans. Where the sanitary sewerage system or water distribution system is not subject to Ohio Environmental Protection Agency approval, said systems shall be subject to the approval of the Director of Health.

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\*Temporary Park Camps require submittal of two sets of plans for review by the licensor having jurisdiction.

\*\*Reproductions from other documents are acceptable if legible. Drawings should be scale.

Note - the applicant assumes responsibility for contacting the U.S. Army Corps of Engineers for permits regarding development on or near wetlands, or other permits that may apply.

HEA 5213

**MARINA**

(Ohio Administrative Code 3701-35-03)

**Each plan submittal shall include the following prior  
to the start of the plan review:**

1. † Signed Application for Plan Review Form HEA 5312;
2. † Site Evaluation Report, ODH HEA 5228 completed and signed by the licensor;
3. **Three sets of drawings\*\* to include:**
  - a. † A vicinity map showing general location of project;
  - b. † Plot plan of the total marina and development phases;
  - c. † Internal street systems;
  - d. † Plot plan showing location and number of moorings;
  - e. † Detail of a typical mooring including water and electrical hookup;
  - f. † Method and layout of electrical distribution system;
  - g. † Method of backflow prevention for potable water including detail of hookups at docks with vacuum breaker and location of reduced pressure backflow prevention device upstream of marina docks and pumpout;
  - h. † Locations and specifications for sewage pumpout facility;
  - i. † Locations and number of toilets and a layout of any restroom facilities;
  - j. † The layout, profile and design of the sanitary sewerage system and water distribution system shall be included in the above submitted plans. Where the sanitary sewerage system or water distribution system is not subject to Ohio Environmental Protection Agency approval, said systems shall be subject to the approval of the Director of Health.

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Note -- the applicant assumes responsibility for contacting the U.S. Army Corps of Engineers for permits that may apply due to the proposed development.

**Notes:**

- Other additional information may be requested during review of the plans.
- Provide complete information as required on forms including work that may be done by others.
- Incomplete submittals will cause reviewing delays.



Ohio Department of Health  
**Temporary Park  
Camp License**

License no			
Valid	/ /	Through	/ /

Temporary Park-camp

Health District

Location

Number of sites

City

Name of licensee

**This license must be displayed in a conspicuous place at the location**  
This license has been issued in accordance with the requirements of section 3729.05 of the Ohio Revised Code and is subject to revocation or suspension for cause and is non-transferable.

Date Issued \_\_\_\_\_ Health Commissioner \_\_\_\_\_  
HEA 5334 (Rev. 9/10) Ohio Department of Health

Audit Number

# Application for License To Operate a Temporary Park-Camp

		License valid	From:
			To:
<b>Camp Name</b>		<b>Health District</b>	
Street Address		<p align="center"><b>Directions: (please print)</b></p> <p><b>1. Complete <u>one application</u> for each licensed establishment;</b></p> <p><b>2. Sign and Date</b> the application</p> <p><b>3. Attach a check or money order and return</b> according to the information listed below.</p>	
City/Zip			
Phone #	Phone #		
<b>Owner/ Licensee</b>			
Street Address			
City/ State /Zip			
Phone #	Phone #		
# of camp sites per approved plans	Water Supply : [ ] Community [ ] Other:		

**Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee.**

Name	Phone #
Address	
City/Zip	

I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Phone #	Date
-----------	---------	------

**Check or money order for the license fee, payable to:**

**Return the fee and application to:**

<i>( Licensor to complete: either pre-printed, or with a label or stamp)</i>	Health District	
	Street address	
	City	
	Zip	Phone #

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

License fee	Total amount due
-------------	------------------

**Application approved for license as required by Section 3729 of the Ohio Revised Code.**

By	Date
Audit No.	License No.

License no.

Health District	Type
Name of Facility	Address
Licensee	Number of approved Sites

This license has been issued in accordance with section 3729.05 of the Ohio Revised Code and Chapter 3701-26 of the Ohio Administrative Code. This license is subject to revocation or suspension for cause and is non-transferable.

**Expires on April 30, 2012**

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Health Commissioner

# Application for License To Operate a Campground

- Recreational Vehicle Park
- Recreation Camp
- Combined Park-Camp

An annual license fee determined by the licensor in accordance with section 3709.09 of the Ohio Revised Code may be levied upon each facility for the operation costs associated with enforcement of the program rules. Any such fee or portion of any such fee retained by the licensor shall be paid into a special fund and used only for the purpose of administering and enforcing the program under the Ohio Revised and Administrative Codes.

For license renewal, return the completed application before May 1<sup>st</sup> pursuant to section 3729.05 (A)(1) of the Ohio Revised Code. If payment of a fee established under section ORC 3709.09 (D) is not postmarked or received by the day on which payment is due, the board of health shall assess a penalty. The amount of the penalty shall be equal to twenty-five per cent of the applicable fee. The applicable fee applies to the local fee only.

<b>Park/Camp Name</b>		<b>Health District</b>	
Street Address		<b>Directions: (please print)</b>  <b>1. Complete <u>one application</u> for each licensed establishment;</b>  <b>2. Sign and Date</b> the application  <b>3. Attach a check or money order and return</b> according to the information listed below.	
City/Zip			
Phone #	Phone #		
<b>Owner/ Licensee</b>			
Street Address			
City/ State /Zip			
Phone #	Phone #		
# of park/camp sites per approved plans	Water Supply : <input type="checkbox"/> Community <input type="checkbox"/> On site <input type="checkbox"/> Other:		

**Person to Contact regarding inspections, maintenance, or emergencies, if different from licensee**

Name	Phone #
------	---------

I hereby certify that I am the licensee, or the authorized representative of the establishment listed above, and agree to abide by the rules that apply for this license. I certify that the information provided is a true and accurate statement of the facts.

Signature	Phone #	Date
-----------	---------	------

**Check or money order for the license fee, payable to:**

**Return the fee and application to:**

<i>( Licensor to complete: either pre-printed, or with a label or stamp)</i>	Health District	
	Street address	
	City	
	Zip	Phone #

**LOCAL LICENSING AUTHORITY TO COMPLETE BELOW**

License fee (LHD) \$	+	State program fee \$	+	Late fee <sup>1</sup> \$	=	Total amount due \$
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<sup>1</sup> If the license fee is not post marked by the application due date a **25% penalty- late fee** shall be assessed.

**Application approved for license as according to the applicable sections of the Ohio Revised Code**

Processor:	Date received:	Date processed:
License Audit no.	Health District License no.	







## **Agriculture Labor Camp Forms**

# 2012 AGRICULTURAL LABOR CAMP APPLICATION

For license renewal: Complete this application and return it with the appropriate fee before **April 15<sup>th</sup>** pursuant to section 3733.43 of the Ohio Revised Code. **Applications received on or after April 15<sup>th</sup> are subject to a penalty fee.** This application will not be processed until it is appropriately completed, signed by the operator, is accompanied by a camp diagram if the camp has changed since submission of the last acceptable diagram, and is accompanied by the annual licensing fee.

<b>CAMP NAME</b> _____	
Address _____	
City _____	Zip _____ County _____
Telephone Number (_____) _____	
Directions to camp: _____	
Expected date of occupancy ____/____/____	Expected date of closure ____/____/____
Total Number of Housing Units: _____ Total Number of Occupants: _____	
<input type="checkbox"/> Operated last year <input type="checkbox"/> New camp <input type="checkbox"/> New or altered facilities <input type="checkbox"/> Plans or camp diagram enclosed	
<b>OWNER/OPERATOR NAME</b> _____	
Address, <i>if different from camp address</i> _____	
City _____	Zip _____ County _____
Telephone Number (_____) _____	
<b>PERSON TO CONTACT REGARDING INSPECTIONS, MAINTENANCE, OR EMERGENCIES (Must be completed)</b>	
<b>NAME</b> _____	
Telephone Number (_____) _____	

Make check or money order payable to the **TREASURER, STATE OF OHIO**. This license fee is \$150.00 plus \$20.00 for each housing unit if received before April 15. If received on or after April 15, the license fee is \$166.00 plus \$42.50 for each housing unit.

License Fee (**Before April 15**): \$150.00 + #Housing Units: \_\_\_\_\_ X \$20.00 each = TOTAL \$ \_\_\_\_\_

Late Fee (**On or After April 15**): \$166.00 + #Housing Units: \_\_\_\_\_ X \$42.50 each = TOTAL \$ \_\_\_\_\_

I hereby apply for a license to operate an agricultural labor camp and agree to comply with sections 3733.41 to 3733.49, inclusive, of the Ohio Revised Code and the Agricultural Labor Camp rules 3701-33-01 to 3701-33-20, inclusive, of the Ohio Administrative Code.

\_\_\_\_\_  
Print/Type Name of Owner/Operator

\_\_\_\_\_  
Signature of Owner/Operator

Mail to: Ohio Department of Health  
Revenue Processing Unit #2170  
PO Box 15278  
Columbus, OH 43215

For ODH use only

Date Application Received: \_\_\_\_\_

Date Camp Inspected: \_\_\_\_\_

Dated License Issued: \_\_\_\_\_

ALC # \_\_\_\_\_

**AGRICULTURAL LABOR  
CAMP LICENSE**  
**LICENCIA DE CAMPAMENTO  
DE TRABAJO AGRICOLA**

ID Number: 0142

This is to certify that RICHARD ESHLEMAN , operator of ESHLEMAN LABOR CAMP located at 753 E MAPLE ST. ROUTE 101, CLYDE is hereby granted to operate said camp during 2011, pursuant to sections 3733.41 to 3733.49, inclusive, and 3733.99 of the Ohio Revised Code and rules 3701-33-01 to 3701-33-20, inclusive, of the Ohio Administrative Code. This license, unless suspended or revoked, expires on December 31, 2011.

El presente certifica que RICHARD ESHLEMAN , administrador de ESHLEMAN LABOR CAMP situado en 753 E MAPLE ST. ROUTE 101, CLYDE se le otorga por medio de la presente una licencia para funcionar dicho campamento durante 2011, de acuerdo con las secciones 3733.41 hasta 3733.49, inclusivos, y 3733.99(C) del Código Revisado de Ohio y de los Reglamentos 3701-33-01 hasta 3701-33-20, inclusivos, del Código Administrativo de Ohio. Esta licencia a menos que sea suspendida o revocada expira en Diciembre 31, 2011.

Approved housing unit capacity: 3  
Approved capacity: 7

Número de unidades de viviendas  
aprobadas: 3  
Capacidad aprobada: 7

Date Issued: February 02, 2012

Fecha Expedida: February 02, 2012

This license must be displayed in a conspicuous place. Questions concerning sanitation at this camp should be directed to the Ohio Department of Health, (614) 466-1390.

Esta licencia debe de exponerse en un lugar visible. Preguntas relacionadas con la sanidad en este campamento deben ser dirigidas al Departamento de Salud de Ohio, (614) 466-1390.



Director of Health - Director de Salud

## Food Safety Forms

**Certification  
Level 1**

Ohio Department of Health  
 Application for Approval of a Level One  
**Certification in Food Protection Course Materials**

Name of Course:		Developer of Course Materials (Individual or Organization):	
Address:	City:	State:	Zip code:
Phone:	Fax:	E-mail:	
Contact name:	Phone number if different from above:	Website (if applicable)	

The following information must be submitted with this application to be considered for approval.

1. Course materials. This would include student manuals, instructor notebooks, written or verbal exercise and handouts. The material must include the following as it relates to foodborne illness risk factors:
  - a. Food sources
  - b. Personal hygiene and handwashing
  - c. Cross contamination
  - d. Cleaning/sanitizing of equipment and utensils
  - e. Proper cooking, cooling, and holding of food

2. Method(s) of training to be used for the program.

3. Number of hours for the training.

4. Qualifications for instructor.

I hereby certify that the information provided is correct to the best of my knowledge.

Signature	Title	Date
-----------	-------	------

Submit this application and required material to the: Food Safety Program  
 Ohio Department of Health  
 246 N. High Street  
 Columbus, Ohio 43215

For questions call 614-466-1390  
 or e-mail Jean.hayden@odh.ohio.gov

**Ohio Department of Health to complete below**

Action taken	Date
--------------	------

Ohio Department of Health  
Application for Approval to be a Provider of a  
**Level One Certification in Food Protection Course**

Name of Provider:		Contact name:	
Address:	City:	State:	Zip code:
County:	Phone:	Fax:	
Phone number if different from above:	E-mail:	Website (if applicable)	

The following information must be submitted with this application to be considered for approval.

1. Name of course to be used (if the course has not been approved then the material will have to be submitted with the "Application for Approval of a Level One Certification in Food Protection Course Materials"):

2. List of instructors and their credentials.

3. Draft of the certificate to be issued (once the application is received an assigned number identifying the provider will be issued then the certificate will need to be resubmitted for approval).

4. Type of electronic method used for maintaining a list of participants:

I hereby certify that the information provided is correct to the best of my knowledge.

Signature	Title	Date

Submit the application and required material to the: **Food Safety Program**  
**Ohio Department of Health**  
**246 N. High Street, Columbus, Ohio 43215**  
**614-466-4556**

or fax to

For questions contact the Food Safety Program at **614-466-1390**

**Ohio Department of Health to complete below**

Action taken	Assigned No.	Date



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

February 10, 2012

«Provider»  
«Contact\_name»  
«Address»  
«Address2»  
«City», «State» «Zip»

Dear «Contact\_name»:

I am pleased to inform you, on behalf of the Director of Health, that we have approved «Provider» as a provider for the Level One Certification in Food Protection Course. An approved provider of a Level One Certification in Food Protection course is required to comply with rule 3701-21-25 of the Ohio Administrative Code. Enclosed is a copy of that rule. Paragraph (D) of that rule requires, in part, that an approved provider of a level one certification in food protection course shall:

- (1) Submit to the Food Safety Program any changes regarding the course curriculum, instructor or course materials for approval prior to changing the approved course;
- (2) Provide adequate facilities, equipment and supplies necessary to conduct the approved course; and
- (3) Provide individuals who attend the course a certificate of completion. (An approved copy of your certificate is attached for your files.)

Staff from the Bureau of Environmental Health may audit your training course on behalf of the Director of Health. If staff finds that «Provider» is no longer meeting the requirements of 3701-21-25 of the Ohio Administrative Code, your training program can be disapproved. Any information required must be submitted to;

Ohio Department of Health  
Bureau of Environmental Health  
246 N. High St.  
Columbus, Ohio 43215

Questions regarding your approval should be directed to the Food Safety Program in the Bureau of Environmental Health at (614) 466-1390.

Sincerely,

W. Gene Phillips, MPH, RS, Chief  
Bureau of Environmental Health

wgp/jah

enclosures

# **Ohio Department of Health's Level One Approved Courses**

## **Basic Food Handler's Training/Level One Certification**

Delaware General Health District  
Stephanie DeGenaro  
740-368-1700

## **Basic Food Safety**

Consulting Professionals Inc.  
Aaron Bandy  
330-563-0111-132

## **BCHD Level 1 Food Safety Program**

Butler County Health Department  
Brian Williamson  
513-863-1770

## **Columbiana County Level 1 Food Certification-Person in Charge Training**

Columbiana County Health Department  
Shannon Sellards  
330-424-0272

## **Demonstration of Knowledge by the Person In Charge**

Ironton City Health Department  
Lana Cherrington  
740-352-2172

## **Food Protection Level 1 Class**

Jenie McGrath  
Jenie McGrath  
614-571-0750

## **Food Safety 101: The Basics**

Garrett Guillozet and Kent Bradley  
Garrett Guillozet  
614-525-4537

## **Food Safety and Sanitation**

Greene County Combined Health District  
Rick Schairbaum  
937-374-5600

**Ohio Department of Health's  
Approved Provider List for Level One Certification**

**Ashtabula County**

**Ashtabula County Health Department**

12 W. Jefferson Street  
Jefferson, OH 44047  
Contact: Debbie Iliff  
Phone: 440-576-6010-110  
Fax: 440-576-0001  
E-mail: debbie.illiff@odh.ohio.gov

**Athens County**

**Athens City-County Health Department**

278 W. Union street  
Athens, OH 45701  
Contact: Adele Hanson  
Phone: 740-592-4431-234  
Fax: 740-594-2370  
E-mail: hanson@health.athens.oh.us

**Athens County**

**Richard Neumann**

O.U. Dining Services  
1 Riverside Dr.  
Athens, OH 45701  
Contact: Rich Neumann  
Phone: 740-593-2974  
Fax: 740-593-0135  
E-mail: neumann@ohio.edu

**Auglaize County**

**Ohio State University Extension Auglaize County**

208 S. Blackhoof Street  
Wapakoneta, OH 45895  
Contact: Lois Clark  
Phone: 419-738-2219  
Fax: 419-738-8262  
E-mail: clark.21@osu.edu

**Certification  
Level 2**



**Application to Conduct a Level Two Certification in Food Protection Course**

Authority 3717.09 Ohio revised Code; 3701-21-25 Ohio Administrative Code

The completed application and all requested material is to be sent to:  
Ohio Department of Health, Bureau of Environmental Health, 246 N. High St.,  
Columbus, Ohio 43215

Name of Course Provider:			
Street address:			City;
County	State:	Zip:	phone:
Name of Contact Person			phone:
Fax		E-mail address	

For further information refer to the "Guidelines to the Ohio Department of Health's Certification in Food Protection."

1. Provide the name of the course and the total contact hours:
2. Describe any methods of training to be used such as guest speakers, interactive computer programming, interactive video, or distance learning:
3. Provide the name, qualifications and a copy of the certificate from the course to be taught for all instructors:
4. Provide a copy of all course materials, including student manuals, instructor notebooks, and handouts (only if the course does not have prior approval).
5. Provide the name of the examination to be used:
6. Provide an example of the certificate issued to individual who attends the course and pass the examination (only if the course does not have prior approval).

I hereby certify that the information provided is correct to the best of my knowledge.

Signature	Title	Date
-----------	-------	------

Ohio Department of Health to complete below

Action taken	Date
--------------	------



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

February 10, 2012

«Company»

«Address»

«City», «StateProvince» «ZIPPostal\_Code»

Dear «First\_Name» «Last\_Name»:

I am pleased to inform you, on behalf of the Director of Health, that we have approved «Company» to offer the «Course» for Ohio certification. An approved provider of a certification in food protection course is required to comply with rule 3701-21-25 of the Ohio Administrative Code. Enclosed is a copy of that rule. Paragraph (E) of that rule requires that an approved provider of a certification in food protection course shall:

- (1) Notify the Food Safety Program at least fifteen days in advance of holding each course of the time, place and instructor of the course and certify that the course will be conducted in accordance with the course approval;
- (2) Within fifteen days of the course conclusion, send a copy of the final enrollment report for the course with each individual's name, passing grade, and certification that the individual attended the required classroom course;
- (3) Submit changes to the course curriculum, instructor, or course materials for approval prior to changing the approved course;
- (4) Provide adequate facilities, equipment and supplies necessary to conduct the approved course; and
- (5) Promptly distribute the Ohio certification card to individuals successfully completing the certification program.

You may be disapproved as a course provider if you fail to meet these requirements. All required information must be submitted to:

Ohio Department of Health  
Bureau of Environmental Health  
246 N. High St.  
Columbus, Ohio 43215

Questions regarding your approval should be directed to the Food Safety Program in the Bureau of Environmental Health at (614) 466-1390.

Sincerely,

W. Gene Phillips, MPH, RS, Chief  
Bureau of Environmental Health

wgp/jah

enclosure

**Application for Reciprocity Ohio Department of Health's  
Certification in Food Protection**

Authority 3717.09 Ohio revised Code; 3701-21-25 Ohio Administrative Code

This is a volunteer program in the State of Ohio

The completed application and all requested material are to be sent to:

Ohio Department of Health, Bureau of Environmental Health,  
246 N. High St., Columbus, Ohio 43215

Name:			
Street address:			
City:	State:	Zip:	Phone:
Name of course and examination taken:			
Course sponsor:			

To be eligible for reciprocity you must provide the following information:

1. A copy of the course curriculum. The course curriculum must include the topics covered and the length of training in hours. The length of contact time in hours is 15 excluding examination.
2. Provide a copy of the certificate received.

*I hereby certify that the information provided is correct to the best of my knowledge.*

Signature:	Title:	Date:
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Ohio Department of Health to complete below

Action taken:	Date:
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# OHIO DEPARTMENT OF HEALTH

level 2 only

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

February 10, 2012

Dear Holly Hayden

Congratulations, you have received a passing score of 90 on your food certification exam. You are now in a select group of individuals who realize the importance of training in sanitation and the prevention of food borne illness.

Enclosed is your certification card which is evidence that you have completed the Ohio Department of Health's certified Food Protection Course. Although this department does not require recertification, we recommend that you continue your education in food protection.

A source of information on food protection is your local health department sanitarian. Your sanitarian is a public health professional who is available for sanitation consultation, food handler training, and will keep you up to date on Ohio's Food Service Operation law and rules.

Sincerely,

*Jean A. Hayden, R.S.*

Jean A. Hayden, R.S.  
Bureau of Environmental Health

JAH/RC

Enclosure

level 2 only



Ohio Department of Health  
Certified in Food Protection

The Director of Health verifies on 04/12/2000  
Holly M Hayden

has successfully completed the certification course in Food Protection  
at Delaware General Health District

A handwritten signature in cursive script, reading "Michael E. Wynn, MD".

Director of Health

HEA 5318 (Rev 1-97)

Certification: 38366



# Ohio Department of Health

## Provider Contact And Address Report

<u>Provider Name</u>	<u>Contact Person</u>	<u>Contact Phone</u>	<u>Address</u>
Abbott Foods/Phillip D. Bach	Phillip D. Bach	614-930-4284	2400 Harrison Rd. Columbus, OH43204
Abraxas Foundation	Leslie Pealer	419-747-3322	2775 ST. RT. 39 Shelby, OH44875
Absolute Health Services	Mary Jean Floosie	330-879-0044	201 Market Street Navarre, OH44662
Adam Ashcraft	Adam Ashcraft	423-777-9181	10325 Technology Drive Knoxville, TN37932
AFC Corp.	Kevin Holbert	310-604-3200-134	19205 South Laurel Park Rd Rancho Dominguez, CA90220
AKA Capital Adventures, LLC	Alan E. Achatz	716-565-9122	115 Foresthill Drive Buffalo, NY 14221
Akron Health Department, Environmental Health	Janice Pritt	330-375-2405	177 S. Broadway, Rm 438 Akron, OH44308-1799
Akron-Kenmore High School	Charles R. Hass	330-854-2353	2140 13th Street SW Akron, OH44314
Aladdin Food Management Services, Inc.	Harry Hicks	614-888-0847	21 Armory Drive Wheeling, WV26003
Allen Co. Combined Health District	William Kelly	419-228-4457	219 East Market Street LIMA, OH458021503
Alliant Foodservice	Cheli Gibson	888-939-9917	5445 Spellmine Drive Cincinnati, OH45246
Altercare of Ohio Inc.	James A. Frigyes	330-498-8162	7235 Whipple Ave. N.W. N. Canton, OH44720
Andre E. Hawks	Andre E. Hawks	419-424-7485	410 Nottingham Ln Findlay, OH45840
Angie Montroso/McDonalds Ironton, Ohio	Angie Montroso	740-532-1555	St. Rt. 93 Ironton, OH45638
Apollo Career Center	Carrie Hamilton	419-998-2945	3325 Shawnee Road Lima, OH45806
Aramark JPMorgan Chase	Jeffrey Slone	614-213-3305	1111 Polaris Parkway Columbus, OH43240
Arby's INC. (TRIARC Rest. Group)	Joey DeHart	954-351-5658	1000 Corporate Drive Ft.Lauderdale, FL33334
Area Agency on Aging District Eight Linda Myers	Linda Myers	740 373-6400	1400 Pike St. Reno, OH45773-0370
Armstrong Nutrition Mgmt.	Angela Bohyer	614-207-7461	597 Hillgail Circle Pastaskala, OH43062
Ashland CO-West Holmes Career Center	Rae Ann Smith	419-289-3313	1783 State Route 60 Ashland, OH44805
Ashland University	Fred Geib	419-289-5672	401 College Ave. Ashland, OH44805
Ashtabula County Joint Vocational School	Theodore Sarbiewki	440-576-6015	1565 St. Rt. 167 Ashtabula, OH44047

## Food Inspection

# State of Ohio Standard Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility		Check one <input type="checkbox"/> FSO <input type="checkbox"/> RFE	License number	Date
Address			Category/Descriptive	
License holder	Inspection time (min)	Travel time (min)	Other	
Type of visit (check) <input type="checkbox"/> Standard <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 day <input type="checkbox"/> Complaint <input type="checkbox"/> Prelicensing <input type="checkbox"/> Consultation <input type="checkbox"/> Other <i>specify</i>			Follow-up date (if required)	Sample date/result (if required)

**3717-1 OAC Violation Checked**

**Management and Personnel**

2.1	Employee health
2.2	Personal cleanliness
2.3	Hygienic practices
2.4	Supervision

4.4	Maintenance and operation
4.5	Cleaning of equipment and utensils
4.6	Sanitizing of equipment and utensils
4.7	Laundrying
4.8	Protection of clean items

**Poisonous or Toxic Materials**

7.0	Labeling and identification
7.1	Operational supplies and applications
7.2	Storage and display separation

**Food**

3.0	Safe, unadulterated and honestly presented
3.1	Sources, specification and original containers
3.2	Protection from contamination after receiving
3.3	Destruction of organisms
3.4	Limitation of growth of organisms
3.5	Identity, presentation, on premises labeling
3.6	Discarding or reconditioning unsafe, adulterated
3.7	Special requirements for highly susceptible populations

**Water, Plumbing, and Waste**

5.0	Water
5.1	Plumbing system
5.2	Mobile water tanks
5.3	Sewage, other liquid waste and rainwater
5.4	Refuse, recyclables, and returnables

**Special Requirements**

8.0	Fresh juice production
8.1	Heat treatment dispensing freezers
8.2	Custom processing
8.3	Bulk water machine criteria
8.4	Acidified white rice preparation criteria
9.0	Facility layout and equipment specifications
20	Existing facilities and equipment

**Equipment, Utensils and Linens**

4.0	Materials for construction and repair
4.1	Design and construction
4.2	Numbers and capacities
4.3	Location and installation

**Physical Facilities**

6.0	Materials for construction and repair
6.1	Design, construction and installation
6.2	Numbers and capacities
6.3	Location and placement
6.4	Maintenance and operation

**Administrative**

901:3-4 OAC
3701-21 OAC

**Violation(s)/Comment(s)**

Inspected by	R.S./SIT #	Licensors
Received by	Title	Phone





## Examples of Elements

I. Employee Health	Management is aware and has policy regarding handling employee health situations. Visible or known symptoms/or known diagnoses are addressed according to Ohio Administrative Code.
II. Personnel Cleanliness	Food employees eat, drink, and use tobacco only in designated areas/ do not use utensils more than once to taste food that is sold or served/ do not handle or care for animals present. Food employees experiencing persistent sneezing, coughing, or runny nose do not work with exposed foods, clean equipment, utensils, linens or unwrapped single-service or single-use articles.
III. Handwashing, Prevention of Contamination from Hands	Handwashing facilities are adequate, conveniently located and accessible for employees. Handwashing facilities are properly supplied. Hands are properly washed when required. Exposed ready-to-eat foods are not touched by bare hands.
IV. Person In Charge/Demonstration of Knowledge	Person In Charge demonstrates knowledge with one of the following: manager certified in food protection, code compliance, or responses to food safety questions regarding the operation.
V. Food from an Approved Source	All foods are from an approved source (including but not limited to milk and milk products, eggs, cheese, meat, exotic meats, poultry, fish, shellfish, wild mushrooms, baked goods, processed foods). Written documentation of parasite destruction is maintained for applicable fish products. Shellstock identification tags are maintained for 90 days.
VI. Thawing	Foods are thawed in accordance with Ohio Administrative Code.
VII. Cooking, Reheating, Cooling, Hot and Cold Holding	Proper cooking temperatures and parameters are as specified in Ohio Administrative Code. Potentially hazardous foods that have been cooked and refrigerated are reheated for hot holding within 2 hours to 165 ° F. Cooked potentially hazardous foods are cooled from 135°F to 70°F within two hours and from 70°F to 41°F or below within 4 hours. Hot foods are being held at 135°F or above and cold foods are being held at 41°F or below.
VIII. Date Marking/Time as a Public Health Control	Ready to eat potentially hazardous foods are date marked and discarded when required. When time only is used as a public health control the procedure is approved by local health department and the food is cooked and served within 4 hours.
IX. Consumer Advisory	Consumer advisory is provided if animal foods are served raw, undercooked, or not otherwise processed to eliminate pathogens. Consumers are informed about increased risk when eating animal foods in a raw or undercooked form via disclosure or reminder.
X. Highly Susceptible Populations	Pasteurized juices are served. Pasteurized eggs are used if undercooked. Raw shell eggs may be used for baking and for individual orders served immediately. HACCP plan is used if raw shell eggs are combined. Raw or partially cooked animal food and raw seed sprouts are not served. Opened food packages are not reserved.
XI. Protection from Contamination	Raw animal foods are separated from raw ready to eat foods and cooked ready to eat foods. Raw animal foods are separated from each other during storage, preparation, holding, and display. Foods are protected from physical and environmental contamination during storage, preparation, and display.
XII. Chemical	No unapproved food or color additives are used. Sulfites are not applied to fresh fruits or vegetables intended for raw consumption. Toxic materials are properly identified and stored.
XIII. Variance Procedures	Variance procedures are in conformance as approved by state agencies.
XIV. Transporting Food Off Premise	Potentially hazardous foods are maintained at proper temperatures during transport. Adequate and approved equipment is used for transport.
XV. Temperature Measuring Devices	Temperature measuring devices are provided and readily accessible that are properly designed and calibrated.

## Food Licensing

# OHIO DEPARTMENT OF HEALTH RECEIPT FOR LICENSES AND/OR PERMITS

RECEIVED BY: \_\_\_\_\_

	LICENSE YEAR	AUDIT NUMBERS		TOTAL
		FROM	TO	
<b>FOOD LICENSES</b>				
Food Service Operation				
Temporary				
<b>RECREATION LICENSES</b>				
Recreation Park/Camp				
Temporary Park/Camp				
Swimming Pool/Spa				
Marina				
<b>MANUFACTURED HOME PARK LICENSES</b>				
<b>WATER AUDIT STICKERS</b>				
<b>WATER HAULER STICKERS</b>				
<b>SEWAGE AUDIT STICKERS</b>				
<b>OTHER</b>				

I HEREBY ACKNOWLEDGE RECEIPT OF THE ABOVE LISTED LICENSES/PERMITS AND FIND THE FOLLOWING:

\_\_\_\_\_ All licenses/permits/stickers were received as stated above

\_\_\_\_\_ The following Audit Numbers were missing

Audit Numbers \_\_\_\_\_ License/Sticker \_\_\_\_\_

Audit Numbers \_\_\_\_\_ License/Sticker \_\_\_\_\_

Audit Numbers \_\_\_\_\_ License/Sticker \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Return to: OHIO DEPARTMENT OF HEALTH  
 Bureau of Environmental Health  
 246 N. High St.  
 Columbus, OH 43215

HEA 5201 (REV. 12/06)

\_\_\_\_\_ **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:
4. Return check and signed application **by\*:**

**to:**

\*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>I hereby certify that I am the license holder, or the authorized representative, of the food service operation or retail food establishment indicated above:</i>			
Signature			Date

**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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# Application for a License to Conduct a Vending Machine Location

**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:
4. Return check and signed application **by\***:

**to:**

\*There is a mandatory penalty fee of 25% of the renewal fee for operating a vending machine location 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 Chapter 3717 of the Ohio Revised Code.

Vending company		
Phone # (       )	Fax # (       )	E-mail
Address		
City	State	ZIP

Location name	Location address (include City and ZIP)	LHD use only	
		Audit number	License number

<i>I hereby certify that I am the license holder, or the authorized representative, of the vending machine location(s) indicated above.</i>	
Signature	Date

**Licensor to complete below**

License fee	+ Late fee	+ State amount	= Total amount due
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Application approved for license and certified as required by Chapter 3717 of the Ohio Revised Code.

By	Date	page	of
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# Food Service Operation License

License No.

Licensors
Name of Facility/ License Holder
Address/City/State/ZIP
Category /Descriptive

This license has been issued in accordance with the requirements of Chapter 3717 of the Ohio Revised Code and is subject to revocation or suspension for cause and is not transferable without consent of the licenser.

**This license shall expire on March 1, 2013**

If this is a mobile food service operation, the license is not valid unless pertinent information appears on the reverse side.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Commissioner

HEA 5305 (Rev. 11/12)

This license must be displayed in a conspicuous place at the location

Ohio Department of Health

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# Ohio Department of Health

## Transmittal for Food Service Operation

Law: Section 3717.45 (C) of the Revised Code

The public health council may determine by rule an amount to be collected from applicants for food service operation licenses for use by the director of health in administering and enforcing the provisions of this chapter and the rules adopted under it applicable to food service operations. Licensors shall collect the amount prior to issuing an applicant's new or renewed license. If a licensing fee is charged under this section, the licensor shall collect the amount at the same time the fee is collected. A licensor shall certify the amount collected and transmit the amount to the treasurer of state according to the schedule listed in 3717.45(C)(2)(a)-(d) of the Revised Code.

Rule: Chapter 3701-21-02 (F) of the Administrative Code

For each license issued by a city or general health district, the annual license fee shall include the following applicable amount, which shall be collected and transmitted by the licensor to the director of health for deposit in the general operations fund created in Section 3701.83 of the Revised Code and used for administering and enforcing Chapter 3717. of the Revised Code

Health District:		
Number	Amount	Title
	X \$28.00 =	Commercial Risk Level 1-4 Food Service Operations
	X \$14.00 =	Non-commercial Risk Level 1-4 Food Service Operations
	X \$28.00 =	Mobile Food Service Operations
	X \$6.00 =	Vending Machine Locations
		Transfers
		Voids
		Duplicates
		Temporary Food Service Operations
		Non-commercial Temporary Food Service Operations
		Temporary Food Service Operation Voids
		Temporary Food Service Operation Duplicates
		Total state amount of license fees accompanying this report

This is to certify that the food service operations on the attached list(s) and summarized above have been licensed in accordance with Chapter 3717. of the Revised Code and the licenses were issued:

From	To
Signature of Health Commissioner	Date

Return the forms and a check payable to the: **Treasurer, State of Ohio**  
**Ohio Department of Health**  
**Accounts Receivable Unit**  
**P.O. Box 15278**  
**Columbus, Ohio 43215**

**OHIO DEPARTMENT OF HEALTH FOOD SERVICE OPERATION LICENSE REPORT  
(AS REQUIRED BY THE OHIO REVISED CODE CHAPTER 3717)**

Health District:		License issued:		For Year				
Audit Number	License Number	Name of facility	From	to	Address	Category Code	License Fee	State Amt.

Category Codes

- C1S. Commercial Risk Level 1 < 25,000 sq. ft.
- C1L. Commercial Risk Level 1 >= • 25,000 sq.ft
- C2S. Commercial Risk Level 2 < 25,000 sq. ft.
- C2L. Commercial Risk Level 2 >= • 25,000 sq. ft
- C3S. Commercial Risk Level 3 < 25,000 sq. ft.
- C3L. Commercial Risk Level 3 >= • 25,000 sq. ft.
- C4S. Commercial Risk Level 4 < 25,000 sq. ft.
- C4L. Commercial Risk Level 4 >= • 25,000 sq. ft.

- N1S. Non-Commercial Risk Level 1 < 25,000 sq. ft.
- N1L. Non-Commercial Risk Level 1 >= • 25,000 sq. ft.
- N2S. Non-Commercial Risk Level 2 < 25,000 sq. ft.
- N2L. Non-Commercial Risk Level 2 >= • 25,000 sq. ft.
- N3S. Non-Commercial Risk Level 3 < 25,000 sq. ft.
- N3L. Non-Commercial Risk Level 3 >= • 25,000 sq. ft.
- N4S. Non-Commercial Risk Level 4 < 25,000 sq. ft.
- N4L. Non-Commercial Risk Level 4 >= • 25,000 sq. ft.

- MO. Mobile
- VE. Vending
- TR. Transfer
- VD. Void
- DP. Duplicate

**OHIO DEPARTMENT OF HEALTH FOOD SERVICE OPERATION LICENSE REPORT  
(AS REQUIRED BY THE OHIO REVISED CODE CHAPTER 3717)**

Health District:		License issued:		For Year				
Audit Number	License Number	Name of facility	From	to	Address	Category Code	License Fee	State Amt.

# Application for a License to Conduct a Temporary: (check only one)

## 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:
4. Return check and signed application to:

- Food Service Operation  
 Retail Food Establishment

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 a license. This action is governed by Chapter 3717 of the Ohio Revised Code.

Name of temporary food facility		
Location of event		
Address of event		
City	State	ZIP
Start date	End date	Operation time(s)
Name of license holder		Phone number
Address of license holder		
City	State	ZIP
List all foods being served/sold		
_____		
_____		

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

Signature	Date
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### Licensors to complete below

Valid date(s)	License fee:
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Application approved for license as required by Chapter 3717 of the Ohio Revised Code.

By	Date
Audit no.	License no.

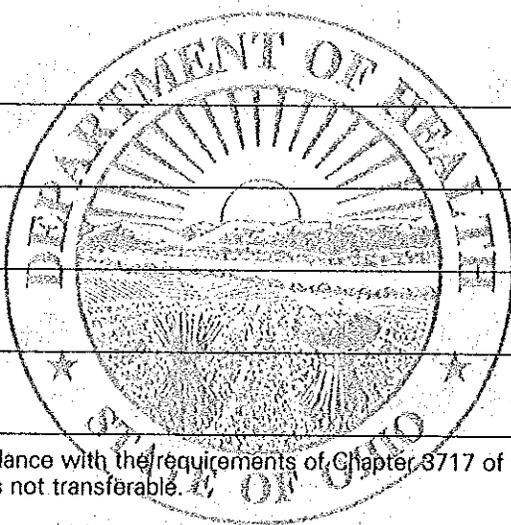


# Temporary Food Service Operation License

License No. \_\_\_\_\_

Audit No. 7072231

Licensors
Name of Facility/ License Holder
Address/City/State/Zip
Beginning and ending date(s)



This license has been issued in accordance with the requirements of Chapter 3717 of the Ohio Revised Code and is subject to revocation or suspension for cause and is not transferable.

\_\_\_\_\_ Date

\_\_\_\_\_ Health Commissioner

**OHIO DEPARTMENT OF HEALTH TEMPORARY FOOD SERVICE OPERATION LICENSE REPORT  
(AS REQUIRED BY THE OHIO REVISED CODE CHAPTER 3717)**

Health District:		License issued:		For Year			
Audit Number	License Number	Name of facility	From	to	Address	Category Code	License Fee

**Category Codes**

**TEC** Temporary Commercial  
**TEN** Temporary Noncommercial

**VD** Void  
**DP** Duplicate