



Samuel S. Wong, PhD  
Director of Public Health

(508) 532-5470  
health@framinghamma.gov  
www.framinghamma.gov

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

## Catering Operation Plan Review Application

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

Date: \_\_\_\_\_

Do you currently have a Permit to Operate a Food Establishment in the City of Framingham?  Yes  No

Check if the name of the Catering Operation will have the same name as your current Food Establishment Permit

### Food Establishment Information (Base of Operation)

Establishment Name: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Owner Information

Name of Owner:  Same as Food Establishment Permit  
If different than the owner listed on the Food Establishment Permit

### Catering Business Information & Procedures

Name of Catering Business (if different than the name on the Food Establishment Permit): \_\_\_\_\_

How many catering events are you anticipating per year (approximately)? \_\_\_\_\_

What would be the average party size? \_\_\_\_\_

What is the maximum distance you would travel to cater an event? \_\_\_\_\_

Does your Food Establishment currently have a walk-in refrigerator installed?  Yes  No

When will the catered foods typically be prepared (i.e. Same day, day prior etc.)? \_\_\_\_\_

Will food preparation take place at the event?  Yes  No

How will foods be transported to catered event? \_\_\_\_\_

If a personal vehicle is to be used, will pets / animals be transported in the same vehicle?  Yes  No

How will hot foods be held hot **BOTH** during transit and at the event (internal food temperature held 135°F and above)? \_\_\_\_\_

How will cold foods be held cold **BOTH** during transit and at the event (internal food temperature at 41°F and below)? \_\_\_\_\_

Describe corrective actions for foods that do not maintain proper temperature during transit and at the event: \_\_\_\_\_

Will non-continuous cooking of raw animal products take place?  Yes  No

Example: Raw chicken breasts are grilled marked but not fully cooked then cooled. At the event, the cooled chicken breasts are then fully cooked.

- If Yes, a plan shall be submitted to the Department for review and approval

List the type(s) of equipment that will be used at the event (i.e. chaffing dishes): \_\_\_\_\_

Will this equipment be rented?  Yes  No

**Note:** Equipment that is rented shall be properly washed, rinsed and sanitized at the Food Establishment prior to its use at the event.

Will disposable equipment be used?  Yes  No

How will ingredients be made available for customer(s)? \_\_\_\_\_

Will temporary employees be used at the event?  Yes  No

Do you currently have a "Food Employee Reporting Agreement" (Health Policy)?  Yes  No

- If yes, will this policy be reviewed with temporary employees?  Yes  No

**The Local Health Department where the catered event is to be held shall be notified and supplied with the following information:**

- |  |   |  |                               |
|--|---|--|-------------------------------|
| <input type="checkbox"/> Name of Catering Business           | <input type="checkbox"/> Address  | <input type="checkbox"/> Phone Number                      | <input type="checkbox"/> Menu |
| <input type="checkbox"/> Location / Address of catered event | <input type="checkbox"/> Date and Time of                                     | <input type="checkbox"/> Copy of Food Establishment Permit |                               |
| <input type="checkbox"/> Number of people to be served       | <input type="checkbox"/> Copy of Certified Food Manager and Allergy Awareness |  |                               |

#### Additional Requirements

- Bare hand contact is NOT permitted on ready-to-eat and cooked foods. Latex gloves shall not be used. Hands must be washed before and after glove use.
- A knowledgeable person in charge (PIC) shall be present at each catered event.
- A notice (sign) shall be provided stating ***"Before placing your order, please inform your server if a person in your party has a food allergy"***.

- For food items that are served raw or undercooked, a Consumer Advisory shall be posted. The specific food item that is raw or uncooked shall be identified with an asterisk \*. A footnote shall be added stating **“Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions”**. The footnote shall also have an asterisk \* prior to the advisory statement.
- Leftovers shall NOT be brought back into the Food Establishment Operation.

**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