



## **FOOD CATERING PLAN REVIEW PACKET**

► ***This application pertains to catering services, including the setup or service of food items outside the approved food service areas. Please respond to the following questions. If additional space is needed, attach your answers as numbered responses.***

### **PLAN REVIEW SUBMISSION**

**Submit Plans To:** Miami County Public Health (MCPH)  
510 West Water Street Suite 130  
Troy, Ohio 45373

**Questions?**  
Phone: 937-573-3504  
Email: [EH@miamicountyhealth.net](mailto:EH@miamicountyhealth.net)



### **CATERING PLAN REVIEW**

Date: \_\_\_\_\_ Name of Facility: \_\_\_\_\_ Name of Owner/Operator: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Plan Review Main Contact:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Check all the types of catering you will provide:**

- Self-service buffet line
- Served buffet line (served by catering staff)
- Table Service

1. I understand that all food must be prepared only at the licensed location being approved and may not be prepared at the event site. Please acknowledge by initialing here: \_\_\_\_\_

2. Maximum number of catered meals served daily: \_\_\_\_\_ (This number will be included on your permit and represents the total customers served per day.)

3. Provide the volume of food to be stored, anticipated number of events catered per week, and whether more than one event may be catered in a single day.  
\_\_\_\_\_  
\_\_\_\_\_

4. Attach a detailed catering menu listing all food and beverages to be offered. This must be separate from the restaurant menu.

5. Describe how beverages will be served:  
\_\_\_\_\_  
\_\_\_\_\_

6. Water and ice must be obtained from an approved source. Initial here: \_\_\_\_\_

7. Describe your policy for handling leftover food items at the end of each catered event:  
\_\_\_\_\_  
\_\_\_\_\_

8. Leftover food items set out for service must be discarded. Food that has entered the temperature danger zone (41°F–135°F) must also be discarded. Please acknowledge by initialing here: \_\_\_\_\_

9. Will any food of animal origin (meat, seafood, eggs) be served raw or undercooked?

No, we do not offer raw or undercooked food items.

Yes. A Consumer Advisory Warning will be provided for all raw or undercooked items. The advisory must be included on the catering menu and displayed at the serving area. Attach an example of this warning (table tent or placard).

10. List the thermometers used for monitoring food temperatures (name, type, manufacturer):  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe how food will be kept hot and cold before and during service at the event:  
\_\_\_\_\_  
\_\_\_\_\_

12. Provide your written plan for when hot food falls below 135°F:  
\_\_\_\_\_  
\_\_\_\_\_

13. How often is food delivered to your establishment? Include the quantity of food per delivery:  
\_\_\_\_\_  
\_\_\_\_\_

14. A walk-in refrigerator is required for storage and cooling at the licensed location.

Dimensions of cooler: \_\_\_\_\_ ft by \_\_\_\_\_

15. List any food items that will be cooled, including leftover hot food to be saved or items cooked, cooled, and reheated:  
\_\_\_\_\_  
\_\_\_\_\_

16. Describe the equipment used to transport hot and cold food to catered events. Attach specification sheets and identify quantities:  
\_\_\_\_\_  
\_\_\_\_\_

17. Describe how utensils, plates, linens, and other equipment will be transported?  
\_\_\_\_\_  
\_\_\_\_\_

18. If you provide dishes, utensils, or glassware, describe how they will be cleaned:  
\_\_\_\_\_  
\_\_\_\_\_

19. Sneeze guards must protect all open food or condiments at the serving area. Provide dimensions, elevation, and material of sneeze guard protection for hot and cold entrees:  
\_\_\_\_\_  
\_\_\_\_\_