



Mobile Food Establishment Permit to Operate and Plan Review Application

New, Renewal and Modified Operations

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

According to 105 CMR 590.010 (B) (2), **each mobile food establishment (MFE) must obtain a separate permit from the Local Board of Health for each mobile facility and from each municipality where the MFE intends to operate.**

Date: _____

1. Type of Permit

Have you applied / obtained a Mobile Food Operation Permit before in the City of Framingham?

- No New Applicant / New Mobile Operation – **Complete all sections of this application**
-
- Yes BUT I changed or plan to modified my Vehicle / Base of Operation / Menu / Equipment - **Complete all sections of this application**
-
- Yes Renewal of Permit – No changes – **Complete Sections 2, 3, 4**

2. Type of Operation(s) – Permit Fee Determination

When thinking about your Mobile Food Operation, check the applicable boxes below for the operations you perform. Check all that apply.

- A. My mobile food operation **DOES NOT prepare food**, but **DOES** offer for sale **COMMERCIALY PREPACKAGED NON-TCS** (Time / Temperature Control for Safety) foods.

Example: Foods not requiring refrigeration such as cookies, potato chips, candy etc.

- B. My mobile food operation **DOES NOT prepare food**, but **DOES** offer for sale **COMMERCIALY PREPACKAGED ICE CREAM** - NO soft-serve ice cream or products requiring scooping.

- C. My mobile food operation **MANUFACTURES FROZEN DESSERTS.**

Example: Soft-Serve Ice Cream / Frozen Yogurt



An “**Application for License to Manufacture Frozen Desserts and / or Ice Cream Mix**” must also be completed and submitted with this application – See page 10

- Testing Requirements: In accordance with 105 CMR 500.000, Good Manufacturing Practices for Food, all manufacturers must have their frozen dessert products tested monthly by an approved laboratory.

For **both B & C above**, a permit is required to be obtained by the Police Department. A permit can be obtained either in the municipality where you live or from the Framingham Police Department (FPD) for **every person who engages in ice cream / frozen water-based product TRUCK VENDING.**

- D. My mobile food operation **PREPARES, COOKS TCS FOODS** at my base of operation then **HOLDS** the items **HOT** on my mobile food unit.

Example: Cooks soup at base of operation then immediately places soup in a steam table on the mobile food unit.

E. My mobile food operation **PREPARES, COOKS & COOLS TCS FOODS** at my base of operation in **ADVANCE then REHEATS** the TCS foods on my mobile food unit for **IMMEDIATE SERVICE**.
Example: Cooks and cools the soup at the base of operation then stores the soup refrigerated. The soup is reheated on the mobile food unit for individual orders.

F. My mobile food operation **PREPARES, COOKS & COOLS TCS FOODS** at my base of operation then **REHEATS** the TCS foods on my mobile food unit for **HOT HOLDING**.
Example: Cooks and cools the soup at the base of operation then reheats the soup on the mobile food unit for hot holding.

3. Propane Gas Tank(s)

If propane gas is to be used, will the combine tank total exceed 42 lbs.? Yes No
 NA – Not using propane



If Yes, a propane permit is required to be obtained from Framingham Fire Prevention Headquarters located at 10 Loring Drive, Framingham MA, 508-532-5930

4. Owner & Operator Information

Name of Owner: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Name of person directly responsible for the operation: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Title: _____

Name of Emergency Contact: _____ 24 Hour Phone Number: _____

5. Mobile Food Vehicle Information

Name of Mobile Food Establishment: _____

Make: _____ Model: _____ Year: _____

Name of Vehicle Operator: _____ Operator Cell Phone: _____

Registration / Plate Number: _____

6. Servicing Area / Base of Operation

Note: Depending on the operation, a Servicing Area may be required. A Servicing Area is an operating base location where the MFE returns regularly to clean equipment, discharge liquids or solid wastes, refills water tanks and ice bins.

Do you have a Base of Operation or Commissary? Yes No

Name of Base of Operation: _____

Address of Base of Operation: _____

- Provide a copy of Base of Operations / Commissary Food Service Permit
- Provide a copy of the last Routine Inspection of the Base of Operation / Commissary
- Provide a copy of the Commissary Agreement

Phone Number: _____ Point of Contact at Base of Operation: _____

7. Operation Times

Indicate below Days and Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Provide Route(s) and / or Locations of Food Service in Framingham: _____

8. Plumbing, Sinks, Water & Equipment

Is a separate handwashing sink provided? Yes No

Is a separate three-compartment sink with drain boards provided? Yes No

Is a separate food preparation sink provided? Yes No

Is running potable hot and cold water provided? Yes No

What is the size of the holding tank for potable water? _____

What is the source of water and location? Well Public

Will a hose be used to supply the water system? Yes No

- If Yes, the hose must be constructed with approved food-contact materials and must be installed to preclude the backflow of contaminants into the potable water supply.

Is the potable water tank made of safe / food grade materials? Yes No

How will grease, garbage and other waste materials be disposed? _____

Are windows and doors screened? Yes No

Are light fixtures shielded in the food preparation area? Yes No

Has the ventilation system been approved by the Framingham Fire Department? Yes No

Describe the material(s) used inside the truck:

Floor: _____ Walls: _____ Ceiling: _____

Are the floor and wall junctures coved and sealed? Yes No

Is equipment certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program such as National Sanitation Foundation (NSF) or Underwriters Laboratories (UL)? Yes No

Is mechanical refrigeration provided? Yes No

- If yes, how many? _____

Is a freezer provided? Yes No

- If yes, how many? _____

Are steam tables provided? Yes No

- If yes, how many? _____

Check the type of cooking equipment provided:

Broiler Fryer Grill Microwave Rice Cooker Steam Kettles Stove

Other, specify: _____

Provide location(s) of toilet facilities for employee use: _____

What type of disposable gloves are used? _____

9. Food Operation Information

List Sources of Food (where are foods purchased from): _____

Describe how TCS food(s) are stored and prepared at the base of operation (if applicable): _____

How are food temperatures determined? _____

Are foods labeled and dated? Yes No

If yes, describe your labeling and date marking system: _____

What type of sanitizer is used?

Quaternary Brand Name: _____ Contact Time: _____

Chlorine Brand Name: _____ Contact Time: _____

Note: Sanitizer is NOT a cleaner and shall only be used after proper washing with soap and rinsing with potable water.

Do you have a "Food Employee Reporting Agreement" Written Employee Health Policy? Yes No

- If yes, submit a copy
- If no, use the Employee Health Policy Form on page 14

For Ice Cream Trucks: Per Massachusetts State Law and 520 CMR 15.00, all vendors selling any ice cream, frozen dairy or frozen water-based food products on a truck must undergo a CORI / SORI Check with a Police Department in Massachusetts. A Clearance Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Framingham Department of Public Health along with our application before a permit will be issued. This law applies even if other food items are sold from the truck.

Statement: I, _____ attest to the accuracy of the information provided in this application and fully understand that any deviation from the above without prior approval from the Framingham Department of Public Health may nullify the final approval. I affirm to comply with the 2013 FDA Food Code, 105 CMR 590.000 and Local Regulations. I agree to allow the regulatory authority access to the establishment / mobile food operation as specified under §8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6) and other information required by the regulatory authority. Pursuant to M.G.L. CH. 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.

Mobile Food Establishment Fee Enclosed:	\$ _____	_____
Manufacture Frozen Dessert Fee Enclosed:	\$ _____	Federal Identification Number
Total Enclosed:	\$ _____	_____
		Signature of Individual

To obtain a permit to operate a Mobile Food Establishment, submit the following:
Please Note, incomplete applications and missing documents could delay the permit process.

- Completed "Mobile Food Operation Permit to Operate and Plan Review Application"
 Fee: To determine your Permit fee, look at Box 2 "Type of Operation" on page 1.
 - Category A & B in Box 2 on page 1 = \$50.00
 - Category C – F = \$100.00
 Make checks payable to "City of Framingham". Credit cards are not accepted at this time.
All fees are non-refundable
- Menu - Include the Consumer Advisory (for raw / undercooked food if applicable) and the Allergy Awareness language.
- Layout of the vehicle – A picture is acceptable
- Equipment type and detailed specification sheets
- Copy of your Base of Operation Permit and / or the Commissary Agreement (if applicable)
- Copy of the last Routine Inspection of the Base of Operation / Commissary (if applicable)
- Copy of State Hawkers & Peddlers License – Any person who goes from town to town or from place to place in the same town selling goods to people passing by is required to obtain a Hawker and Peddler license from the Massachusetts Division of Standards. For details visit:
<https://www.mass.gov/how-to/hawker-and-peddler-application>
- Copy of the City of Framingham's Hawkers & Peddlers License (if applicable). See table on page 6. For details and questions, contact the Licensing Department at 508-532-5402 or visit the following website:
<https://www.framinghamma.gov/DocumentCenter/View/31991/Hawker-Peddler-Vendor-Solicitor-Application--Instructions->
- Copy of your Certified Food Management (CFM) Training and Allergy Awareness Certificate – For a list of CFM trainers visit: <https://www.mass.gov/lists/retail-food>.
 For Allergy Training, visit: <https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>
 (not applicable if only selling / serving commercially pre-packaged food items)
- Copy of your "Food Employee Reporting Agreement" (Health Policy) – For a template, see page 15
- Copy of your Vomit and Diarrheal Clean-up Procedures
- Completed "Workers' Compensation Insurance Affidavit" – See page 8
 Attach a copy of the Policy Declaration page (showing the Policy Number and Expiration Date).
- Completed "Application for License to Manufacture Frozen Desserts" (if applicable) – See page 10



For Soft Serve Frozen Dessert: Laboratory results must be submitted to the Framingham Department of Public Health within 30 days of the start of operation and monthly thereafter.

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- For Ice Cream Trucks: A Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Framingham DPH before a permit will be issued.

For Official Use Only

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**

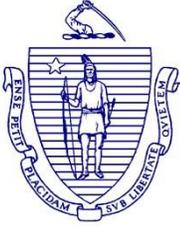
Date Permit was Issued: _____

Framingham Ice Cream Vendor Truck Requirements

Situation	Framingham Hawker / Peddler License Required?
Food truck on private property	No (provided truck operator is duly licensed by the Commonwealth of Massachusetts Division of Standards under G.L. c. 101 and the Framingham Board of Health)
Food truck on city street	No (provided truck operator is duly licensed by the Commonwealth of Massachusetts Division of Standards under G.L. c. 101 and the Framingham Board of Health)
Food truck at event	No (provided truck operator is duly licensed by the Commonwealth of Massachusetts Division of Standards
Ice cream truck on private property (not really an event i.e. company invites 1 vendor)	Yes
Ice Cream truck parked on city street (not an event- i.e. in front of City Hall)	Yes
Ice Cream truck at farmer's market, festival or similar event	No (provided that Ice Cream Truck Vendor participates as a pre-arranged vendor and remains stationary at such event location, and vendor/truck operator otherwise is duly licensed by State and BOH)

Notes

- All permits shall be conspicuously displayed and clearly visible on the windshield of any ice cream truck.
- Ice Cream is defined as any frozen dairy or frozen water-based food product.
- Ice Cream Truck Vending is defined as the selling, displaying or offering to sell ice cream or any other prepackaged food product from an ice cream truck
- Ice Cream Truck is defined as any motor vehicle used for selling, displaying or offering to sell ice cream.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts Department
of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE Fax # 617-727-
7749
www.mass.gov/dia

Form Revised 02-23-15



Application for License to Manufacture Frozen Desserts and / or Ice Cream

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

In accordance with the provisions of Massachusetts General Law Chapter 94, Section 65H and 105 CMR 500.000 Frozen Desserts and Frozen Dessert Mixes, the undersigned hereby applies for a license for the wholesale / retail manufacture of frozen desserts and or ice cream mix.

Date: _____

Check the applicable box below

<input type="checkbox"/> New Food Establishment Stationary	<input type="checkbox"/> Existing Food Establishment but adding Frozen Dessert Operation	<input type="checkbox"/> Renewal of an existing License	<input type="checkbox"/> Temporary / Seasonal Event (Cart)
Brick & Mortar Establishments			

Establishment Information

Name of Establishment: _____

Address: _____

Phone Number: _____

Will the product(s) be manufactured at the establishment listed above? Yes No

- If No, List the location(s) of each establishment (plant) where the product(s) will be manufactured: _____

Owner Information

Name of Owner: _____

Address: _____ Phone Number: _____

Email: _____

If Corporation, Association or Partnership, please attach a list of the Officer's Names, Address and Phone Numbers

Person-in-Charge (PIC) Information

Name of PIC: _____ Phone Number: _____

Title: _____ Email: _____

Applicant Information

Name of Applicant: _____

Address: _____ Phone Number: _____

Title: _____ Email: _____

Name of Emergency Contact: _____ 24 Hour Phone Number: _____

Type of Operation

Retail Manufacturer

Wholesale Manufacturer

If Wholesale Manufacturer, brand and trade name(s) of products: _____

Type of Product(s)

Custard

Gelato

Ice Cream
(not soft-serve)

Frozen Yogurt
(not soft serve)

Frozen Yogurt
(not soft-serve)

Soft-Serve Ice Cream

Soft-Serve Frozen
Yogurt

Sherbet

Sorbet
(only if dairy-based)

Other: _____

If Frozen Yogurt is manufactured, will it contain "friendly" cultured bacteria (live cultures)? Yes No

Will a Soft-Serve Machine(s) be used? Yes No

- If Yes, what type of machine will be used? _____

How many machine(s)? _____

➤ **Submit the specification sheets for the machine(s)**

- If No, describe how the product will be prepared and the storage of the final product: _____

Will commercially pasteurized product(s) be used? Yes No

- If No, describe what will be used and how: _____

Will the above final product be pasteurized? Yes No

- If Yes, describe the pasteurization process: _____

No milk or cream from a source outside of the United States, subject to the Federal Import Milk Act, 21 U.S.C §141 et seq., shall be used unless the importer has documentation to show that the exporter is in compliance with 21 CFR Part 1210.

Describe the Following

Source of Ingredient(s): _____

How will the refrigerated and frozen product be delivered and transported? _____

If transported, how will the product temperature be monitored? _____

How often will the surfaces and equipment be cleaned and sanitized? _____

What are the procedures for **cleaning AND sanitizing** the equipment and surfaces? _____

Type of Sanitizer: Quaternary Brand Name: _____ Chlorine Brand Name: _____

All manufactured frozen desserts produced shall have the following tests performed by a laboratory on its finished product monthly. Bacterial and other Standards **shall not exceed** the following standards:

Item	Standard Plate Count (SPC)	Coliform
Finished products produced by means other than a Soft-Serve Machine	50,000/g	20/g
Finished products produced in a Soft-Serve Machine	50,000/g	50/g

** If Frozen Yogurt contains "Live Cultures", SPC laboratory testing is not required **

- **IMPORTANT: Copies of all required test results shall be submitted directly to the Framingham Department of Public Health by the certified laboratory within three (3) business days of the completion of the tests.**

To obtain a License to Manufacture Frozen Desserts, submit the following:

- Completed "Application for License to Manufacture Frozen Desserts and / or Ice Cream Mix"
Fee made payable to the "City of Framingham".
- License Fee: \$5.00 (soft-serve), Manufacturing Establishment: \$200.00. Credit cards are not accepted at this time. **All fees are non-refundable**
- For **NEW** Food Establishments Manufacturing Frozen Desserts and / or Ice Cream Mix – Submit a completed "Food Establishment Plan Review Application"
- For **NEW** Food Establishments – Submit a completed "Food Establishment Permit Application"
- For Temporary or Seasonal Events (Trailer) – Submit a completed "Temporary or Seasonal Events Permit Application"
- Equipment Specification sheets used in the process (i.e. Soft-Serve Machine(s) etc.)
- Laboratory results must be submitted to the Framingham Department of Public Health within 30 days of the start of operation and monthly thereafter.
- For existing food establishments, provide a sketch of the processing area and / or the placement of the Soft Serve Machine(s)
- Copy of Certified Food Manager and Allergy Awareness Certificates
- Completed "Workers' Compensation Insurance Affidavit": General Business. Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
- Copy of your "Food Employee Reporting Agreement" (Health Policy) – See template on page 15

Please note that any missing information may cause a delay in the decision making process.

Pursuant to M.G.L. Chapter 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law. I certify that the above information is correct and understand that if any changes are made to the plans or the above information without prior permission from the Framingham Department of Public Health may nullify final approval. Additionally, I certify I will manufacture such products only from pure and wholesome ingredients and only under sanitary conditions.

Signature: _____ Print Name: _____

Federal Identification Number: _____

For Official Use Only

Approved as submitted

Approved as submitted with the following condition(s): _____

Disapproved as submitted – Reason(s):** _____

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

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

Date Permit was Issued: _____

LABORATORIES

The following is a list of laboratories located in Massachusetts

Advanced Food Labs Inc.	31-B Foodmart Road Boston	617-269-6424	https://www.advancedfoodlabs.com
Analytical Testing Laboratory Co., Inc.	345 Trapelo Road Belmont	617-484-7400	https://atllabfood.com
G & L Labs Inc.	246 Arlington Street Quincy	617-328-3663	www.gllab.com
Lapuck Laboratories, Inc.	70 Shawmut Road Canton	781-401-9999	info@lapucklabs.com
Microbac	117 Flanders Road Suite 101 Westborough	508-329-7927	https://www.microbac.com

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: _____

Address: _____ Framingham, MA 0170 _____

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

A. SYMPTOMS OF:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

B. MEDICAL DIAGNOSIS OF BEING ILL WITH:

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above? Yes No

If yes, what was the date of the diagnosis? _____

D. HIGH-RISK CONDITIONS

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Name of Food Employee or Conditional Food Employee: _____ Date: _____

Signature of Food Employee: _____

Signature of Permit Holder or Representative: _____ Date: _____