



## Geauga Public Health Plan Review Application

### **Licensing:**

All food businesses in Geauga County are required by Ohio law to have a food service operation or retail food establishment license issued by Geauga Public Health (GPH). All new food service operations/retail food establishments and those performing extensive alterations or remodeling must complete the plan review process. If you have any questions regarding plan approval or licensing, please contact the Environmental Health Division at (440) 279- 1914.

### **Getting Started:**

**Step 1: Submittal of Plans** (application should be submitted at least 30 days prior to construction)

- Complete the attached Plan Review Application.
- Submit one (1) complete set of drawings and other applicable information for the facility.
- Submit menu or complete list of food and beverage items to be sold.
- Submit the plan review fee made payable to Geauga Public Health.

### **Step 2: Plan Review Process**

- Written approval, disapproval, or a request for additional information will occur within 30 days of receipt of a fully completed application and plan review fee.

### **Step 3: Construction**

- Ensure that all contractors and subcontractors are properly licensed.
- Ensure that your contractors obtain all of the necessary permits through:
  - Building Department
  - Fire Department
  - Zoning Department
  - Plumbing
  - EPA approval for water
  - EPA approval for septic

**\*\*Your license will not be issued without approval from the departments listed above\*\***

### **Step 4: Inspection**

- Prior to opening your establishment, you must have a pre-licensing inspection by GPH.
- The license will not be issued until the facility meets all of the applicable code requirements at the time of the pre-licensing inspection.
- You must submit written documentation that all of the building and/or fire inspections have been completed and passed before a license will be issued.

- The application for the license will be made available at the pre-licensing inspection if the inspection is successfully passed. The license fee must be paid at this time. GPH accepts cash or check.

**Note: GPH personnel will make all attempts to accommodate your timeline for the pre-licensing inspection. Please contact us at least 10 business days in advance of your target opening date to schedule this inspection. Planning ahead helps avoid scheduling conflicts and allows time for re-inspections, if necessary**

### **Content and Format Requirements for Submittal**

The facility layout and equipment specifications submitted for review must meet all of the requirements of Chapter 3717-1-09 of the Ohio Administrative Code. The submittal must include the following components:

1. The type of operation or establishment proposed and a complete list of food items to be prepared, served, or sold (menu).
2. A facility floor plan illustrating the layout of fixtures and other equipment. These specifications must be legible and be drawn reasonably to scale.
3. The total square footage to be used by the food service operation or retail food establishment for food preparation and serving see page 7.
4. A detailed drawing of the portions of the premises being used including all entrances/exits, loading/ unloading areas, docks, etc.
5. A site plan of your property that includes the following:
  - a. Drawing showing an arrow indicating north; location of the business in a building such as a shopping mall or stadium;
  - b. Location of building site, including alleys, streets, and location of any outside support infrastructure such as dumpsters, potable water sources, sewage treatment systems;
  - c. Interior and exterior seating areas.
6. A plumbing plan including the location, number, and types of plumbing fixtures; include all water supply facilities.
7. A lighting plan, both natural and artificial, with the number of foot-candles indicated for critical surfaces.
8. A complete list of building materials and surface finishes to be used for each room including the floors, walls, ceilings and coved wall/ juncture bases. **Note: ceiling tiles installed in food preparation areas and ware washing areas must be vinyl-clad or coated.**
9. A list of all equipment with the manufacturer name and model numbers listed. Only commercial equipment approved by a recognized food equipment testing agency, as acceptable for use in a food service operation or retail food establishment, will be accepted as specified under rule 3717-1-04.1(kk) of the Ohio Administrative Code. Provide cut sheets for all equipment.
10. Label and locate all dedicated hand sinks and dump sinks. Where applicable, dump sinks may be required (i.e. behind bars, front portions of convenience stores, etc.) that are separate from designated hand sinks. Dual-use sinks are not permitted and will not be accepted.

**Note: All materials submitted for review become property of Geauga Public Health and are subject to record retention laws. You are responsible for making your own copies of the materials submitted.**

### **What is my risk level?**

Food facilities are licensed as a Risk Level I, II, III, or IV. Risk levels reflect the potential risk that a facility poses to Public Health and are based on the highest risk level activity of the food service operation/food establishment in accordance with the following criteria:

**Risk level I:** poses potential risk to the public in terms of sanitation, food labeling, and sources of food, storage practices, or expiration dates. Examples of risk level I activities include, but are not limited to, an operation that offers for sale or sells:

- coffee, self-service fountain drinks, prepackaged non-potentially hazardous beverages;
- pre-packaged refrigerated or frozen potentially hazardous foods;
- pre-packaged non-potentially hazardous foods;
- baby food or formula
- food delivery sales operations
- micro-markets

**Risk level II:** poses a higher potential risk to the public than risk level I because of hand contact or employee health concerns but minimal possibility of pathogenic growth exists. Examples of risk level II activities include, but are not limited to:

- handling, heat treating, or preparing non-potentially hazardous food;
- holding for sale or serving potentially hazardous food at the same proper holding temperature at which it was received;
- heating individually packaged commercially processed potentially hazardous foods for immediate service;

**Risk level III:** poses a higher potential risk to the public than risk level II because of the following concerns: proper cooking temperatures, proper cooling procedures, proper holding temperatures, contamination issues or improper heat treatment in association with longer holding times before consumption, or processing a raw food product requiring bacterial load reduction procedures in order to sell it as ready-to eat. Examples of risk level III activities include but are not limited to:

- handling, cutting, or grinding raw meat products;
- cutting or slicing ready-to-eat meats and cheeses;
- assembling or cooking potentially hazardous food that is immediately served, held hot or cold, or cooled;
- operating a heat treatment dispensing freezer;
- reheating in individual portions only; or
- heating of a product, from an intact, hermetically sealed package and holding it hot;

**Risk level IV:** poses a higher potential risk to the public than risk level III because of concerns associated with: handling or preparing food using a procedure with several preparation steps that includes reheating of a product or ingredient of a product where multiple temperature controls are needed to preclude bacterial growth; offering as ready-to-eat a raw potentially hazardous meat, poultry product, fish, or shellfish or a food with these raw potentially hazardous items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immuno-compromised or elderly individuals in a facility that provides either health care or assisted living; or using time in lieu of temperature as a public health control for potentially hazardous food. Examples of risk level IV activities include, but are not limited to:

- reheating bulk quantities of leftover potentially hazardous food more than once every seven days;
- caterers or other similar food service operations that transport potentially hazardous food;
- non-continuous cooking
- Performing a food handling process that is not addressed, deviates, or otherwise requires a variance for the process according to rules adopted pursuant to section 3717.05 of the revised code. These facilities will need to have a written HACCP plan for these activities. Examples of these risk level IV variance activities include, but are not limited to:
  - reduced oxygen packaging;
  - smoking for preservation

**What Is My Plan Review Fee?** Please contact GPH at 440-279-1911 to determine your Risk Classification and Plan Review Fee.

### **Education Requirements**

As of March 1, 2010, the Ohio Revised Code requires that all food service operations and retail food establishments opened after this date have at least one person-in-charge per shift that has a minimum of level one certification in food protection or an equivalent approved training within 90 days of being licensed.

As of March 1, 2017, each risk level 3 and risk level 4 food service operations and retail food establishment must have at least one management or supervisory employee with a level two certification in food protection. This certification is obtained through the Ohio Department of Health after completing an approved course (15 hours of instruction and passing a comprehensive exam). A ServSafe® certificate itself and the level one certificate does not comply with this rule.

**\*\*Please keep pages 1 – 4 for your reference\*\***



# Geauga Public Health Food Safety Program Plan Review Application

### Office Use Only

Amount Received: \$ \_\_\_\_\_  
 Check (# \_\_\_\_\_)  Cash New \_\_\_\_\_  
Remodel \_\_\_\_\_ Risk Level: 1 2 3 4  
Received by: \_\_\_\_\_

#### Facility Information:

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Political Sub Division/ Village/ Township: \_\_\_\_\_

Non-Commercial:  Yes  No (if yes, a copy of your 501(c) (3) must be provided)

#### Applicant/Operator Information:

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address for License Renewal: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

**Contact Person (For Plan Review Response)** \_\_\_\_\_

Title (Owner, Manager, Architect. Etc.): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

#### Plan Review Type:

- New Construction or facility has never operated as a food facility
- Remodel or extensive alteration of an existing licensed food facility

**Type of Establishment:**  Food Service Operation (FSO)  Retail Food Establishment (RFE)

**Risk Level:**  Level 1  Level 2  Level 3  Level 4

**Off-Premise Catering** (as defined in ORC 3717.01(G)):  Yes  No

**Plans Concurrently Submitted to:**  Building  Fire  Plumbing

**Anticipated Construction Date:** \_\_\_\_\_

**Anticipated Opening Date:** \_\_\_\_\_

## Plan Review Checklist

The following information must be included as part of your plan review.

Components	(√) or (N/A)	Official Use Only
<b>Plan review fee</b> made payable to Geauga Public Health		
<b>Proposed Menu</b> (complete list of food items to be prepared, served, or sold)		
<b>Consumer advisory</b> (if applicable)		
<b>Facility floor plan or layout, drawn reasonably to scale</b> (to include):		
<ul style="list-style-type: none"> <li>• total square footage to be used Indicate: _____ sq. ft.</li> </ul>		
<ul style="list-style-type: none"> <li>• restroom locations</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of dry goods</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of chemical storage</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of personal belonging storage</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of 3 compartment sink</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of dish machine indicate:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> High temperature</li> <li><input type="checkbox"/> Low temperature</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>• Location of food preparation sink complete with indirect waste line</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of mop sink</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of hand sinks</li> </ul>		
<ul style="list-style-type: none"> <li>• Location of all equipment</li> </ul>		
<b>Site Plan</b> (to include)		
<ul style="list-style-type: none"> <li>• A scaled drawing</li> </ul>		
<ul style="list-style-type: none"> <li>• drawing showing an arrow indicating north</li> </ul>		
<ul style="list-style-type: none"> <li>• location of the business in a building such as a shopping mall or stadium</li> </ul>		
<ul style="list-style-type: none"> <li>• location of building onsite, including alleys, streets, and location of any outside support infrastructure such as dumpsters</li> </ul>		
<ul style="list-style-type: none"> <li>• Potable water source</li> </ul>		
<ul style="list-style-type: none"> <li>• Sewage treatment system</li> </ul>		
<ul style="list-style-type: none"> <li>• Interior and exterior seating</li> </ul>		
<b>Lighting plan</b>		
<b>Interior finish schedule</b> (materials for floors, walls, ceilings, and coving)		
<b>Equipment list</b> , include make and model numbers (commercial equipment only, NSF or equivalent)		
<b>Plumbing Plan</b> (location, type, and number of all plumbing fixtures)		
<b>Education</b> : indicate: <ul style="list-style-type: none"> <li><input type="checkbox"/> Level One and/or</li> <li><input type="checkbox"/> Level Two Certification</li> </ul>		

**\*\*Failure to provide all information may result in a delay or disapproval of your submittal\*\***

## General Information

- What are the hours of operation: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_
- Square Footage: \_\_\_\_\_ Will part of the operation be outdoors?  Yes  No
- Will there be at least one person-in-charge per shift with a minimum of Level One Certification in Food Protection?  YES  NO
- Are copies of the employee Level One and Level Two (if applicable) certificates enclosed?  YES  NO
- Do you have a written sick policy that ensures your food employees are informed (in a verifiable manner) of their responsibilities to report to the PIC information about their health as it relates to diseases that are transmissible through food?  YES  NO – See attachment
- Do you have a written procedure for employees to follow when responding to vomiting or diarrheal events that addresses how to minimize the spread of contamination and the exposure to employees, consumers, and surfaces?  YES  NO
- If this operation performs a food handling process that is not addressed, deviates, or otherwise requires a variance (such as reduced oxygen packaging, smoking for preservation, bottling or canning) is the required written HACCP plan enclosed?  YES  NO  N/A
- Will each refrigerator, freezer, or warmer have a temperature measuring device?  YES  NO  N/A
- Will food shields be used to protect foods on display?  YES  NO
- Will temperature measuring devices be provided, readily accessible, and properly calibrated to ensure that the temperature of the food product is being accurately measured?  YES  NO  N/A
- Will there be an adequate amount of shelving space be available for dry goods storage?  YES  NO
- Will food be stored at least 6 inches above the floor on commercially certified equipment?  YES  NO

## Equipment/Utensils

- Will all equipment and utensils be commercially certified NSF or equivalent?  YES  NO
- Is the required equipment list with make and model numbers enclosed?  YES  NO
- If utensils used with moist foods such as ice cream, or mashed potatoes are not stored in the product, will the required dipper well be provided?  YES  NO  N/A
- Are all containers used to store bulk food products constructed of safe materials designed to be in direct contact with food?  YES  NO  N/A

**What method of warewashing will be used:**  Manual  Mechanical  Both

**Manual Warewashing**  Not applicable

- Will the dimensions of the three-compartment sink be large enough to accommodate the largest food contact surface completely submerged (including large pots & pans)?  YES  NO
- Dimensions of each compartment of the three compartments sink are \_\_\_\_\_ inches long \_\_\_\_\_ inches wide \_\_\_\_\_ inches deep.

- Will the required drain-boards be provided on both ends of the three-compartment sink?  
 YES    NO
- \_\_\_\_\_ -  YES    NO
- What type of sanitizer will be used?  Chlorine    Quaternary Ammonia    Iodine
- Will test papers be available to verify the concentration of sanitizer being used?  YES    NO

**Mechanical Warewashing**    Not applicable

- Type of sanitization to be used:    High Temperature (180° F)    Chemical
- Capacity: \_\_\_\_\_ racks per hour. Final Rinse Water Usage: \_\_\_\_\_ gallons per hour.
- Will the required drain boards be provided on both sides of the machine?  YES    NO
- Is the dish machine equipped to automatically dispense detergents and/or sanitizers?  
 YES    NO
- Does the dish machine have visual and/or audible notifications to verify that detergents and sanitizers were delivered during the respective washing and sanitizing cycles?    YES    NO
- If a high temperature dish machine is used, will an irreversible registering temperature indicator (such as a maximum registering thermometer or thermolabels) be provided?  YES    NO  
 N/A

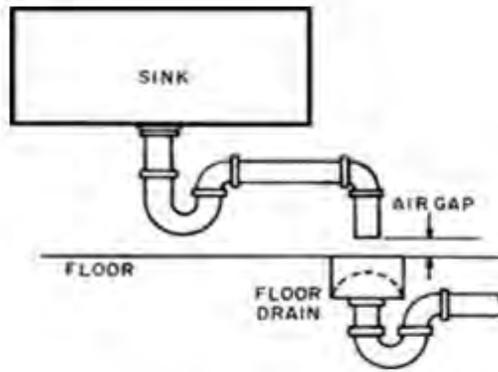
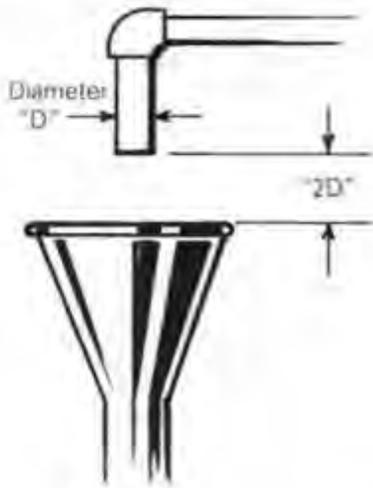
**Note: If you only have a dishmachine and do not have a three compartment sink, you will be required to close if the dishmachine is not working properly.**

**Plumbing & Fixtures**

<b>Will the potable water supply be protected from cross contamination? Indicate where applicable:</b>	<b>ASSE Backflow Prevention Device</b>	<b>Air Gap</b>	<b>N/A</b>
Garbage Disposal			
Ware Washing Hoses			
Kettle Filler			
Steam Table			
Cleaning Hoses/Mop sink/Chemical dispensers			
Dipper Well			
Table top food equipment with water connection (ie. coffee)			

<b>Will the drains of the following equipment be provided with at least a two-inch air gap?</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Ice Machine/Ice Storage Bins			
Pop Gun Holster			
Food Processing Sinks			
Steam Tables			
Dipper Wells			
Steam Kettles and Ovens			
Walk in Cooler and Walk in Freezer			

**Examples of Air Gaps**



- Will the required mop sink be provided on each floor?  YES  NO
- Will the required mop hanger be provided at the mop sink?  YES  NO
- If the mop sink is located in the food prep or ware washing areas, will there be a partition to protect food and equipment from splash?  YES  NO  N/A
- If the menu or layout dictates, are there dedicated dump sinks available?  YES  NO  N/A

**Water Supply and Sewage Disposal**

- **Water Supply:**  Municipal/ Public Authority  Well\*  
\*Attach the Ohio EPA approval documentation and provide PWS# \_\_\_\_\_.
- **Sewage Disposal:**  Municipal/Sanitary Sewer  Semi-Public\*  
\*Attach the Ohio EPA Small Flow Onsite Waste Water Treatment approval documentation.

**Handwashing Facilities**

- Will there be a dedicated hand sink available no farther than 20 feet of any food handling or ware washing area without going through a doorway?  YES  NO
- Total number of hand sinks (not including restrooms): \_\_\_\_\_.

- Will all hand sinks be installed in a manner that prevents splash contamination to food and food contact surfaces?  YES  NO
- Will all hand sinks be supplied with hot and cold running water through a mixing valve or combination faucet?  YES  NO
- Is hot and cold running water under pressure available at all hand sinks? (Note: hot water shall be a minimum temperature of 100° Fahrenheit)?  YES  NO
- Will soap, paper towels/ hand drying facilities, trash receptacles, and signage promoting hand washing be provided at all hand sinks?  YES  NO

### **Refuse Storage & Disposal**

Outdoor refuse receptacles must be shown on the plan review drawing.

#### **Will the refuse receptacles:**

- Be placed on a graded and paved surface?  YES  NO
  - Be rodent proof and leak proof?  YES  NO
  - Have tight fitting lids/ covers?  YES  NO
  - Is there an outdoor grease storage receptacle?  YES  NO
  - Is there an area designated for garbage can or floor mat cleaning?  YES  NO
- if you answered outside, you must clean equipment (including carts, mats, garbage cans, and racks) in a designated wash area that allows NO discharge to the storm drains.**

### **Lighting**

#### **Will at least 50 foot-candles of light be provided at:**

- Food preparation areas?  YES  NO  N/A
- Areas employees work with utensils or equipment?  YES  NO  N/A

#### **Will at least 20 foot-candles of light be provided at:**

- Consumer self-service areas?  YES  NO  N/A
- Inside equipment?  YES  NO  N/A
- Areas used for handwashing?  YES  NO  N/A
- Areas used for warewashing?  YES  NO  N/A
- Areas used for equipment storage?  YES  NO  N/A
- In restrooms?  YES  NO  N/A

#### **Will at least 10 foot-candles of light be provided at:**

- Walk-in coolers and freezers?  YES  NO  N/A
- Dry storage areas?  YES  NO  N/A
- All areas when cleaning?  YES  NO  N/A

Will the required shielding or shatter-resistant lamps be provided for light fixtures in food storage, preparation, display, and service areas?  YES  NO  N/A

**Ventilation**

- Will a commercial exhaust hood with an approved fire suppression system be provided to service cooking equipment producing grease-laden vapors?  YES  NO  N/A
- Will the canopy hoods completely cover the cooking equipment?  YES  NO  N/A
- Will a commercial exhaust hood be provided to service a hot temperature dish machine?  YES  NO  N/A

**Interior Finishes**

All room finishes on floors, walls, and ceilings in areas where sinks, urinals, toilets, dish machines, areas subject to food splash/ vapors, food/ wet bars, buffet lines, drink dispensing areas, mop sinks/ service sinks, steam tables and areas where food preparation equipment is located are required to be durable, smooth, easily cleanable and impermeable to moisture. Fiberglass Reinforced Plastic (FRP), tile, stainless steel, or other approved materials such as painted drywall or sealed block are required.

Is your facility compliant with this rule?  YES  NO

**Complete the following chart to indicate all interior finishes or provide a finish schedule.  
Finish Schedule Attached  YES  NO**

<b>Area</b>	<b>Floors</b>	<b>Walls</b>	<b>Coved Base</b>	<b>Ceiling</b>
<b>Example</b>	<b>Quarry Tile</b>	<b>FRP</b>	<b>Rubber Base Molding</b>	<b>Vinyl Coated Tile</b>
<b>Food Preparation</b>				
<b>Cooking</b>				
<b>Warewashing</b>				
<b>Food Storage</b>				
<b>Bar</b>				
<b>Restrooms</b>				
<b>Service Areas/ Buffets/Salad Bars</b>				
<b>Dining</b>				
<b>Mop Room</b>				
<b>Other:</b>				
<b>Other:</b>				

### General Facility Considerations

- Will public restrooms be accessible without passing through food preparation, food storage, or warewashing areas?  YES  NO  N/A
- Will restrooms be equipped with self-closing room doors (if located in the food preparation area) and adequate ventilation?  YES  NO
- Where will employees store personal belongings \_\_\_\_\_
- Where will employees take breaks? \_\_\_\_\_

### Layout and Equipment Specifications

- Will all toxic chemicals be stored away from food preparation and storage areas?  YES  NO
- Where will cleaning supplies and chemicals be stored? \_\_\_\_\_
- Will laundry facilities be located on premise?  YES  NO
- Where will clean linens be stored? \_\_\_\_\_
- Where will soiled linens be stored? \_\_\_\_\_
- Will all openings to the exterior (doors, windows, ventilation discharges, etc.) be designed to keep out rodents and insects?  YES  NO
- If you want to leave an exterior door open, it must be supplied with a tight fitting screen that meets both building and fire codes. Is your facility compliant with this requirement?  
 YES  NO  N/A
- Pesticides can only be applied by a licensed commercial applicator. Provide the name of the pest control company \_\_\_\_\_
- Is the completed GPH Plan Review Checklist enclosed with the materials submitted?  
 YES  NO

### Plan Review Submission Plans Review Submittals Requiring a Hazard Analysis Critical Control Point

- (HACCP) Plan:  YES  N/A
- Acidified White Rice (i.e. sushi rice)  YES  N/A
- Vacuum Packaging (including ROP, cook-chill, sous vide)  YES  N/A
- Prepared and Packaged On-site Fresh Squeezed Juice  YES  N/A
  - If not pasteurized, provide label sample with Warning Statement –
  - If No Warning label, submit HACCP plan and state variance or proof of pasteurization

This application is complete and accurate to the best of my knowledge. I understand that an incomplete submittal may delay the plan review process. I understand that any deviation from the initial submittal without prior approval from GPH may nullify final approval. I have enclosed a completed GPH Plan Review Checklist.

Please contact the GPH for the appropriate plan review fee and submit with this application.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Employee Health Policy Agreement

### **Reporting: Symptoms and Exposure of Illness**

I agree to report to the manager when I have the following symptoms:

- Vomiting
- Diarrhea
- Sore Throat with fever
- Jaundice
- Lesions/infected wounds (depending on covering)

### **Reporting: Diagnosed Illnesses**

I agree to report to the manager if diagnosed with any of these 13 reportable illnesses:

1. Campylobacter
2. Cryptosporidium
3. Cyclospora
4. Entamoeba histolytica
5. Giardia
6. Hepatitis A virus
7. Norovirus
8. Salmonella spp.
9. Salmonella Typhi
10. Shigella spp.
11. Vibrio cholera
12. Yersina
13. Enterhemorrhagic or Shiga toxin-producing Escherichia coli

**Reporting: Exposure of Illness I agree to report to the manager or person in charge when I have been exposed to any of the illnesses listed above through:**

- Previously having been diagnosed with a foodborne illness due to Salmonella Typhi by a health care provider within the past three months.
- Consumed or prepared food implicated in a confirmed outbreak.
- Attended or work in a setting confirmed with a disease outbreak.
- Live in the same household and has knowledge about an individual who works or have attended a setting where there is a confirmed disease outbreak.

**Exclusions** The manager must actively exclude employees while they continue to exhibit symptoms. If an employee has been diagnosed by a doctor with one of the above illnesses then the manager must actively exclude employees AND report to the Licensor (Health Department).

### **Exclusion and Restriction from Work**

If you are excluded from work you are not allowed to come to work. If you are restricted from work you are allowed to come to work; however, duties will be limited to tasks that do not include handling of food and food contact surfaces.

**Returning to Work** If you are excluded from work for exhibiting symptoms, you will not be able to return to work until the symptoms have ended. If you are diagnosed with one of the reportable illnesses listed above, **you will not be able to return to work until the symptoms have ended and Geauga Public Health or doctor approval is granted.**

**Agreement** I understand that I must:

- Report when I have or have been exposed to any of the symptoms or illness listed above; and
- Comply with work restrictions (allowed to come to work, but duties may be limited) and/or exclusions (not allowed to come to work) that are given to me.

**I understand that if I do not comply with this agreement, it may put the public at risk and can result in termination.**

**Food Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager (Person in Charge) Name:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_