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MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Bake Sale Guidelines for Non-Profit Sponsored Organizations



Under Massachusetts General Law, non-profit organizations, such as PTO Groups, Church Fairs etc. are excluded from obtaining a food permit when selling / serving Baked Goods that do not require temperature control. These items are called Non-TCS Foods (Time / Temperature Control for Safety).

-  Sell / serve only Non-TCS baked goods that don't require refrigeration such as brownies and cookies. Avoid items that contain cream, custard etc.
-  Ingredient lists shall be on site and available. Known allergens shall be clearly identified. If the ingredients are not known, PLEASE DO NOT GUESS!
-  Bare hand contact shall not be used to handle unwrapped baked goods. Non-latex gloves, deli tissues or utensils can be used.
-  Ask volunteers & servers who are making and serving food products if they are ill and /or experiencing symptoms such as vomiting, diarrhea, fever etc. Avoid allowing ill individuals to handle and serve food and drinks. See the employee health policy on page 2 for additional information.
-  Perform proper hand washing: With warm water, lather hands with soap vigorously, pay attention to fingertips for 20 seconds. Rinse and dry with a paper towel. Remember that hands must be washed before and after glove use. Temporary hand washing stations can be used such as a coffee urn filled with warm water or hand wipes designed for hand washing.
-  Baked goods shall be covered to protect against customer contamination. Since contaminated products would be required to be disposed of, individually wrapping the products is highly advised.
-  Practice proper hygiene: Long hair shall be in a restraint such as a ponytail, remove wrist jewelry including watches, avoid touching face, eating while serving food, and chewing gum
-  If serving coffee, nondairy creamers are advised.
-  If dairy cream or milk is used, store the container on ice with a small amount of water. The ice water mixture shall surround the containers. Maintain the internal dairy temperature of 41°F and below.
-  Use single-use (disposable) items such as paper cups, coffee stirrers, etc. To protect these items from contamination, store them upside down, covered, in protective wrap etc.
-  Avoid storing food items and utensils on the ground / floor.



If there are any questions please call the Framingham Department of Public Health at 508-532-5470

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: _____

Examples of Items that can be used at a Food Event

Temporary Hand Wash Station with soap, paper towels, a waste catch container, non-latex gloves and trash receptacle



Hand Wipes can be used for hand washing in some cases

