



Residential (Cottage) Kitchen Food Operation Permit Application with Review

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

A Food Establishment Permit must be obtained if food is prepared in or distributed from a Residential (Cottage) Kitchen Food Operation for sale according to the **Massachusetts State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments 105 CMR 590.010 (E)**. In order to obtain a Residential (Cottage) Kitchen Food Operation Permit, answer the following questions, complete the application and submit the applicable documents to the Framingham Public Health Department (FPHD) for review and approval.

Note: The word Residential and Cottage Kitchen are interchangeable (mean the same thing).

Type of Application

Date: _____

- New** – Never applied for a permit - Complete **All** Sections of this application.
- Renewal** of an existing permit – Are there any changes in your operation including new food items and/or pets?
 - Yes: I made changes to my operation – Complete **All** Sections of this application.
 - No: I made No changes to my operation – **Skip Question #1, Question #2 & Question #3. Complete Section 1** (page 2), **Section 4** (page 4) of this application and the **“Workers’ Compensation Insurance Affidavit”** form (page 6).

Question #1

Skip this section if you are renewing your permit and there are no changes to your operation

1. Who would you like to sell your product(s) to? (Read **A** & **B** below and select)

- A.** **Sell to the end user (a person who will consume the product) such as at a Farmer’s Market or on the Internet.**
 If you selected **A**, the Framingham Public Health Department will be the Licensing Authority. **Continue to Question #2.**

- B.** **Sell to a Food Establishment (an establishment who will sell or serve the product to the end user) such as a Retail Market, Restaurant etc.**

STOP

STOP If you selected **B**, the Framingham Public Health Department will **NOT** be the Licensing Authority for your operation. Wholesale Operations (selling to retail stores, restaurants etc.) require a food processor license obtained from the **State of MA Food Protection Program (FPP)**. Contact the State FPP at 617-983-6770.

Website: <https://www.mass.gov/guides/starting-a-wholesale-food-business>

Note: The use of brokers, wholesalers and warehouse by cottage kitchen operators to store, sell and distribute foods prepared in cottage (residential) kitchens is **prohibited**. **Food products made in cottage kitchens may not be sold-out-of state (FDA does not recognize these foods as originating from an approved source).**

Question #2

Skip this section if you are renewing your permit and there are no changes to your operation

The Framingham Inspectional Service Department (ISD) determines if the intended business meets the zoning bylaw requirements. See page 7 to determine if you meet the requirements for a Home Occupation or visit: <https://www.framinghamma.gov/DocumentCenter/View/42031/Zoning-for-Home-Businesses> For questions, contact the Framingham ISD at 508-532-5500, City Hall in Framingham, 150 Concord Street, Memorial Building Room 203.

2. Do you meet the zoning bylaw requirements? Yes No

✓ If Yes, continue to Question #3


STOP If No your application process **STOPS** here. **A Residential Kitchen Food Operation Permit cannot be granted** because you do not meet the bylaw zoning requirements.

Question #3

Skip this section if you are renewing your permit and there are no changes to your operation

3. Will your final food product(s) require refrigeration? Yes No

✓ If No, continue with the application process below.

STOP  If Yes, your application process **STOPS** here. Only non-TCS (Time / Temperature Control for Safety) Foods (foods that do not require refrigeration and / or a variance) shall be prepared in or distributed from a Residential Kitchen Food Operation for sale to the public.

Examples: Include, but are not limited to, Baked Goods such as Cakes, Cookies, Brownies, Candies, Jams & Jellies. Please contact the Department if you have questions or require additional information regarding approved products that can be sold from a Residential Kitchen Food Operation.

Section 1. Business Information

Both New and Renewal Permit Applicants must complete this section

Business Name: _____

Name of the Owner of the Business: _____

Address: _____ Framingham, MA 0170 _____

Telephone Number: _____ Date of Birth: _____

Email: _____

Name of Emergency Contact: _____ 24 Telephone Number: _____

Section 2. Food Information

Skip this section if you are renewing your permit and there are no changes to your operation

List the food item(s) that will be produced and distributed in the Residential Kitchen: _____

List where you will purchase the ingredients used to make your product: _____

Note: Food ingredients shall be obtained from approved sources (Licensed Wholesale Establishments such as BJ's, Costco, and Restaurant Depot).

Describe where the ingredients and the final product will be stored: _____

Note: Ingredients shall be stored separately from "private use" foods.

Describe how sinks will be used within the household: _____

Note: The kitchen sink may NOT be used for hand washing after toilet use but may be used for food preparation and ware washing provided it is cleaned and sanitized prior to and between use.

Section 3. Cleaning and Sanitizing

Skip this section if you are renewing your permit and there are no changes to your operation

Describe where soiled equipment will be stored prior to washing: _____

How will Food-Contact surfaces be Cleaned and Sanitized: _____

What type and brand name of Sanitizer will be used?

Chlorine: _____ Quaternary: _____
Brand Name Contact Time Brand Name Contact Time

Note: The Sanitizer chemical shall state on the manufacturers label that it is approved and / or instructions for use on food contact surfaces. The label will also specify the amount of time (contact time) required to properly sanitize. Be sure to Read the Sanitizer Manufacturers Label. Sanitizer is NOT a cleaner and shall only be used after proper washing with soap and rinsing with potable water.

A domestic or home-style dishwasher may be used provided the use of a Maximum Registering Thermometer or a Temp Thermolabel to determine the internal temperature is a **minimum of 150°F** after the final rinse and drying cycle. Records of this testing shall be **kept on file for 30 days**.

If a domestic or home-style dishwasher is to be used, attach a picture of the Maximum Registering Thermometer or the Thermolabel results:



Note: Pets may be present on the premises, but shall be kept out of food preparation and cooking areas during food preparation and service to the public.

List pets that live and / or visit the household: _____

Describe how pets will be excluded (if applicable): _____

Note: Only immediate family members residing in the household may prepare food for retail sale in a Cottage Food Operation.

Note: The Framingham Public Health Department HIGHLY advises the operator of the residential kitchen obtain certification as food safety manager by passing a test that is part of an accredited program recognized by the Department and obtain a certificate in Food Allergen Awareness Training. Training information can be found at the website below:

<https://www.mass.gov/lists/retail-food>

Note: If you are planning to sell your product in a location other than at your Residential Kitchen Food Operation location such as at a Farmer's Market, additional permits are required from that town / city in which you plan to sell your product(s). This would include events held in the City of Framingham as well.

Section 4.

To obtain a "Residential (Cottage) Kitchen Food Operation Permit", submit the following:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Completed "Residential (Cottage) Kitchen Food Operation Permit & Review Application." |
| <input type="checkbox"/> | A check or money order made payable to the "City of Framingham" for \$150.00 . Credit cards are only accepted online. All Fees are Non-Refundable. |
| <input type="checkbox"/> | Completed " Workers' Compensation Insurance Affidavit: General Business " - Page 6. Attached a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). |
| <input type="checkbox"/> | A copy of your Certified Food Manager and Allergy Awareness Certificate (if obtained) |

Note: Production of food cannot take place until all of the above has been submitted and approved by the Framingham Public Health Department. Missing information may cause a delay in the decision and permitting process.

Statement: I, _____ hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Framingham Public Health Department may nullify the final approval. I agree to conform to Employee Hygiene and Health requirements (use the "Food Employee Reporting Agreement" on page 4 as a guide). Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

Signature: _____ Date: _____

For Official Use Only

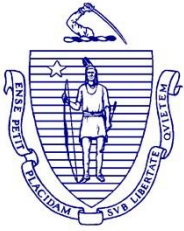
- Approved as submitted
- Approved as submitted with the following condition(s): _____

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

**** Applicant can resubmit an updated application 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: _____



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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

**Please Retain for your Records (pages 7 – 15) ONLY
Do NOT submit with your Application**

Helpful information can be found at the following websites:

Food Codes: 105 CMR 590.000 & 2013 FDA Food Code

<https://www.mass.gov/lists/retail-food>

Residential (Cottage) Kitchen Food Operation Questions and Answers

<https://www.mass.gov/info-details/residential-kitchen-questions-and-answers>

Minimum Requirements for Packaged-Food Labeling

<https://www.mass.gov/policy-guidelines/minimum-requirements-for-packaged-food-labeling>

Framingham Zoning By-Law Section I. General

Home occupation: An activity customarily conducted by the residents of a dwelling unit, inside the principal dwelling unit, requiring only home equipment, including but not limited to type writers and computers. The term "home occupation" shall include but is not limited to the office of a resident physician, dentist, lawyer, architect, engineer, accountant, psychologist, or other member of a recognized profession; studio of an artist, musician, or photographer; the office of a sales or manufacturer's representative; secretarial or computer-related activities; tailoring; millinery; handicrafts; and small group instruction or tutoring. Such use shall be allowed provided no retail or wholesale merchandise transactions are conducted on the premises, with the exception of handicrafts, art work or clothing produced entirely on the premises. The term "home occupation" shall not be interpreted to include the following: clothing rental, barber shop, hairdresser, restaurant, television repair, real estate broker, orchestra or instrumental group, antique shop, animal hospital, and other similar uses. The term "merchandise transaction" shall not include transactions made solely by mail or telephone, but shall include any pick-up or delivery of goods bought or sold as part of the home occupation.

Framingham Zoning By-Law Section II

Page 31 Use Regulations

D. HOME OCCUPATIONS

Home occupations as accessory uses within single family dwellings are subject to the following conditions:

- (1) The home occupation shall be clearly incidental and secondary to the use of the dwelling as a residence, shall be located within the dwelling unit or a single accessory building, and shall not change the residential character thereof.
- (2) The area utilized for the purpose of the home occupation shall not exceed the smaller of (a) twenty-five per cent of the total floor area of the dwelling unit or (b) four hundred square feet.
- (3) No non-resident employees shall be allowed in a home occupation.
- (4) Not more than three customers, clients, pupils, or patients for business or instruction shall be present at any one time. Customers, clients, etc. shall be present only between the hours of 8:00 a.m. and 9:00 p.m., Monday through Saturday.
- (5) There shall be no exterior display or storage of goods or materials, and no exterior indication of the home office or occupation other than one non-illuminated identification sign not to exceed two square feet in area.
- (6) There shall be no noise, vibration, glare, fumes, odors, or electrical interference beyond that which normally occurs in a residential area.

**For questions regarding zoning please contact Inspectional Services at 508-532-5500.
Inspectional Services is located at City Hall in Framingham, 150 Concord Street,
Memorial Building Room 203.**

Food Code Requirements

Personal Hygiene and Employee Health

2-201.11 All employees shall report when they are ill with symptoms which could be due to an illness which can be spread through food. The reportable symptoms include diarrhea, vomiting, jaundice, fever, sore throat with fever, and any cuts or open wounds on exposed skin. Employees must also report to the PIC when they are diagnosed with an illness which could be spread through food or if they live with someone who has such an illness. They must also let the person in charge know if they or someone in their household has been exposed to an outbreak of foodborne illness and therefore are at risk for getting such an illness.

Employees who have symptoms or who are diagnosed with such an illness will either need to be restricted in their duties or prevented from working altogether and consult with Framingham Department of Public Health. The bottom line is that ill employees should not be working with exposed food and clean utensils and equipment, and in some cases ill employees should not be working at all.

3-301.11 **Bare Hands:** Hands shall be clean before donning clean gloves. When gloves have been worn for a period of time, sweat builds up that could contain bacteria therefore hands shall also be washed after glove use. **Remember, Bare Hand Contact is NOT ALLOWED on RTE (Ready-to-Eat) Foods.** A barrier shall be used between the individual's hands and the cooked / RTE food product. Barriers include gloves, utensils, deli paper etc.

2-303.11 **Jewelry:** Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.

3-304.15 **Latex Gloves:** 105 CMR 590.004 (E): Natural rubber latex gloves have been reported to cause allergic reactions in some individuals who wear latex gloves during food preparation, and even in individuals eating food prepared by food employees wearing latex gloves. This information should be taken into consideration when deciding whether single-use gloves made of latex will be used during food preparation. Alternatives to latex include but are not limited to vinyl, nitrile etc.

Food Protection

3-305.14 **Food Preparation:** During preparation, unpackaged food shall be protected from environmental sources of contamination.

3-305.11 **Food Storage:** Food shall be protected from contamination by storing the food in a clean, dry location; where it is not exposed to splash, dust, or other contamination; and at least six (6) inches above the floor.

Cleaning & Sanitizing Equipment and Utensils

4-603.14 **Cleaning:** Equipment shall be effectively washed to remove or completely loosen soils by using a detergent containing wetting agents and emulsifiers. A container with soapy water should be available for proper cleaning. Surfaces shall be rinsed after the cleaning process, before sanitizing. If the surface needs to be wiped to remove crumbs, use a paper towel (use once then dispose).

4-603.16 **Rinse:** Washed utensils and equipment shall be rinsed so that abrasives are removed and cleaning chemicals are removed or diluted through the use of water. It is important to rinse off detergents, abrasive, and food debris after the wash step to avoid diluting or inactivating the sanitizer.

4-702.11 **Sanitize:** Sanitization is accomplished after the ware washing steps of cleaning and rinsing so that utensils and food-contact surfaces are sanitized before coming in contact with food and before use. Sanitizer is NOT a cleaner. The instructions on a sanitizer container states to clean first with a detergent, rinse THEN sanitize. Sanitizers are not designed to remove allergen proteins. It is important that surfaces be clean before being sanitized to allow the sanitizer to achieve its maximum benefit. Always follow the manufacturer's instructions on the sanitizer container label for use, concentration and the required contact time. The contact time is the amount of time the equipment such as utensils, bowls, cutting boards, tables etc. must remain in the sanitizing solution / remain wet in order to sufficiently destroy pathogens that may remain on surfaces after cleaning. Allow surfaces to air dry.

Labeling Requirements

Types of Sanitizer, Concentrations and Test Papers: There are typically two types of sanitizers:

- 7-204.11
1. Bleach or Sodium Hypochlorite (Chlorine) - Not all bleach products are approved for food contact surfaces. You **MUST READ** the label on the container. If a Bleach is to be used, mix with water to the acceptable level stated on the manufacturer's label. Avoid mixing with hot water. Typically, the concentration allowed is 50 – 200 ppm however 50 – 100 ppm is preferred. More is not better. More could be toxic. The contact time for Bleach is usually two (2) minutes. Use the test strips with the white test strips and purple color chart to measure the concentration.
 2. Quaternary Ammonium (QAC) – Some have a concentration range of 150 – 400 ppm or 200 ppm. You **MUST READ** the label on the container. Mix the solution according to the manufacturer's instructions. Quaternary sanitizers typically have a one (1) minute contact time. Mix the solution with warm water (65°F – 75°F). There are several test kits available to measure the concentration however the most common kit contains orange test strips with a green color chart. It is **HIGHLY** recommended to use test strips that do not have to be held in the solution for a minute and a half (90 seconds). There are instant read test strips and ten (10) second hold test strips. Read the label on the test strips for use instructions. Some test strips are temperature dependent.

There are also Pre-Mixed Sanitizers however you **MUST READ** the label on the container to verify it is approved to be used on "Food Contact" surfaces

- 7-202.12
- Chemical Use:** Poisonous or toxic materials shall be used according to the manufacturer's use directions included in labeling, and, for a pesticide, manufacturer's label instructions that state that use is allowed in a food establishment. Always read the label.

- 4-901.11
- Wiping Equipment:** After cleaning and sanitizing, equipment and utensils shall be air-dried and may not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry.

- 4-101.16
- Sponges:** Sponges may not be used in contact with cleaned and sanitized or in-use food-contact surfaces. The use of a scrubby pad without the attached sponge is acceptable. Wiping cloths are acceptable.

- 3-304.14
- Wiping Cloths / Sanitizer Container Storage:** Wiping cloths in-use for wiping counters and other equipment surfaces shall be held between uses in a chemical sanitizer solution at a concentration specified by the manufacturer (read the label). Containers of chemical sanitizing solution in which wet wiping cloths are held between uses shall be stored off the floor and used in a manner that prevents contamination of food, equipment, utensils, linens, and single-service items.

Equipment

- 4-202.11
- Food-Contact Surfaces Clean Ability:** Multiuse food-contact surfaces shall be smooth, free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections.

- 4-903.11
- Storage of Equipment:** Cleaned equipment and utensils, laundered linens, and single-service and single-use items (to go containers) shall be stored in a clean, dry location; where they are not exposed to splash, dust, or other contamination; and at least 6 inches above the floor. Clean equipment and utensils shall be stored in a self-draining position that allows air drying; and covered or inverted.

Labeling

- 3-302.12
- Label Food Containers:** Working containers of food / ingredients that are removed from their original packages for use, such as oils, salt etc. shall be identified with the common name of the food. Label all containers, bins and squeeze bottles.

Minimum Requirements for Packaged-Food Labeling

- 3-602.11
- Food Labels:** 105 CMR 520 MA Labeling Requirements - Food products that are packaged shall be labeled to include the following information: The common name of the food, if made from more than two ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, the net quantity of contents, the name and place of business of the manufacturer, packer, or distributor, and the major food allergen.

Labeling Requirements

Please use the following guidelines, prepared by the Massachusetts Food Protection Program, to help you develop a food label that complies with Massachusetts and federal labeling requirements.

Foods that Require Labeling:

All packaged foods must be labeled in accordance with Massachusetts and federal labeling regulations, including all foods intended for **retail sale that are manufactured in licensed Residential Kitchens.**

The following is the minimum information required on every food label:

- Common or usual name of the product.
- All ingredients listed in descending order of predominance by weight, and a complete listing of sub-ingredients.

Example of a sub-ingredient: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin).

- Net weight of product.
Dual declaration of net weight, if product weighs one pound or more.

Example: 1 pound [16 oz.] y “Keep refrigerated” or “Keep frozen” (if product is perishable). All perishable or semi-perishable foods require open-dating and recommended storage conditions printed, stamped, or embossed on the retail package.

- Once an open-date has been placed on a product, the date may not be altered.
- Name and address of the manufacturer, packer, or distributor. If the company is not listed in the current edition of the local telephone book under the name printed on the label, the street address must also be included on the label.
- Nutrition labeling.
- If a food product has a standard of identity, the food must meet the standard in order to be offered for sale under that product name.
- All FDA certified colors.

Example: FD&C Yellow #5, FD&C Red #3

Health Claims

Health claims allowed by the FDA on a label are limited to the following relationships between diet and disease:

1. Calcium and reduced risk of osteoporosis.
2. Sodium and increased risk of hypertension.
3. Dietary saturated fat and cholesterol and increased risk of heart disease.
4. Dietary fat and increased risk of cancer.
5. Fiber-containing grain products, fruits, and vegetables and reduced risk of cancer.
6. Fruits/vegetables and reduced risk of cancer.
7. Fruits, vegetables, and grain products that contain fiber, particularly soluble fiber and reduced risk of heart disease.
8. Soluble fiber from certain foods and reduced risk of heart disease.
9. Folic acid and reduced risk of neural tube defects.
10. Soy protein & reduced risk of heart disease.
11. Stanols / sterols and reduced risk of heart disease.
12. Dietary non-cariogenic carbohydrate sweeteners and reduced risk of tooth decay.

Labeling Requirements

Example

Massachusetts Minimum Requirements for Packaged-Food Labeling

WHEAT BREAD

Ingredients: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin, folic acid), Sugar, Eggs, Water, Milk, Margarine (liquid soybean oil, partially hydrogenated soybean oil, water, salt, whey, soybean lecithin, vegetable mono & diglycerides, sodium benzoate as a preservative, potassium caseinate [a milk protein], artificially colored, FD&C Red #3, artificially flavored, vitamin A, dalmite added), Yeast, Salt.

Contains: Wheat, Eggs, Milk, Soy

Sell by: 9/22/08

Net Weight: 1 pound (16 oz.)

The Bakery
412 Main Street
Anytown, MA 01234

Food Allergen Labeling

The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) addresses the labeling of foods that contain any of the eight major food allergens.

FALCPA defines "major food allergens" as:

- Milk
- Fish
- Egg
- Crustacean
- Tree Nuts
- Soybeans
- Wheat
- Peanuts

All ingredients that contain a major food allergen must be labeled, even if they are exempted from labeling by being a spice, flavoring, coloring or incidental additive. FALCPA requires the labeling of food allergens in one of two ways.

1. In the ingredient statement, include the common or usual name of the food source, followed by the name of the allergen in parentheses. For example: Ingredients: Flour (**wheat**), whey (**milk**)
2. After the ingredient statement, place the word, "Contains:" followed by the name of the food allergen. For example: *Contains: **Wheat, Milk***

FALCPA requires that:

- For Tree Nuts, the specific type of nut must be declared. walnuts
Example: almonds, pecans,
- For Fish and Crustacean Shellfish, the species must be declared
Example: cod, salmon, lobster, shrimp

FALCPA's requirements apply to all packaged foods sold in the United States, including both domestically manufactured and imported foods.

The following link contains additional information on the Minimum Requirements for Packaged-Food Labeling:

<https://www.mass.gov/files/documents/2017/05/zx/food-label-guidelines.pdf>

Equipment and Chemical Examples

Option #1: Thermolabels – Below are examples of 160°F however for a Residential Dish Machine use 150°F labels.



Label BEFORE use in the dish machine



Label AFTER use in the dish machine – The color change indicates the surface temperature inside the dish machine reached the minimum temperature as stated on the label.



Option #2: Maximum Registering Thermometer



Chemicals / Sanitizer

Option #1: Bleach (Sodium Hypochlorite)

Scented bleach or bleach which do not state “for food contact use” are not approved. Always read the label. Approved sanitizers will have an EPA Registration Number on the container



Bleach can be used as a Sanitizer as long as it states on the label it can be used on Food Contact Surfaces.

Concentration for Bleach (Sodium Hypochlorite) is 50-200 parts per million (ppm). About 1 teaspoon into a gallon of water = 65 ppm.

Contact time (the amount of time the equipment or surfaces shall remain in the sanitizing solution) = Two (2) minutes

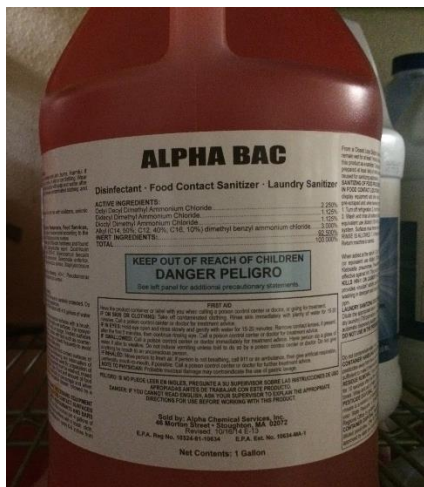
Equipment and Chemical Examples

DIRECTIONS FOR USE: It is a violation of Federal law to use this product in a manner inconsistent with its labeling. **DO NOT** use this product full strength for cleaning surfaces. Always dilute strictly in accordance with the directions. For prolonged use, wear gloves.

FOR HOSPITAL DISINFECTING	Product	Water	Instructions
	1/2 Cup	1 Gallon	Prewash surface, then apply bleach solution. Let stand 10 minutes. Rinse well and air dry.
FOR DISINFECTING			
Floors, Walls, Vinyl, Glazed Tiles, Bathtubs, Showers, Sinks	1/2 Cup (4 oz)	1 Gallon	Prewash surface, mop or wipe with bleach solution. Allow solution to contact surface for at least 5 minutes. Rinse well and air dry.
Toilet Bowl	3/4 Cup (6 oz)	Toilet Bowl	Flush toilet. Pour this product into bowl. Brush bowl, making sure to get under the rim, and let solution stand for 10 minutes and flush again.
FOR SANITIZING			
Work Surfaces	2 tsp (1/3 oz)	1 Gallon	Wash, rinse, wipe surface area with bleach solution for at least 2 minutes, let air dry.
Refrigerators & Freezers	2 tsp (1/3 oz)	1 Gallon	Remove food. Wash, rinse, wipe surface area with bleach solution for at least 2 minutes, let air dry.
Dishes, Glassware, Utensils	2 tsp (1/3 oz)	1 Gallon	Wash and rinse. After washing, soak for at least 2 minutes in bleach solution, drain and air dry.
Dishcloths & Rags	1/2 Cup (4 oz)	1 Gallon	Prewash items, then soak in solution for at least 5 minutes. Rinse and air dry.
FOR DEODORIZING			
Garbage Cans	1/2 Cup (4 oz)	1 Gallon	After washing and rinsing, brush inside with bleach solution. Let drain.
Drains	3/4 Cup (6 oz)	—	Flush drains. Pour into drain. Flush with hot water.
FOR MOLD AND MILDEW REMOVAL			
All Surfaces	3/4 Cup (6 oz)	1 Gallon	Prewash surface and wipe with bleach solution. Allow solution to contact surface for at least 5 minutes. Rinse well and air dry.
DILUTION TABLE: PPM (Parts Per Million Available Chlorine). Degrades with age and exposure to sunlight and heat. Check the level of available chlorine with a test kit.			
1/3 oz this product (2 tsp)	+ one gallon water	=	200 ppm
4 oz this product	+ one gallon water	=	2400 ppm



Option #2: Quaternary Ammonium



Concentration for Quaternary Sanitizers is 200 ppm or 150 / 200 – 400 ppm for multi-use Quaternary. Follow the concentration directions on the label.

Water temperature should be 65 °F – 75 °F in order for the test strips to accurately measure the concentration.

Contact time = One (1) minute



From a Closed Loop Dilution Center, apply 200-400 ppm active solution to the surface to be sanitized. Allow surface remain wet for at least 1 minute. Allow surfaces to air dry. **NO POTABLE WATER RINSE IS ALLOWED** following the use of this product as a sanitizer. Change cloth, sponge or towels frequently to avoid redeposition of soil. A fresh solution must be prepared at least daily or when use solution becomes visibly dirty. For mechanical application, use solution must be prepared for sanitizing applications.

SANITIZING OF FOOD PROCESSING EQUIPMENT, ICE MACHINES AND OTHER HARD NON-POROUS SURFACES IN FOOD CONTACT LOCATIONS: For sanitizing food processing equipment, dairy equipment, refrigerated storage display equipment and other hard, non-porous surfaces. Equipment and utensils must be thoroughly pre-flush and, when necessary, presoaked to remove gross food particles.

1. Turn off refrigeration.
2. Unit must be washed with a compatible detergent and rinsed with potable water before sanitizing.
3. Wash and rinse all surfaces thoroughly.
4. Apply a solution of 1 to 2.67 ounces of this product in 4 gallons of water (equivalent use - dilution) (150-400 ppm active) by mechanical spray device, direct pouring or by recirculating through system. Surfaces must remain wet for at least 1 minute.
5. Thoroughly drain and then air dry.
6. **NO POTABLE WATER RINSE IS ALLOWED.**
7. A fresh solution must be prepared at least daily or when use solution becomes visibly dirty.

Return machine to service.