

Massillon City Health Department



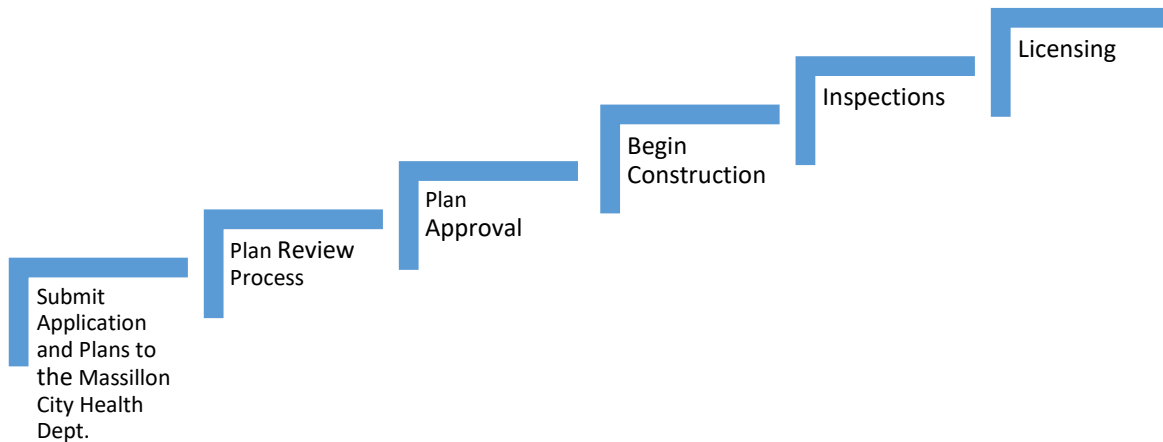
**HEALTH
DEPARTMENT**

Facility Review

Food businesses in the City of Massillon are required to have a foodservice operation or retail food establishment license issued by the Massillon City Health Department prior to opening. If you plan to open or remodel a foodservice operation or retail food facility, contact the Massillon City Health Department with any questions you may have in regard to plan approval or licensing.

FACILITY REVIEW PROCESS

Sections 3701-21-03 and 901:3-4-07 of the Ohio Administrative Code (OAC) provide guidelines for facility layout, equipment specifications, and plan submittal and review requirements. Any new foodservice operation or retail food establishment, as well as those performing extensive alterations or remodeling, must complete the plan review process.



Step 1: Submit Plans to the Massillon City Health Department (at least 30 days prior to construction)

Include the following:

- One (1) complete set of facility plans to scale, completed application, menu or list of food and beverage items to be sold, equipment specification sheets, and the Facility Review fee.
- The Facility Review fee is non-refundable.
- Please note, plans and application must be submitted directly to the Health Department. Plans are not able to be shared between city departments.
- The review process will not begin until plans and payment have been received.

Step 2: Plan Review Process

- The Ohio Administrative Code rule 3701-21-03 requires that the plans be acted upon by Public Health within 30 days after the date of receipt. Plans are reviewed in the order in which they are received.
- Plans may require additional information or changes – in this case, you will be contacted.

Step 3: Plan Approval Process

- A letter will be sent informing you that the plans have been approved or denied.
- Plan approvals not acted upon will expire in one (1) year.

Step 4: Construction

- Ensure that all contractors and sub-contractors are licensed and have obtained the necessary permits (check with the City of Massillon Building Department at 330-830-1724).

Step 5: Inspections

- Obtain sign-offs from all other inspectors before contacting the Health Department for the pre-licensing inspection. You must have a Certificate of Occupancy (or Partial Certificate of Occupancy, if applicable) prior to scheduling the pre-licensing inspection.
- **All equipment must be in place, accessible, and in working order at time of inspection.** No license will be issued until the pre-licensing inspection is satisfactory, and no one will be permitted to operate without a license.
- The Massillon City Health Department requires a minimum of seven (7) days' notice to schedule an inspection. Though we will attempt to accommodate your individual schedule, call early to avoid scheduling conflicts and allow time for re-inspection, if necessary. Inspections can be scheduled by calling 330-830-1795.

Step 6: Licensing

- Upon approval being given at the pre-licensing inspection (and noted on the inspection report), a facility representative can arrange to complete the licensing process which can take up to twenty-four hours.

FACILITY REVIEW COMPONENTS

The plans submitted to Massillon City Health Department must be legible, drawn to scale, and in English. Lack of complete information may delay plan approval and/or the opening of your business. At a minimum, plans must include the following information:

- **Scale of plans**
 - Plans drawn to a scale allow us to take measurements on the plans and convert them so we know what size things will be in real terms
- **Site plan**
- **Total square footage of the building**
- **Proposed menu or list of food and beverage items** (all facilities must submit this information)
- **Facility floor plan**
 - Floor plan, drawn to scale, must show the location and layout of all proposed pieces of equipment and sinks
 - Each piece of equipment must be clearly identified and correspond to a specification sheet with additional information
- **Elevations of equipment or indicate installation of equipment** (casters, legs, fixed/sealed)
- **Location of entrances and exits**
- **Equipment specification sheets**
 - Include make & model numbers
 - This is required for all equipment including (but not limited to) cooking equipment, hot/cold hold equipment, sinks, dishwasher, appliances, etc.
 - Only equipment listed as commercial and certified by a recognized testing agency will be accepted (NSF, ETL Sanitation, UL Sanitation, etc.)
- **Plumbing plans** including the following:
 - Grease trap or grease interceptor (include capacity and location)
 - Location of all sinks (3-compartment warewashing sink, hand sinks, dump sinks, food prep sink, mop sink/service sink, etc.), dishwasher, floor drains, hot water generating equipment with capacity and recovery rates, backflow prevention devices, etc.
 - Note on your plans the installation of any splash guards, as necessary, given their proposed location
 - Note all indirect plumbing connections
 - An adequate number of hand sinks that are conveniently located in food prep areas and restrooms is required
- **Lighting plans** including the following:
 - Include the type and location of lighting fixtures and a description of plastic covers, shatterproof bulbs, or shields to protect food and equipment
 - 50 foot-candles of light are required in cooking and food prep areas
 - 20 foot-candles of light are required in customer self-service areas, inside of equipment (ex. A reach-in cooler), handwashing areas, dishwashing areas, and restrooms
 - 10 foot-candles of light are required in walk-in coolers/freezers, dry storage areas, and other areas
 - Shatterproof light bulbs or shields/protectors on fixtures must be installed in all food preparation areas, warewashing areas, and where exposed foods are stored in any applicable pieces of equipment for purposes of display, serving, etc.
- **Interior finish schedules** including materials for floors, walls, ceilings, and coving

- Ventilation hoods**
- ANSI approved fire suppression system** over any cooking equipment producing grease-laden vapors
- Location of dry goods storage**
- Location of chemical and personal belongings storage**
- Designated area outside for garbage and grease dumpsters**
 - Include the surface that these will be placed on (concrete, asphalt, etc.)
- Auxiliary areas** identified such as storage rooms, break rooms, garbage rooms, basements, etc. and their intended use

Reminder: Please ensure all items have been marked as included (✓) or not applicable (N/A)

FOOD HANDLING PROCESSES

Answer all questions that pertain to your facility or write N/A

Will you be holding any foods hot? Describe the method in detail: _____

What will you do with leftover hot foods at the end of the day? Describe the process in detail: ____

Will you be reheating foods? Indicate which foods will be reheated and describe how hot foods will be rapidly reheated: _____

How will frozen foods be thawed (refrigeration, part of cooking process, etc.): _____

Will fruits and vegetables be washed on-site, or will all fruits and vegetables be received pre-washed: _____

How will bare-hand contact with ready-to-eat foods be avoided (gloves, tongs, utensils)? _____

Will there be any menu items that are served raw or undercooked: _____

Will you be providing catering services? Yes No

If yes, describe the process: _____

If you are catering, how will food be transported from your operation to other locations? Include what equipment will be used to keep food at the proper temperatures during transport: _____

EDUCATION REQUIREMENT

Effective March 1, 2017, **ALL RISK LEVEL 3 & 4** Food Service Operations and Retail Food Establishments are required to have at least one employee **PER FACILITY** that has the Ohio Department of Health Manager certificate and at least one employee **PER SHIFT** that has the Ohio Department of Health Person-in-Charge certification. Please include copies of Manager and Person-in-Charge certificates.

FEE SCHEDULE (as of 12/1/2024)

Plan Review – under 25,000 sq. ft.....**\$100.00**

Plan Review – over 25,000 sq. ft.....**\$250.00**

- Please make checks payable to the Massillon City Health Department

Additional Expedited Facility Review Charge: At the request of the operator, the facility review will be expedited to less than the 30 day review time allowed by Ohio Revised Code- **this must be pre-approved by the Environmental Health Director**, and a review completion date will be mutually agreed upon prior to payment being accepted.....**\$100.00**

Under (<) 25,000 sq. ft.

Class	License Fee	State Fee		Total
1	\$180	\$28		\$208
2	\$210	\$28		\$238
3	\$340	\$28		\$368
4	\$500	\$28		\$528

Over (>) 25,000 sq. ft.

Class	License Fee	State Fee		Total
1	\$260	\$28		\$288
2	\$280	\$28		\$308
3	\$740	\$28		\$768
4	\$850	\$28		\$878

SUBMITTING PLANS

Plans may be submitted via mail/delivery service or in-person. Plans submitted solely electronically, via USB flash drive, or other portable storage device will not be accepted. Send your completed plan review packet, plans, application, and review fee to the attention of Bethany Perkowski at:

The Massillon City Health Department
611 Erie St. South
Massillon, OH 44646

Accepted forms of payment include:

- Cash
- Check (made out to the Massillon City Health Department)
- Credit/debit cards (a service fee will be charged on transactions)
 - Accepted credit cards include, Discover, MasterCard, and Visa
- Money Order

CONTACTS

Below, you will find contact numbers for City of Massillon departments that you may need to contact to ensure that you have taken all of the proper steps, including obtaining any required permits or approvals. Contacting the agencies listed will help you to stay in compliance and avoid any unnecessary delays.

Massillon City Health Department

Bethany Perkowski, REHS
Phone: (330)830-1795

Massillon Building Department

Phone: (330)830-1724

Massillon Fire Department

Phone: (330)833-1053

Massillon Code Enforcement Office

Phone: (330)809-0235

PLAN REVIEW APPLICATION

Required with this application are the following items:

- One complete set of plans
- Menu/food list
- Equipment specifications
- Food protection certificates
- Payment
- Completed Plan Review Packet (this document)

ESTABLISHMENT INFORMATION:

Establishment Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Total Square Footage of Establishment: _____

Name of Operator (Owner): _____ Phone: _____

CONTACT INFORMATION:

Contact for Plans: _____ Phone: _____

Business Name: _____ E-mail: _____

Address for approval letter: _____

City: _____ State: _____ Zip: _____

PLAN REVIEW TYPE:

- New Food Establishment
- Remodel/Extensive alteration of Existing Food Establishment
- Commercial Class Risk Level 1 (pre-packaged foods only)

Estimated Date Construction will Begin: _____

Estimated Opening Date: _____

INTERNAL USE ONLY:

Date Received: _____ **Received By:** _____