

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Board of Health Plan Review Fee: \$150.00 (fee schedule 2023)

Please return this completed application along with required documentation. The Board of Health Agent will schedule a consultation review when all documentation is completed and submitted.

****All checks must be made payable to the Town of New Salem****

SECTION I ESTABLISHMENT INFORMATION

DATE: _____

NEW _____ REMODEL _____ FACILITY CONVERSION _____ TRANSFER _____

OF OWNERSHIP _____

Establishment's Name: _____

Indicate Category and Type of Establishment (*please check only one*):

Food Service Establishment:

Bakery

Bar

Bed & Breakfast

Caterer

Commissary

Convenience Store

Institution

Meat Market

Mobile:

Fully self-contained

Non self-contained

Push cart

Restaurant

Retail Food Store

Seafood Market

Seasonal

Snack Bar

Temporary

Warehouse

Establishment's physical location: _____ City _____ State _____

Applicant's Name: _____ Telephone #: _____ Email: _____

Applicant's Mailing Address: _____

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Number of Seats: _____ Number of Staff: _____ (Maximum per shift) Total Square Feet of Establishment: _____

Projected start date of Construction/Remodel: _____

Type of Service: (*check all that apply*)

Sit down meals _____

Home delivery _____

Take Out _____

Other (*describe*): _____

SECTION II CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Please enclose the following documents:

1. **Provide plans** that are accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish list/drawings for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing list/drawing including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting list/drawing with protectors;
 - (1) At least bright enough to be able to see clearly into all areas, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 30 inches above the floor in areas used for hand washing, dish-washing, and equipment and utensil storage, and in toilet rooms; and
 - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations;
 - f. Ventilation list/drawing;
 - g. A mop sink(s) or curbed cleaning area with an area for hanging wet mops;
 - h. Garbage can washing area/facility;
 - i. Cabinets for storing toxic chemicals
2. **Provide proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. **Provide site plan** showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (*dumpsters, well, septic system – if applicable*).
4. **Provide manufacturer specification sheets** for each piece of equipment shown on the plan. Show the location of all equipment on the plan. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units, indicating location of sneeze guards. Indicate clearly on the plan equipment for adequate rapid cooling,

including ice baths and refrigeration, and for hot-holding potentially hazardous foods. **Food Equipment list/drawing including make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program such as NSF (when applicable).**

5. **Label and locate separate food preparation sinks** when the menu dictates to preclude contamination and cross- contamination of raw and ready-to-eat foods.
6. **Clearly show adequate hand wash sinks** for each toilet fixture and in the immediate area of food preparation.
7. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

SECTION III

OPERATING PROCEDURES FOOD PREPARATION REVIEW

Check categories of **Potentially Hazardous Foods (PHF's)** to be (*handled*) prepared and served.

- | | | |
|---|----|-----|
| 1. Thin meats, poultry, fish, eggs (<i>hamburger; sliced meats; fillets</i>) | No | Yes |
| 2. Thick meats, whole poultry (<i>roast beef; whole turkey, chicken, ham</i>) | No | Yes |
| 3. Cold processed foods (<i>salads, sandwiches, vegetables</i>) | No | Yes |
| 4. Hot processed foods (<i>soups, stews, rice/noodles, gravy, chowders, casseroles</i>) | No | Yes |
| 5. Bakery goods (<i>pies, custards, cream fillings & toppings</i>) | No | Yes |
| 6. Other: _____ | | |

PLEASE ANSWER ALL QUESTIONS THAT APPLY

FOOD SUPPLIES

Are all food supplies from approved sources?

Are only non-potentially hazardous foods/prepackaged foods?

COLD STORAGE

- Is adequate and approved freezer and refrigeration available to store frozen foods, and refrigerated foods at 41°F (5°C) and below?
- Will raw meats, poultry or seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?
If yes, how will cross-contamination be prevented? _____

● PHF = TCS Food aka
(Time and Temperature Control for Safety Food)
2018 Merged Food Code

-
-
- Does each refrigerator/freezer have a thermometer?

Refrigerator cubic feet: _____ Freezer cubic feet: _____

- Is there an ice machine/maker available?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen **potentially hazardous foods (PHF's)** in each category will be thawed. Mark all methods that apply.

THAWING METHOD

- Refrigeration
- Running Water Less than 70° F
- Microwave (as part of cooking process)
- Cooked from Frozen state
- Other (*describe*) _____

- PHF = TCS Food aka
(Time and Temperature Control for Safety Food)
2018 Merged Food Code

HOT/COLD HOLDING

- How will hot PHF's be maintained at 135°F (60°C) or above during holding for service?
Indicate type and number of hot holding units.
- How will cold PHF's be maintained at 41°F (5°C) or below during holding for service?
Indicate type and number of cold holding units.

REHEATING

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated rapidly and within 2 hours so that all parts of the food reach a temperature of at least 165°F for 15 seconds?
Indicate type and number of units used for reheating foods.

PREPARATION

1. Please list categories of foods prepared more than 12 hours in advance of service.
2. How will bare-hand contact of ready-to-eat foods be minimized?
3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? If so please attach with this plan review.
4. Will all produce be washed on-site prior to use?

Is there a planned location used for washing produce?

If Yes Please Describe _____

5. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 135°F) during preparation.

6. Will the establishment be serving food to a highly susceptible population?

SECTION IV PHYSICAL FACILITY FINISHED MATERIALS

Please indicate which materials (*quarry tile, stainless steel, 4" plastic coved molding, etc.*) will be used in the following areas.

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Garbage Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

INSECT AND RODENT CONTROL (Please check appropriate boxes)

1. Will all outside doors be self-closing and rodent proof?
2. Are screen doors provided on all entrances left open to the outside?
3. Do all operational windows have a minimum 16 mesh screening?
4. Is area around building clear of unnecessary brush, litter, boxes and other harborage?
5. Will air curtains be used?
If yes, where? _____

GARBAGE

Inside

6. Do all containers have lids?
7. Will garbage be stored inside?
If yes, where? _____
8. Is there an area designated for garbage can or floor mat cleaning?

Outside

9. Will a dumpster be used?

Number _____ Size _____
Frequency of pick-up _____ Contractor _____

10. Will garbage cans be stored outside?

11. Describe surface and location where dumpster/ cans are to be.

12. Describe where the grease storage receptacle is stored and provide name, address, and phone number of the pick-up service.

13. Is there any area to store returnable damaged goods?

14. Are floor drains provided & easily cleanable?

If yes, indicate location: _____

WATER SUPPLY

15. Is water supply public or private?

16. If private, has source been approved? ****DEP approves private PWS**

Please attach a copy of written approval, permit or testing results.

17. Is ice made on premises or purchased commercially?

If made on premises, are specifications for the ice machine provided?
Describe provision for ice scoop storage:

18. Is there a water treatment device?

If yes, how will the device be inspected & serviced?

19. How is backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

20. Is the building connected to a municipal sewer?
If no, is private disposal system approved?

Please attach a copy of approved permit/system.

21. Are grease traps provided?

If yes, where? _____ Indicate size _____

For Onsite Wastewater system may require additional exterior Grease Trap under Title 5

GENERAL

22. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

Indicate location: _____

Are insecticides/rodenticides approved for use in food service establishments?

23. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

24. Are all containers of toxics including sanitizing spray bottles clearly labeled?

25. Will linens be laundered on site?

If yes, what will be laundered and where?

26. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

SINKS

27. Is a mop sink present?

If no, please describe facility for cleaning of mops and other equipment:

28. If the menu dictates, is a food preparation sink present?

DISHWASHING FACILITIES

29. Will sinks or a dish machines be used for ware washing?

30. Dish Machine sanitization used: hot water (provide temperature)_____ Chemical_____

31. Do all dish machines have accurately working temperature/pressure gauges?

32. Is the hot water heater sufficient for the needs of the establishment?

33. What type of sanitizer is used? Chlorine _____ Iodine _____ Quarternary ammonium _____

34. Are test papers/kits available for checking sanitizer concentration?

HAND WASHING / TOILET FACILITIES

35. Is there a hand washing sink in each food preparation and ware washing area?

36. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?

37. Is hand cleanser available at all hand washing sinks?

38. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?

39. Are covered waste receptacles available in each restroom?

40. Is hot and cold running water under pressure available at each hand washing sink?

41. Are all toilet room doors self-closing?

42. Are all toilet rooms equipped with adequate ventilation?

43. Is a hand washing sign posted in each employee restroom?

DRY GOODS STORAGE

44. What is the projected frequency of deliveries?

45. Is adequate storage space provided for based upon menu, meals and frequency of deliveries?

46. How will dry goods be stored off the floor?

COMMENTS: _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Town of New Salem Board of Health may nullify final approval.

Signature(s) _____
Applicant(s) or responsible representative(s)

Date: _____

Title

Approval of these plans and specifications by the Town of New Salem does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with Massachusetts Chapter X (105 CMR 590.000) of the State Sanitary Code and the 2018 DPH Merged food code.

REVIEWER'S APPROVAL / DENIAL COMMENTS

COMMENTS: _____

APPROVED _____

DENIED _____

Signature _____
Approving Authority Signature

Date: _____

Title / NAME