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MEMORIAL BUILDING
150 Concord Street, Room 205
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After School, Daycare & Drop-in Programs Food Permit Waiver Application

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and waiver process.

According to the 2013 FDA Food Code 8-301.11 A person may not operate a Food Establishment (serve food and / drinks) without a valid permit to operate issued by the Regulatory Authority.

Based on the minimal handling and preparation of the listed food items below, the Framingham Department of Public Health will Waive the requirements for obtaining a food permit for:

Date: _____
Name of School / Program: _____
Address: _____ Framingham, MA Zip: 0170 _____
Name of Person in Charge: _____ Title: _____
Phone Number: _____ Email: _____

The following are examples of Food Items that may be served without a food permit:

- ✓ Pre-packaged foods that are purchased at a retail or wholesale store and served. Stores include but are not limited to BJ's, Costco, Restaurant Depot, Stop & Shop etc.
- ✓ Fruits and vegetables that are washed, sliced and **served immediately**.
- ✓ Hard cheeses ONLY served with crackers. Example: Cheddar
- ✓ Commercially processed juice, sodas, drinks etc.
- ✓ Microwave popcorn and other snacks which do not require cooking.

A Food Permit MUST be obtained for any Food Item that requires cooking, heating and / or assembling.

If the program is unsure of what is considered a PHF / TCS food or if a permit is required contact the Framingham Department of Public Health at 508-532-5470.

- All refrigerator unit(s) that will be used to store foods shall be supplied with a working thermometer inside the unit. The temperature shall be checked daily and recorded on a temperature log.
- The air and internal temperature of PHF /TCS Foods shall not exceed 41°F.
- The log shall be retained for thirty (30) days and be available to the Framingham Department of Public Health upon request. If the refrigerator unit is found not to hold foods at 41°F and below, corrective action shall be taken.

List all food that will be served at the above listed location (attach additional menu items if necessary): _____

This Waiver is Granted under the condition that Time / Temperature Control for Safety Food (TCS) are NOT being prepared or served.

Additional Guidelines

Employees shall not work when they are ill. See the FDA Employee Health and Personal Hygiene Handbook for Guidance located at: http://www.in.gov/isdh/files/Employee_Health_Handbook.pdf

Bare hands shall not contact Ready-to-Eat (RTE) / Cooked Foods – Non Latex gloves or utensils shall be used as a barrier between bare hands and the RTE Food Item.

Employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-use items and after touching bare human body parts other than clean hands and clean; after using the toilet room; after handling animals; after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; as often as necessary to remove soil and contamination; **before donning gloves to initiate a task that involves working with food**; and after engaging in other activities that contaminate the hands. Clean gloves shall not be placed on dirty, unwashed hands.

Hands shall be washed for at least twenty (20) seconds, using soap. Rinse hands under clean, running warm water, apply soap, rub together vigorously for at least 10 – 15 seconds, thoroughly rinse under clean, running warm water and dry. Use disposable towels for drying hands.

Statement: I, _____ hereby certify that the above information is correct and fully understand that any deviation from the above without prior approval from the Framingham Department of Public Health may nullify the waiver. I also understand the requirements of this waiver and agree to serve only the above listed food items and will notify the department PRIOR to. Approval of this waiver does not indicate compliance with any other code, law or regulation that may be required – Federal, State or Local.

Signature: _____

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- Approved as submitted
- Approved as submitted with the following conditions: _____
- Disapproved as submitted - Reason(s): ** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

Date Waiver was Issued: _____ Date Waiver Expires: _____

This Waiver Expires ONE (1) YEAR from the date the Inspector approved and signed the waiver.

