



MAHONING COUNTY PUBLIC HEALTH

PREVENT · PROMOTE · PROTECT

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2023 FOOD SERVICE / ESTABLISHMENT FACILITY REVIEW REQUIREMENTS

NEW OR REMODELED OPERATIONS

Please retain this information to assist you through the licensing or reopening process. The following pages contain a checklist of information to be supplied on your submitted plans and include procedures for opening.

The food service operator or designated contractor is responsible for submitting all plans and specifications for new or remodeled food service/establishment operations. **Plan approval by the Environmental Division is necessary BEFORE a plumbing permit is issued and construction begins.** Plans must also be approved as per the criteria established for reviewing the facility layout and equipment specifications in the Ohio Administrative Code Chapter 3717 of the Ohio Uniform Food Safety Code.

The listed plan review fee will be charged for all food service/establishment plans submitted to this department. Your **MENU and/or FOOD AND DRINKS SOLD**, which must be submitted at this time, can be compared to the enclosed pages of this outline to help you determine your classification. If you have any questions, please contact our department. Note – there is not a separate category for non-commercial facilities.

After the plans have been accepted for review, they will be reviewed within 30 days. This applies to new or remodeled operations. Plans are reviewed in the order they are received or resubmitted. If your plans are formally declared incomplete or disapproved in writing the 30 days begin again after the necessary information or revisions are received.

**RETURN THE FACILITY REVIEW APPLICATION OF THIS OUTLINE
ALONG WITH ALL OTHER REQUIRED ITEMS ON THE CHECKLIST.
YOUR SUBMITTED PLANS WILL BE KEPT BY THIS OFFICE.**

LEVELS OF RISK

Food Service Operations/Retail Food Establishments

1. Level I

Risk level I poses potential risk to the public in terms of sanitation, food labeling, 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; OR
- Baby formula or baby food.

2. Level II

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; or
- Heating individually packaged commercially processed potentially hazardous foods for immediate service.

3. Level III

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 includes, 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.

4. Level IV

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;

Levels of Risk (continued)

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 or performs a food handling process that is not addressed, deviates, or otherwise requires a variance for the process. Examples of risk level IV activities include, but are not limited to:

- Reheats bulk quantities of leftover potentially hazardous foods (PHF) more than once every seven days; or
- Caterers or other similar food service operations that transport potentially hazardous foods.

FACILITY REVIEW FEES

LESS THAN 25,000 SQUARE FEET / GREATER THAN 25,000 SQUARE FEET

LEVEL 1	\$100.00	\$200.00
LEVEL 2	\$200.00	\$400.00
LEVEL 3	\$300.00	\$600.00
LEVEL 4	\$400.00	\$800.00

To determine the level of your food operation please check the two pages included titled “**Levels of Risk**”. If you have any questions about your level, please contact the health department at (330) 270-2855.

NOTE – If you have a restaurant with seating, that square footage is included.

If you are selling commercially processed non-Time/Temperature Controlled for Safety (TCS) foods on displays that total less than two hundred cubic feet, you will not have to obtain a license. Some examples of prepackaged non-TCS foods are:

- Bottled water or pop.
- Bags of chips or pretzels.
- Packaged candy or cookies
- Packaged Slim Jims or Jerky

Ohio Administrative Code section 3707-21-25(I) states, in part, “The licenser shall mandate level one certification in food protection training for risk level I, II, III, and IV food service operations and retail food establishments... (for) at least one person in charge per shift...”

- Level 1 certification in food protection training may be obtained on-line at servsafe.com/catalog/ProductList.aspx?MS=SST&SCID=52&RCID=21 or statefoodsafety.com/person-in-charge/ohio/state-of-ohio
- Level 1 certification in food protection training may be obtained in scheduled classes by contacting Beth Stefura at the Ohio State University Extension Office in Canfield, OH 330-533-5538 OR
- A complete list of all approved providers in Ohio may be viewed on the Ohio Department of Health website: odh.ohio.gov/odhprograms/eh/foods/cert/cert.aspx

PLAN APPROVAL PROCEDURE

The following is a list of the events which take place during the plan approval process. **Please keep in mind that when proper procedures are NOT followed, a time delay in plan approval will occur.**

1. Plans must be submitted in accordance with the food service/establishment plan check list as provided on page 8 of this outline.
2. State Law permits the health department thirty (30) days to act on the plans. Contact may be made verbally or via email to request additional information required. If the plans are rejected at some point within the 30 days, we will contact you in writing, and the 30 day plan approval time returns to day #1. You will be informed of the additional items or changes that will be necessary before the plan approval process can restart.
3. WHEN PLANS ARE APPROVED YOU WILL BE NOTIFIED IN WRITING, ALONG WITH ANY SPECIAL NOTATIONS BROUGHT TO YOUR ATTENTION THAT MAY BE SUBJECT TO THIS APPROVAL. REGARDLESS, ALL CONSTRUCTION MUST BE TO CODE.
4. As stated on page one, plan approval is necessary BEFORE a plumbing permit is issued and construction begins. Failure to adhere to this may result in added expense to the operator to comply with the approved set of plans. Plan approval from the Mahoning County Building Department is **NOT** an approval from Mahoning County Public Health. We are totally separate departments. **NOTE – SUBMITTED PLANS AND APPROVED PLANS MAY NOT BE THE SAME.**
5. At least 10 (TEN) working days before the planned opening of the business, the inspector should be contacted between 8:00 a.m. to 9:30 a.m. to arrange for a pre-opening inspection. More than one pre-opening inspection may be necessary. **All equipment must be in place, accessible and in working order at that time.** No license will be issued until the pre-opening inspection is satisfactory and no one will be permitted to operate without a license.
6. All plumbing must be completed by a master plumber who is registered with Mahoning County Public Health. All plumbing permits must be obtained by the plumbing contractor. Again, plumbing permits will not be issued until the plans are approved.
7. The Mahoning County Building Department should be contacted to find out if you need to submit to them an architectural set of plans and/or obtain a certificate of occupancy. They may be contacted at 330-270-2894. Your local township, fire and zoning departments should also be contacted.
NOTE – An approval by the Mahoning County Building Department is NOT an approval from this department. We have different turnaround times for plans and different requirements.

PLAN INFORMATION

Approval of the food service/establishment plans submitted to this department will depend on the reviewer's ability to determine whether the proposed operation will substantially comply with all aspects of the Ohio Uniform Food Safety Code based on the information submitted. The criteria for approval include but are not limited to the following:

1. **EQUIPMENT**

All equipment used in a food service/establishment operation shall be a type approved by an A.N.S.I. accredited testing agency such as the National Sanitation Foundation (N.S.F.). All equipment must be a commercial grade.

2. **SINKS**

Where manual washing and sanitizing of utensils and equipment are used, sinks must be in one piece with smooth edges and have three (3) bays with two (2) self-draining drain boards. The bays of the three-compartment sink must be large enough to immerse all utensils and equipment that must be sanitized. If a dish machine is being used a capture hood (Type 2) will be needed over the unit.

Any operation that requires the preparation of any fruits, vegetables, meats or other foods before cooking or serving or water for mixes must provide a separate food preparation sink. This sink must have a minimum bay size of 16" x 20" x 14" deep and have one self-draining drainboard. A two bay sink with the stated dimensions and without a drain board is permitted.

Separate hand washing facilities shall be provided for use by employees in each working area. N.S.F. approved wall hung stainless steel hand sinks should be installed.

A one foot clearance is needed (side to side measurement) between: drain boards or sides of sinks and another working area; and between hand sinks and another working area. If a one foot clearance cannot be maintained on hand sinks, then side splash guards from the sink manufacturer will be required. Special construction will be required between sinks and working areas to prevent cross contamination if there is not a one foot clearance.

A mop sink located outside the food preparation and utensil washing areas shall be provided for the proper disposal of mop wastes. It is recommended you install a floor model mop sink. Utility sinks cannot be substituted for hand sinks. Provide a mechanism to hang wet mops.

3. **LIGHTING**

A minimum measurement of 50 foot candles of true light that is shielded or shatter proof must be available on all working surfaces where food or drink is processed or prepared and where sharp utensils are handled. This includes at a bar or wait station with a blender or ice maker, and at ware wash equipment where sharp utensils will be handled.

A minimum of 20 foot candles of shielded or shatter proof light is required at consumer self service areas, inside reach in refrigerators and 30 inches above the floor in restrooms, handwashing, ware washing of non-sharp ware, and equipment/utensil storage areas.

PLAN INFORMATION (continued)

A minimum of 10 foot candles of shielded or shatter proof light 30 inches from the floor will be required in walk-in-refrigeration units and all dry food storage areas.

Walk-in-coolers should be equipped with vapor proof high output fluorescent light fixture(s). Walk-in-freezers should be equipped with vapor proof super high output fluorescent light fixture(s).

It is highly recommended under ventilation hoods that at a minimum each 100 watt bulb or equivalent be spaced less than 24" apart.

4. CEILINGS

All ceilings in food preparation and storage rooms must be smooth, free of any cracks or fissures, impervious to moisture and easily cleanable. Lay in ceilings in the previously listed areas should be equipped with rigid, vinyl faced one-half inch thick gypsum board backed tiles.

5. WALLS AND FLOORS

All walls and floors must be smooth, easily cleanable and of an approved type. Floor to wall joints must be covered with an approved material. This includes the areas inside and outside of the walk-in-refrigeration units.

6. EMPLOYEES

The areas where the employees will store their belongings and coats must be shown on the plans. The employees must also have a designated area to eat or drink.

NOTE –

- Employees that have direct contact with food (i.e. kitchen staff, waiters/waitress, etc.) may NOT wear fingernail polish or artificial fingernails when working with exposed food.
- Jewelry may NOT be worn on arms or hands with the exception of plain wedding bands.
- All employees working with exposed foods must restrain long hair from the face through the use of hats, visors, nets or tiebacks. This does not apply to employees who serve only beverages and wrapped or packaged foods.
- Food employees may NOT contact exposed, ready-to-eat food with their BARE hands. They must use barriers such as deli tissue, spatulas, tongs, single use gloves or dispensing equipment.

SUBMITTING YOUR PLANS CHECK LIST

Please review the following items to be turned in for the plan review.

- _____ 1. Plan application form filled out completely, including food handling processes.
- _____ 2. A menu or list of food and drinks you are planning to serve or sell with approved sources.
- _____ 3. A check made out to Mahoning County Public Health for plan review which reflects your level and square footage.
- _____ 4. A keyed equipment list with make and model numbers of all equipment. Provide cut sheets of new equipment. Manufacturer specification sheet for all equipment. All equipment must be A.N.S.I./N.S.F. approved and/or commercial grade.
- _____ 5. One set of detailed hand drawn or architectural plans of the kitchen and adjoining areas with proper flow from receiving/storage to prep to serving to cleaning/disposal. Include seating, bars, wait stations, deli areas, walk-in-refrigeration units, all storage areas and any basement area used for food, packaging or equipment storage/prep. Also indicate the location, model and size of the grease trap for the three compartment sink and/or dishwasher. This should ideally be located outside of the food preparation area and must be easily accessible.
- _____ 6. A separate site plan of the overall facility and vicinity. Include adjacent buildings and streets, as well as the location of exterior seating, parking, sheds, dumpsters, grease containers/traps, water and sewage connections/systems.
- _____ 7. All building materials and surface finishes of floors, coving, walls and ceilings must be listed for each room on the enclosed chart. All surfaces must be smooth and easily cleanable.
- _____ 8. A detailed lighting layout is need of the entire facility. This includes all food areas, walk-in-refrigeration units, wait stations and ventilation hoods. All lights must be shielded or shatter proof which includes recessed can lights over a bar or food counter, waitress station, food or utensil handling areas and storage areas. If you have a large grocery store or retail food store, please contact the health department for lighting information.

NOTE –

Plans must be drawn to scale with all equipment, plumbing and lighting fixtures labeled. Architectural plans are preferred but NOT required by this office. If you are required to submit plans to the Mahoning County Building Department, please submit ONE copy of the architectural plans with all the necessary additional information as required.

PRE-OPENING INSPECTION PROCESS

1. Refer to your plan approval letter for any special notations in case revisions were made to your plans for approval or conditions/restrictions were placed on the approval.
2. Contact has been made with your inspector for the pre-opening inspection at least 10 working days before your planned opening date. This inspection will determine if your establishment complies with all food codes. If the establishment does not comply, construction problems will have to be brought to code before you open.
3. The inspector **MUST BE ABLE TO GAIN ACCESS TO ALL AREAS OF THE OPERATION.** All equipment must be in place, refrigeration units working and all surface areas cleaned off so that light readings can be taken for the final inspection. If this is a larger operation, the contractor or owner should contact the inspector frequently as the opening date is nearing. Several inspections may need to be made on any operation prior to the final pre-opening inspection, especially if construction problems are suspected to meet code.
4. If at any time a piece of equipment or construction is found that will cause problems with the operation of the business, it will have to be modified, moved, replaced or removed, despite any prior approvals. This judgement may have to be made on site.
5. All refrigeration units must have thermometers and must be kept below 41° Fahrenheit. All hot holding cabinets must have thermometers as well. All hand sinks must be equipped with soap and single use hand towels. A sanitizer and test paper must be on site. Metal stem instant read food thermometers reading from 0 to 220° Fahrenheit are required. A tip sensitive, digital thermometer is required for measuring any thin foods.
6. A State of Ohio Food Service or Food Establishment License will be needed before you open.
7. **THE MOST IMPORTANT PART OF GETTING YOUR OPERATION OPEN IS TO STAY IN CONTACT WITH YOUR INSPECTOR.**

LICENSE FEES

LESS THAN 25,000 SQ. FT. / GREATER THAN 25,000 SQ. FT.

LEVEL 1	\$250.00	\$351.00
LEVEL 2	\$279.00	\$368.00
LEVEL 3	\$512.00	\$1248.00
LEVEL 4	\$643.00	\$1322.00

(For office use) Receipt # _____

Mahoning County Public Health
FOOD ESTABLISHMENT FACILITY LAYOUT AND EQUIPMENT
SPECIFICATIONS REVIEW APPLICATION

Please print clearly or type.

Name of Establishment: _____

Address: _____

City/Zip: _____ Township: _____

Name of Contact Person: _____

Title (owner, architect, etc.): _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail _____

Business Owner: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____ Fax: _____

Projected Date Construction Will Begin: _____ Projected Opening Date: _____

License Level, Type and Size: (See requirements for risk level, type and size definitions.)

Level I Level II Level III Level IV FSO RFE Small Large

Total Square Footage of area used for FSO or RFE: _____

- Includes seating if seating is provided.

Review Type:

New Food Establishment

Remodel or Extensive Alteration of an Existing Food Establishment

Change of Use of an Existing Building to a Food Establishment

Type of Establishment: (Check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Child Daycare | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Pizza Shop | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Bar/Pub | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Meat/Fish Market |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Adult Daycare | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> School | <input type="checkbox"/> Deli |
| <input type="checkbox"/> Other: _____ | | |

Water Supply: Municipal Public-EPA Approved Private
If not municipal, was EPA contacted? Yes No

Sewage Disposal: Municipal Public-EPA Approved Private
If not municipal, was EPA contacted? Yes No

Hours of Operation: _____ **Days of Operation:** _____
List Any Seasonal Closures: _____

Please provide the following information.

FOOD HANDLING PROCESS GUIDE

Is the completed food handling process included with this application? Yes No

MENU

Is the menu included with the plans? Yes No

PAYMENT

Is there a check made out to the Mahoning County Public Health based on the food license risk level? Yes No

EQUIPMENT LIST

Is there an equipment list that matches with the equipment floor plan with model and make of the equipment? Yes No

Are the manufacturer specification sheet provided for all equipment? Yes No

Is all the equipment being used in the facility commercial grade and approved by National Sanitation Foundation or other recognized agency? Yes No

FLOOR PLAN

Is there a floor plan showing the location of the plumbing fixtures, restrooms, entrances, exits, and location of all the equipment? Yes No

SURFACE FINISHES

Are all the surface finishes in food prep areas, food storage areas, ware washing areas, walk-in coolers included with the plans? Yes No

SITE PLAN

Is there a site plan indicated on the plans which include streets, dumpsters and other utilities? Yes No

FLOOR PLAN INFORMATION

SINKS

Is there a handwashing sink? Yes No

Is there a service or mop sink? Yes No

Is there a food prep sink? Yes No NA

Ware washing equipment:

High temperature sanitizing machine

Low temperature machine with chemical sanitizer

3 compartment sink

Plumbing:

Is the hot water tank at least 50 gallons? Yes No

Ventilation:

Is an exhaust hood present over cooking equipment? Yes No NA

Is an exhaust hood present over ware washing equipment? Yes No NA

Lighting:

Are 50 foot candles of light available at:

All food preparation areas Yes No NA

Ware washing areas where sharp utensils are washed Yes No NA

Are 20 foot candles of light available at:

Buffets/Salad Bars Yes No NA

Reach in equipment Yes No NA

Hand washing Yes No NA

Utensil storage Yes No NA

Bar sinks Yes No NA

Restrooms Yes No NA

Are 10 foot candles of light 30" from the floor available in:

Storage rooms Yes No NA

Walk-in coolers Yes No NA

Will all light fixtures in areas where there is exposed food or food contact surfaces be shielded or fitted with shatter-resistant bulbs? Yes No

Will all light fixtures in all food storage, preparation and service areas be on the plans?

Yes No

Storage:

Where will chemicals be stored? _____

Where will clean dishware be stored? _____

Where will dry goods/canned goods be stored? _____

Where will mops be hung? Over the mop sink On a mop rack Other

Refuse:

What type of hard surface is the dumpster located on? AsphaltConcrete Other

What will be the pick-up frequency? _____

Is the location of the dumpster on the plans? Yes No

Is the dumpster ground sloped to drain? Yes No

Pest Control

Will there be a pest control contractor? Yes No

If so, Name _____ Frequency _____

Restrooms:

Are the doors to the restrooms that open into food preparation areas self-closing? Yes No

Is a covered waste receptacle available in the women’s restroom for sanitary napkins? Yes No

Employees:

Where will employee possessions be located (coats, purses, etc.)? Employee breakroom Office

Other _____

Where will employees eat while at work? Employee breakroom Restaurant area

Other _____

Is there a written policy for excluding or restricting food workers who are sick or have infected cuts or lesions?

Yes No

Explain or attach policy _____

Please explain any NO answers. _____

Please be advised that any NO answers may result in disapproval of the plans submitted.

I hereby certify that the above information is correct. If any changes to this information occur I will notify the District Board of Health. I understand that failure to notify the District Board of Health could affect final approval to obtain a food license.

Printed Name: _____

Signature: _____ Date: _____