TOWN OF FRAMINGHAM
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Framingham, MA 01702-8368

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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date completed by operator: _____

Is this a:
____ New establishment (yet to be constructed)?
____ Conversion of an existing structure to be used as a food establishment?
____ Remodel of an existing food establishment?
____ Change of type of food establishment or food operation?
____ Change of ownership, maintaining existing menu and equipment?

Category:
_____ Restaurant
_____ Catering Operation
_____ Retail/Convenience Store
_____Take Out Only
_____ Institution: School, Hospital, please describe:_____
_____Daycare
_____ Mobile Food
_____
_____Other

ESTABLISHMENT INFORMATION

Name of Corporation, Partnership, Partners, or Individual Owner

Trade Name/Doing Business As (DBA)

Location of Establishment (Street Address)

Mailing Address of Establishment (If Different)

Establishment Email Address

Establishment Phone Number

Establishment Fax Number

Establishment Owned By:
__ An association __ A corporation __ An individual __ A partnership __ Other legal entity

Plan Review Fees
Food Service Establishments:
$50.00 for 50 seats or fewer
$100.00 for 51-200 seats
$150.00 for 201 or more seats
Retail Food Establishments:
$50.00 for less than or equal to 10,000 sq. ft. w/o food service
$100.00 for less than or equal to 10,000 sq. ft. w/ food service
$150.00 for more than 10,000 sq. ft.

HOURS OF OPERATION

Mon_____ **Tues**_____ **Wed** _____**Thurs**_____
Fri_____ **Sat** _____ **Sun**_____

	LIST NAMES (Last, First) of Owner, Partners, or Corporate Officers				
1	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
3	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code
4	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code

	CERTIFIED FOOD MANAGER (attach copy of certificates)			
1	Name		Trained in Food Allergy Awareness?	Yes:	No:
	# of hours worked per week		Trained in Anti-Choking Procedures?	Yes:	No:

	PERSON IN CHARGE AND ALTERNATES (People Responsible for Daily Actvities)				
1	Name		Phone Number	Email Address	Title
	Address	Street	City	State/Zip Code	# of hours worked per week
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State/Zip Code	# of hours worked per week

	DISTRICT OR REGIONAL SUPERVISOR (If Applicable)				
2	Name		Phone Number	Email Address	Title
	Address	Street	City	State	Zip Code

OTHER ESTABLISHMENT INFORMATION
Number of seats available to customers: **(Establishments with seats should contact the Licensing Office for Common Victualer License)**
Total square feet of the facility:
Will the facility be serving food to a highly susceptible population? ☐ **YES** ☐ **NO**
Projected date for start of project:
Projected date for completion of project:

INTRODUCTION

This food establishment Plan Review document has been developed for the purpose of assisting the food establishment operator in planning, designing and building a facility that will satisfy state and local Health Code requirements, be a safe environment for food, staff and customers, and also be of an efficient, effective design that will meet the operators business needs. A thorough review of plans helps to avoid future problems. This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead is meant to highlight some of the most common sanitation and health issues that may arise in development and design. The Food and Drug Administration (FDA) 1999 Food Code (adopted by the Commonwealth of Massachusetts in 2000) is used as a reference in completing this guide. **The Board of Health has 30 days to review this application.**

Reminder: The applicant for a food permit must ultimately satisfy not only these Board of Health requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc.

Documents to be submitted by the Applicant

_____ A copy of a current (within the past five years) Food Manager Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current (within the past five years) Allergen Certification (for establishments selling food intended for immediate consumption on or off the premises) from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current Anti-Choking Certification (for establishments serving food with 25 seats or more) from a Massachusetts approved program.

_____ Proposed menu(s) including seasonal, off-site, take-out and catering menus. Retail establishments without menus, provide a list of foods sold by category (ex. bottled beverages, grocery item, packaged potentially hazardous foods)

_____ Site plan showing location of business in building; location of building on-site including alleys, streets; and location of any outside equipment (dumpsters, grease barrels).

_____ Floor plans (that are a minimum of 11 x 14 inches in size) accurately drawn to a minimum scale of 1/4 inch = 1 foot showing each area where food or beverages are stored, prepared or served. Each piece of food equipment intended for use must be represented, to scale, in its intended location on the plan. Each piece of equipment must be sequentially numbered and these numbers are to correspond to an accompanying "Food Equipment Schedule" (see below). Drawings must also indicate location of all loading and receiving areas, entrances and exits, dressing rooms, locker areas, employee rest areas, and designated areas for storing chemicals and paper products.

_____ Food Equipment Schedule - A numbered list of each piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment and cash registers.

_____ Manufacturers specification sheets for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL).

_____ Depending on the establishment, other supplementary information may be required including: overlay drawings for the plumbing details, a copy of current well water quality test, overlay drawings for electrical details, copy of a Hazard Analysis Critical Control Point (HACCP) Plan.

SECTION 1 – MUST BE COMPLETED BY ALL ESTABLISHMENTS

EMPLOYEE CONSIDERATIONS

Number of Staff (maximum per shift): _____

Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact with ready-to-eat foods? YES □ NO □

How will food employees be trained in food sanitation practices? Please describe method of training:

_____

_____

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

_____

_____

TOILET FACILITIES

Are all toilet room doors self-closing? YES □ NO □
Are all toilet rooms equipped with ventilation to the outside? YES □ NO □

SINKS

All handwashing facilities must be supplied with: (1) soap in soap dispenser, (2) paper towels in towel dispenser, or air dryer (3) waste receptacle (covered one in women's bathrooms), and (4) handwash reminder sign. Hand washing sinks must be dedicated to that use only.

Are handwashing sinks in each food preparation and warewashing area? YES □ NO □
Are splash guards provided, when appropriate? YES □ NO □
Do all handwashing sinks, including those in the restrooms, have hot and cold water under pressure with a mixing valve or combination faucet? YES □ NO □

Is a mop sink present? YES □ NO □
Please describe where you would hang wet mops and other cleaning equipment:

_____

_____

Is a food preparation sink present? YES □ NO □

FINISH SCHEDULE

Materials selected for floors, walls and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile, 4" plastic coved molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP), vinyl faced panels, etc.

	Floors	Walls	Ceilings	Floor/Wall Joint
Food Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Kitchen				
Bar				
Other Storage				

INSECT AND RODENT CONTROL

Will all outside doors be self-closing and rodent proof? YES ☐ NO ☐ NA ☐
Are screen doors provided on all entrances left open to the outside? YES ☐ NO ☐ NA ☐
Do all windows, capable of being opened, have minimum #16 mesh screening? YES ☐ NO ☐ NA ☐
Will air curtains be used? YES ☐ NO ☐ NA ☐
If yes, where? _____

Please list the contact information for your current/proposed pest control operator:

_____

What will the frequency of inspections/treatments be? _____

REFUSE

Will refuse be stored inside? YES □ NO □ NA □

If so, where? _____

Is there an area designated for receptacle or floor mat cleaning? YES □ NO □ NA □

If so, where? _____

Is there a designated area to store returnable damaged goods or out of code items? YES □ NO □ NA □

Please describe the location(s) :_____

Will a dumpster be used? YES □ NO □ NA □

Number ____ Size _____ Frequency of pickup _____Contractor _____

Will a compactor be used? YES □ NO □ NA □

Number ____ Size _____ Frequency of pickup _____Contractor _____

Describe surface and location where dumpster/compactor/garbage cans are to be stored

_____

_____

_____

Describe location of grease storage receptacle

_____

_____

_____

WATER SUPPLY AND SEWAGE DISPOSAL

It is essential that sufficient potable water, at appropriate temperatures, under pressure be available at all times, including at peak demand periods.

What is the capacity and recovery rate of the hot water generator?

_____

_____

Is the establishment to be serviced by town water □ or a private or public well □?
Is the establishment to be serviced by municipal sewer □ or an on-site septic system □?

TOXIC MATERIALS

All poisonous or toxic materials to be used in the establishment (ex. pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored in a manner so they cannot contaminate food, equipment, utensils, single service or single use articles. Please describe how you will do this:

_____

_____

_____

LAUNDRY

How will linens be cleaned?

_____

_____

If linen will be laundered on site, please describe the how and where:

_____

_____

_____

Is a laundry dryer available? YES ☐ NO ☐

Location of clean linen storage:

_____

_____

Location of dirty linen storage:

_____

_____

SECTION 2 – MUST BE COMPLETED BY ESTABLISHMENTS PERFORMING FOOD PREPARATION, ALL OTHERS SKIP TO SECTION 3

FOOD HANDLING PROCEDURES

Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will foods require reheating, hot holding or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods "from scratch" may require increased equipment capacity and storage space.

STORAGE

If raw meats, poultry and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

_____

_____

Describe how dry goods in storage will be protected from contamination, moisture and pests.

_____

_____

FOOD PREPARATION

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

Category	YES	NO
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)		
Thick Meats (roast beef, whole turkey, chicken, hams)		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, rice/noodles, gravy, pizza, casseroles)		
Bakery goods (pies, custards, cream fillings & toppings)		
Other		

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF)

Please indicate how you plan to thaw the (PHF) items on your proposed menu.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration		
Running Water, Less than 70°F		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

Please list all food items that will be prepared more than 12 hours in advance of service.

_____

_____

_____

Describe the procedures used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

_____

_____

_____

Where raw meats, poultry and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

_____

_____

_____

Is ice made on premises ☐ or purchased commercially ☐? Or N/A ☐?

COOKING

What type of temperature measuring device are you planning on using to ensure that Minimum FDA Food Code cooking time and temperatures are achieved?

_____

_____

HOT AND COLD HOLDING

How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type of hot holding units.

_____

_____

_____

How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type of cold holding units.

_____

_____

_____

REHEATING

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165° F within two hours? Indicate type of units used for reheating foods.

_____

_____

_____

SERVING

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

_____

_____

_____

COOLING

Note: Improper cooling of foods is indicated as the NUMBER ONE CAUSE of Foodborne Illnesses. Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F within 6 hours, 140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours.

COOLING METHOD	THICK MEATS More than 1" thick	THIN MEATS One inch or less	THIN SOUP/ GRAVY	THICK SOUP/ GRAVY/ CHILI	RICE/ NOODLES/ CASSEROLES/ LEFTOVERS
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Blast Chill					
Other Methods (describe)					

WAREWASHING FACILITIES

A three compartment warewashing sink is required for every food preparation facility, including those that may also use a dishwasher. Adequate space for drying must be provided such as an open air drying rack above 3-compartment sink.

If Dish machine is to be provided, indicate the type of sanitization method used:

- ☐ "High Temperature" (hot water with booster heater for final rinse)
- ☐ "Low Temperature" (chemical type, sanitizer added to final rinse)

Is ventilation for dish machine provided? YES ☐ NO ☐

Does the largest pot or pan used fit into each compartment of the three compartment sink used for sanitizing pots, utensils, etc.? YES ☐ NO ☐

What type of sanitizer is used in the sanitizing compartment of the warewashing sink?

- ☐ Chlorine
- ☐ Quaternary ammonium
- ☐ Other _____

Are test papers/kits available for checking sanitizer concentration? YES ☐ NO ☐

Where will the clean and sanitized items be stored?

_____

_____

Please describe the procedure for manual cleaning and sanitizing of oversized or "clean-in-place" (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment?

_____

_____

_____

GREASE TRAPS

Provide the make and model of the exterior/interior grease traps.

_____

_____

Provide the service contractor name, address and phone number and a copy of the contract.

_____

_____

VENTILATION HOODS

Ventilation systems must be correctly designed sized and installed to satisfy Building and/or Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke and grease laden air. Indicate below all areas where exhaust hoods are installed:

_____

_____

How is each ventilation hood, listed above, system cleaned? Please indicate frequency of cleaning.

_____

_____

CONSUMER ADVISORY REQUIREMENTS

Refer to your menu and list items that will/may be raw, undercooked, or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients (e.g., Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white).

_____

_____

_____

These foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods. Text size for statements on hand-held menus or table tents is to be visually equivalent to a minimum of 11 point. For statements on a placard, the statements are to be equally readable as menu items that are on the placard. Whether the placard is also a menu or it is used solely for the reminder, the text size must be readable from the point at which consumers would normally stand to read it.

Consumer Advisory Example:

(1) identify menu items containing raw or undercooked animal proteins with asterisk(*)
*Tuna Roll
California Roll
*Grilled salmon
Cheese Pizza
Salad with your choice of grilled chicken or *steak tips

(2) statement reminding consumers of the risks associated with raw or undercooked animal foods
*Consuming raw or undercooked meats, poultry, seafood, shellfish, and eggs may increase your risk of foodborne illness.

HACCP AND VARIANCE REQUIREMENTS

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness. Specialized processes requiring a HACCP Plan include, but are not limited to, the following:

Using acidification to render a food so that it is not potentially hazardous (Eg. Sushi rice), reduced oxygen packaging, and smoking or curing food as a method of food preservation.

If you intend to conduct any of the above mentioned specialized processes or operations in your establishment, please contact the Health Office at 508-532-5470 for additional information.

SECTION 3

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Director of Public Health may nullify final approval.

Signature(s) of owner(s) or responsible representative(s)

_____

Print name(s) of owner(s) or responsible representative(s)

_____

Date: _____

Approval of these plans and specifications by the Director of Public Health does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Director of Public Health does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.

Updated 8.15.2016