



2025 FOOD SERVICE / ESTABLISHMENT FACILITY REVIEW REQUIREMENTS

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All new food businesses and those performing substantial alterations or remodeling must complete the facility review process. Included in this document are the necessary steps, requirements, and Facility Review Application needed to obtain approval of your submitted plans by Mahoning County Public Health (MCPH).

Step 1: Submit Plans for Review

Must include:

- One complete set of facility drawings. Drawn to scale and legible.
- Architectural plans are preferred, but not required by this office.
- A completed, and signed, Facility Review Application (Pg. 7-10)
- A menu or list of food and beverages that will be sold.
- Payment of the Facility Review Fee (cash, check, or money order). Fee amounts are listed on page 4.

Step 2: Facility Review Process

- State Law permits the health department thirty (30) days to decide whether the submitted plans will be approved or if additional information is required.
- If additional information is required, you will be contacted via an issue letter stating what information is needed. The 30-day review period begins again after the necessary information or revisions are received.

Step 3: Plan Approval Process

- An approval letter will be sent to the listed contact person informing them that the submitted plans have been reviewed and approved.
- Plan approvals will expire in one year unless the facility is under construction.

Step 4: Construction

- Ensure all necessary permits are obtained through Mahoning County Building Inspection Department, Township's Zoning Department, Fire Inspection, and Ohio EPA (if applicable).
- Plumbing permits may be issued once the submitted plans have been approved. Plumbing work **must be** performed by a state registered master plumber who is registered with MCPH. Plumbing work requires a drawing of the proposed work, payment, and permits issued. There will be a 100% penalty (fees doubled) for any plumbing work that is done without the appropriate permits issued.
- Walk-through inspections may be granted during the construction phase at the discretion of MCPH's food safety inspectors.

Step 5: Pre-opening Inspection/Licensure

- Obtain “final approval sign offs” from all other regulatory agencies before contacting MCPH to schedule the pre-opening inspection.
- A 10-business day notice is needed to schedule an inspection to prevent any risk of scheduling conflict. Contact your inspector directly to schedule the pre-opening inspection.
- All equipment must be in place, accessible, and in working order at the time of the pre-opening inspection.
- Once the pre-opening inspection has been deemed satisfactory, an application for licensure will be issued. This application needs to be completed and brought to MCPH along with payment (cash, check, or money-order) for the license fee, which are listed on page 4.
- The application and fee will be processed by MCPH, and your license will be issued. The license will be mailed, or it may be picked up at our office. Once the license is received, it must always be displayed in the facility during operation.

CONTACT NUMBERS OF OTHER REGULATORY AGENCIES

OFFICE	SERVICE	PHONE NUMBER
Mahoning County Public Health	Food Facility Review and Inspections	330-270-2855, Option 2
Mahoning County Public Health	Plumbing Inspections	330-270-2855, Option 2
Mahoning County Building Department	Occupancy Permit	330-270-2894
Ohio Dept of Commerce/Division of Liquor Control	Liquor License	614-644-2360
Ohio Department of Taxation	Vendor 's License - Apply Online Tax ID# (EIN)	http://business.ohio.gov www.irs.com
Ohio EPA Northeast District	Commercial Well and Septic Systems (if applicable)	330-963-1200
Ohio Department of Agriculture	Licenses Wholesale Operations and Home Bakeries	614-728-6250 www.ohioagriculture.gov

LEVELS OF RISK

To determine the risk level of your food operation please refer to the below descriptions. If you need assistance with determining your facility's level of risk, call our office at (330) 270-2855 Ext: 2.

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-time/temperature controlled for safety beverages;
- Pre-packaged refrigerated or frozen time/temperature controlled for safety (TCS) foods;
- Pre-packaged non-time/temperature controlled for safety foods;
- Baby formula or baby food;
- Self-service hot beverage dispenser drinks; OR
- Fresh unprocessed fruits and vegetables.

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-time/temperature controlled for safety foods;
- Holding for sale or serving time/temperature controlled for safety foods at the same proper holding temperature at which it was received;
- Heating individually packaged commercially processed time/temperature controlled for safety foods for immediate service; OR
- Hand dipping of commercially manufactured ice cream.

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;
- “Partially cooking,” in reference to food that is immediately served, held hot or cold, or cooled;
- Operating a soft serve ice cream or frozen yogurt machine;
- Assembling or cooking time/temperature controlled for safety foods that are 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 time/temperature controlled for safety meat, poultry product, fish, or shellfish or a food with these raw time/temperature controlled for safety items as ingredients; using freezing as a means to achieve parasite destruction; serving a primarily high risk clientele including immunocompromised 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 time/temperature controlled for safety foods more than once every seven days;
- Operating a heat treatment dispensing freezer;
- Catering food service operations as defined in division (G) of section 3717.01 of the Revised Code;

- Offering as ready-to-eat a raw time/temperature controlled for safety animal food or a food with these raw ingredients; OR
- Using freezing as a means to achieve parasite destruction.

FACILITY REVIEW FEES

LESS THAN 25,000 SQ. FT. (small) / GREATER THAN 25,000 SQ. FT. (large)

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

****NOTE** – Seating areas must be included in determining the total square footage of your proposed facility.

LICENSE FEES

LESS THAN 25,000 SQ. FT. (small)/ GREATER THAN 25,000 SQ. FT. (large)

LEVEL 1	\$246.00	\$342.00
LEVEL 2	\$273.00	\$359.00
LEVEL 3	\$497.00	\$1201.00
LEVEL 4	\$622.00	\$1272.00

REQUIREMENTS FOR FOOD OPERATIONS

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**

As per OAC 3717-1-04.1(KK) all equipment used must be listed as commercial grade and must be certified by a recognized testing agency (e.g. NSF, UL EPH). No household equipment is permitted. Upon submitting your plans, request specification sheets with make and model numbers for the equipment specifically for your proposed facility from your equipment supplier to assist in the confirmation of this requirement.

2. **SINKS**

All sinks must be sealed to the wall or securely placed on brackets at least 4" from wall for easy cleaning.

Hand washing sinks are required for all facilities who are preparing and/or assembling food items. Individual hand washing sinks must be provided in each service station, preparation area,

bar, and dishwashing areas of the facility. Depending on the size of the space, multiple hand washing sinks may be required in these mentioned areas. Hand washing sinks must be supplied with soap, paper towels, hot and cold running water, and signage reminding food employees to wash their hands.

A 3-compartment sink is required for the manual washing and sanitizing of utensils and equipment. The sinks must be in one piece with smooth interior edges and have three (3) bays with two (2) self-draining drain boards. The bays of the 3-compartment sink must be large enough to immerse all utensils and equipment that must be washed, rinsed, and sanitized. Additionally, if a dish machine is being used a capture hood (Type 2) will be needed over the unit. **Please note that a grease interceptor is required for any facility with a 3-compartment sink.**

A food preparation sink is required for processing produce and other foods. This sink must have an indirect drain, specifically an air gap, to prevent backflow from sewage systems into equipment in which food is placed. The processing of foods may not occur in hand sinks and/or dishwashing sinks. If a food preparation sink is not installed, the facility will be required to purchase pre-washed produce that is packaged as ready to eat.

A mop sink must be provided for the cleaning of mops and for the proper disposal of mop water. This sink must be provided with a faucet and drain and used for no other purposes than the ones listed above. If a hose is attached to the mop sink's faucet, proper backflow prevention must be supplied. Hooks or another mechanism must be provided to allow mops to air-dry without contaminating walls, equipment, or supplies.

3. **LIGHTING**

A minimum measurement of 50-foot candles of true light that are shielded or shatterproof 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 washing equipment where sharp utensils will be handled.

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

A minimum of 10-foot candles of shielded or shatterproof light 30 inches from the floor is 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).

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 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 coved to eliminate 90° angles and made with an approved material. This includes the areas inside and outside of the walk-in-refrigeration units.

6. EMPLOYEES

Designated areas must be supplied to employees for the storage of their belongings to prevent contamination of food contact surfaces and/or equipment. This specified area must be shown on the plans. The employees must also have a designated area to eat or drink.

LICENSED FOOD BUSINESSES & PLUMBING REQUIREMENTS

A plumbing permit is required for all new work, renovations, additions, and anytime you are cutting into and replacing or adding to parts of an existing system.

Food plan approval is necessary **before** a plumbing permit is issued and construction begins.

As previously mentioned, any facility that is required to have a 3-compartment sink will be required to install a grease removal device.

The following equipment must be provided with at least a two-inch air gap between the drainage piping and the floor drain (if applicable).

- Ice machines
- Ice storage bins
- Food processing sinks
- Steam tables
- Dipper wells
- Steam kettles and ovens
- Walk-in units' condensation lines

EDUCATION REQUIREMENTS

As of March 1, 2010 the Ohio Revised Code requires that at least one person in charge per shift of a food service operation or retail food establishment must have attended the Person In Charge training or an equivalent approved training prior to the business being licensed.

As of March 1, 2017 all facilities with a risk level 3 or risk level 4 food license are required to have at least one person with a valid manager certification in food protection who has supervisory and management responsibilities and authority to direct and control food preparation and service per Ohio Administrative Code 3717-1-02.4(A)(2). There must be one designated person with this certification per licensed facility.

To obtain a list of approved providers or for further information regarding these educational requirements, visit the following website:

<https://odh.ohio.gov/know-our-programs/food-safety-program/food-safety-certification>

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)

Restaurant Child Daycare Grocery Store

Pizza Shop Nursing Home Convenience Store

Bar/Pub Assisted Living Meat/Fish Market

- Coffee Shop Adult Daycare Bakery
 Caterer School Deli
 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.

MENU

Is the menu included with the plans? Yes No

PAYMENT (cash, check, or money order)

Has a form of payment been supplied to Mahoning County Public Health based on the food license risk level? Yes No

EQUIPMENT LIST

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

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

Is all the equipment being used in the facility commercial grade and approved by National Sanitation Foundation (NSF) 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, dumpster location, grease collection receptacle, and the location of any outside support infrastructure?
 Yes No

SINKS

Is there a handwashing sink? Yes No
 Is there a service or mop sink? Yes No
 Is there a food preparation sink? Yes No NA

Ware washing equipment:

- High temperature sanitizing machine
- Low temperature machine with chemical sanitizer
- 3-compartment sink

What form of sanitizer will be used? Chlorine Quaternary ammonium
 Other _____

Is a sanitizer test kit available to ensure proper concentrations are achieved? Yes No

Plumbing:

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

Is the location of the grease trap designated on the submitted plans? Yes No NA

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

Are the locations of all light fixtures in all food storage, preparation and service areas designated 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? _____

Once cleaned, where will dishware be placed to air-dry? _____

Refuse:

What type of hard surface is the dumpster located on? Asphalt Concrete 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 licensed 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 NA

Explain or attach policy _____

Is there a written procedure for employees to follow when responding to vomiting or diarrheal events that involve discharge onto surfaces in the food service or retail food establishment? Yes No

Explain or attach policy _____

Sources of Food:

Food items must be from an approved source as defined in section 3717-1-01 of the Ohio Uniform Food Safety Code. Please list your sources of food in the space provided below.

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

Printed Name: _____

Signature: _____ Date: _____

INTERIOR FINISHES

Use the following chart to indicate all interior finishes (unless already included in plans).

This information is included in plans submitted.

Room Name	Floors	Walls	Ceilings	Coving
<i>Example: Kitchen</i>	<i>Quarry tile</i>	<i>FRP</i>	<i>Vinyl acoustical tile</i>	<i>6" quarry tile</i>

All surfaces must be smooth, easily cleanable, and non-absorbent. Contact MCPH if you have questions regarding whether specific surfaces are approved for use in a food service operation.