



**TOWN OF NORWOOD
BOARD OF HEALTH
COMMONWEALTH OF MASSACHUSETTS**



Public Health
Prevent. Promote. Protect.

**GUIDELINE FOR THE PREPARATION OF
FOOD ESTABLISHMENT PLANS**

State regulation 105 CMR 590.011 and Federal Food Code Chapter 8-2 require the submission of properly prepared plans of food establishment facilities for review and approval prior to construction, extensive remodeling, changes in operation and conversions of existing structures for use as a food establishment.

PLAN PREPARATION FOR APPROVAL

1. Obtain and review copies of the State Food Code (105 CMR 590.000) and the Federal Food Code. Available on the internet:
Federal Code - <http://vm.cfsan.fda.gov/~dms/fc99toc.html>
State Code - <http://www.state.ma.us/dph/fpp/fpp.htm>
2. Complete this multi-page guideline.
3. Complete the Application for a Food Service Permit.
4. Provide a Floor Plan (to scale) of the entire establishment to include layout of rooms and equipment.
Provide 'Specification Sheets' for all equipment in which foods will be stored, prepared, or displayed.
Provide a sample Menu (with a 'disclaimer' if applicable).
5. There will be a review of all the documents submitted and any revisions will be made in writing by the Health Department after the interview with the applicant.
6. Modification of plans will require additional approval.
7. No foods or supplies may be delivered without a preliminary inspection.
8. There will be at least two visits made to the site during construction/remodeling. Issuance of the food permit will be made after a final inspection.

NOTES:

APPROVAL OF THESE PLANS DOES NOT CONSTITUTE A GUARANTEE THAT A FOOD PERMIT WILL BE ISSUED. Therefore, it is not advisable to schedule a GRAND OPENING until it is assured that all issues have or will be resolved prior to the scheduled opening.

Incomplete Applications Will Be Rejected.

To Protect, To Provide And To Promote Public Health
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**NORWOOD BOARD OF HEALTH
FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW**

_____NEW _____REMODEL _____CONVERSION
(of existing restaurant) (change of use to a restaurant)

Name of Establishment: _____

Address: _____ Phone if available _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Anticipated Date of Opening: _____

No. of Seats: _____ (can not exceed occupancy load as determined by Building Dept.)

Hours of Operation: _____

Sun. _____ Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____ Sat. _____

Number of Meals to be served: Breakfast _____ Lunch _____ Dinner _____

TOTAL NUMBER OF MEALS: _____

NUMBER OF DAYS BETWEEN FOOD DELIVERIES: _____

Number of workers certified in CHOKE-SAVING _____

(ONE CERTIFIED CHOKESAVER must be on the premises at all times)

Please give names. _____

Is certificate on file? _____ Expiration date _____

Date of scheduled training: _____

Number of workers with "SERVE-SAFE" training _____

(minimum of one full-time employee) Expiration date(s) _____

I have submitted plans/applications to the following:

- | | | | |
|--------------------|--------------------------------|----------|----------|
| Board of Selectmen | Zoning | Planning | Building |
| Plumbing | Electric | Police | Fire |
| Conservation | Other () | | |

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

"SERVE-SAFE" copies (valid for 5 years)

ANTI-CHOKING certificates (valid for 3 years)

Please make certain the following information is available on the plans or attached on additional documents:

EQUIPMENT LIGHTING: type of shielding in Reach-ins, Walk-ins

TOILET ROOMS: Location of employee and/or patron restrooms including lavatories, water closets and urinals. Self-closing doors and not opening into food areas.

DRESSING RM./LOCKERS: Location of employee dressing rooms and/or lockers.

FLOORS/WALLS/CEILINGS: Details of construction materials. Note that ceiling, walls and floors must be suitably finished to facilitate cleaning. All stud, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.

FOOD CONTACT SURFACES: Details of construction materials of countertops, cutting boards, shelving etc. All food contact surfaces must be impervious to moisture, smooth and easily cleanable. Cutting boards: no deep cuts.

SPECIAL OPERATIONS: Details of special operations:
_____ Salad Bars ("sneeze guards"?)
_____ Buffets (cold plates? sneeze guards?)
_____ Bulk Foods
_____ Vacuum Packaging
_____ (HACCP PLAN SUBMITTED?)
_____ Frozen Desserts Food Processor Lic.
_____ SUSHI BAR (HACCP PLAN, PH meter & logs)

FINISH SCHEDULE

A. FLOORS

1. All floor coverings in food preparation, food storage, utensil-washing areas and walk-in refrigeration units, dressing rooms, locker rooms, toilet rooms and vestibules must be commercial grade, smooth, non-absorbent, easily cleanable and durable. Approved anti-slip floor covering may be used in high traffic areas only.
2. Coving at base junctures must be compatible to both wall and floor coverings and provide at least 1/4 inch radius.
3. Properly installed, trapped floor drains shall be provided in floors that are water-flushed for cleaning or that receive discharges of water or other fluid waste from equipment or in areas where pressure spray methods for cleaning equipment are used. Floors must be sloped to drain, at least 1/8 inch per foot.
4. Grouting must be non-absorbent and impregnated with epoxy, silicone or polyurethane.
5. All walk-in refrigeration units both with prefabricated floors and without should be installed according to the NSF "Special Consideration Regarding Installation of Walk-in Refrigerators and Storage Freezers".

B. WALLS

1. The walls, including non-supporting partitions, wall coverings and ceilings of walk-in refrigerating units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms and vestibules shall be light-colored, smooth, non-absorbent and easily cleanable. Studs, joists and rafters shall not be exposed in walk-in refrigeration units, food preparation areas, equipment-washing and utensil-washing areas, toilet rooms, and vestibules. Where permitted they must be finished to provide an easily cleanable surface.
2. Glazed surfaces could be glazed block or brick or ceramic tile. These surfaces to be applied with epoxy, silicone or a polyurethane grouting. Concrete block if used must be rendered non-porous and smooth by the application of an approved block filler followed by the application of an epoxy-type covering. All mortar joints shall be only slightly tooled and suitably finished to render them easily cleanable.
3. Plastic laminated panels may be used. Joint finishes should be compatible with the wall structure. Voids should be eliminated at joints.

C. CEILINGS

1. Finishes shall be light-colored, smooth, non-absorbent and easily cleanable. Acoustical material free of porous perforations, smooth and durable enough to be washed with a cloth or sponge may be used, provided ventilation is adequate to minimize soiling.

Applicant fill in materials (i.e., quarry tile, stainless steel, 4" plastic covered molding, etc.)

	Floor	Baseboard	Walls	Ceiling
Kitchen				
Warewashing				
Food Storage				
Other Storage				
Bathrooms				
Dressing Rooms				

A. INSECT AND RODENT HARBORAGE

Applicant please check appropriate boxes:	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Are all outside doors self-closing with rodent proof flashing?	()	()	()
2. Are screen doors provided on outside doors for use in summer?	()	()	()
3. Do all operable windows have a minimum #16 mesh screening?	()	()	()
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed or fire stopped?	()	()	()
5. Is area around building clear of unnecessary brush, litter, boxes or other harborage?	()	()	()
6. Are air curtains used?	()	()	()
7. Are all foundations free of cracks or openings which would allow rodent entry.	()	()	()
8. PEST CONTROL COMPANY? The use of "monitoring glue boards" is recommended	()	()	()

B. GARBAGE AND REFUSE

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<u>Inside:</u>			
1. Are all cans lined with plastic bags? (covers?)	()	()	()
<u>Outside:</u>			
2. Will cans be stored outside?	()	()	()
3. Will a dumpster, compactor, or grease receptacle be used ?	()	()	()
Number _____ Size _____ Frequency of pick up _____			
Name of Contractor: Dumpster _____			
Grease _____			

4. Describe surface dumpster/compactor/ cans are to be stored on:
 Asphalt _____ concrete _____
 SLOPED TO DRAIN? _____

GREASE TRAPS:

Logs must be maintained:

1. monthly inspection
2. quarterly cleaning (minimum)

C. PLUMBING

1. Plumbing shall be sized and installed according to applicable codes. There shall be no cross connections between the potable water supply and any non-potable or questionable water supply. Where non-potable water systems are permitted for purposes such as air conditioning and fire protection the non-potable water must not contact directly or indirectly: food, potable water or equipment that contacts food or utensils. The piping of any non-potable water system shall be durably identified so that it is readily distinguishable from piping that carries potable water. (248 CMR 10.14 (7)(b) MA State Plumbing Code, Protection of Potable Water Supply)
2. Submerged Inlet Protection The potable water system shall be installed to preclude the possibility of backflow. Backflow and back siphonage shall be used at all fixtures and equipment unless an air gap is provided as described in 248 CMR 10.00 the Massachusetts State Plumbing Code. The air gap must be at least twice the diameter of the water supply inlet, but not less than 1 inch, between the water supply inlet and the fixture's flood level rim.

D. WATER SUPPLY

1. Is ice made on premises Yes () No ()/or purchased commercially Yes () No ()?
 INTERNAL CLEANING OF ICE MACHINE: monthly () quarterly ()
 If on premises, are specifications of machine enclosed? Yes () No ()
 Provision for ice scoop storage: hanging () inside container () inside ice machine ()

E. DRESSING ROOMS

- | | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| 1. Are separate dressing rooms provided? | () | () |
| 2. Describe storage facilities for employees' personal belongings (i.e./purse, coats, boots, umbrellas, etc.) | | |
-

F. GENERAL

- | | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| 1. Are all FOOD HANDLERS provided with effective hair restraints? (hairnet, cap, visor, etc.)? | () | () |
| 2. Are all toxins for use and retail sale including personal medications stored away from food preparation and storage areas? | () | () |
| 3. Are all containers of toxins including sanitizing spray bottles clearly labeled? | () | () |
| 4. Are laundry facilities located on premises?
If yes, what will be laundered? _____ | () | () |
| 5. Is a dryer available? | () | () |
| 6. Location of clean linen storage: _____ | | |
| 7. Location of dirty linen storage: _____ | | |
| 9. Are you familiar with bioterrorism/tampering prevention procedures? | () | () |
| 10. Do you have an outside Food Safety Consultant? | () | () |

EXHAUST HOODS

Hood Locations	Odor Supply Device Filters	Square Feet	Fire Protection	Air Capacity CFM

G. SINKS

- | | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| 1. Is a separate mop sink present?
If no, please describe facility for cleaning of mops and other equipment? _____ | () | () |
| 2. Is there a properly sized rack for mops and brooms?

NOTE: hang mops with "heads down" into mop sink | () | () |
| 3. Is a separate food preparation sink present? | () | () |
| 4. Is there a garbage disposal?
<i>A garbage disposal is required in all kitchens.</i> | () | () |

NOTE: all sinks tight against wall and caulked

H. DISHWASHING FACILITIES

1. Dishwasher () Three compartment sink ()

2. Dishwasher: Low Temp_____ High Temp_____(**must be 180°F**)

NOTE: high temp dishwashers cannot drain through a grease trap.

Booster heater?_____

Chemical sanitizer used_____

NOTE: a "low chemical" alarm is required.

- | | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| 3. Do all dish machines have templates with operating instructions? | () | () |
| 4. Do all dish machines have temperature/pressure gauges that are accurately working? | () | () |
| 5. Does the largest pot and pan fit in each compartment sink? | () | () |
| 6. Are there drain boards on both ends? | () | () |

7. What type of sanitizer is used in 3 bay sink: Chlorine
Iodine
Quaternary ammonium

(Please make certain that **TEST STRIPS & A 30-day SANITIZER LOG** are available at the pre-operational inspection.)

8. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type:_____ Concentration:_____ (ppm)

NOTE: strong chlorine solutions will damage cutting boards

K. HANDWASHING/TOILET FACILITIES

- | | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
| 1. Is there a handwashing sink in <u>each</u> food preparation and warewashing area? | () | () |

NOTE: They must be convenient and accessible at all times.

2. Do all handwashing sinks including those in the restrooms have a mixing valve or combination faucet ? () ()
(Maximum temp of 110°F)

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? | () | () |

NOTE: FIXTURES MORE THAN 60 FEET FROM THE HOT WATER HEATER REQUIRE A CIRCULATING PUMP.

- | | | |
|---|-----|-----|
| 4. Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all handwashing sinks? | () | () |
| 5. Are hand drying facilities (paper towels in dispensers, air blower, etc.) available at all handwashing sinks? | () | () |
| 6. Are covered waste receptacles available in each restroom? | () | () |
| 7. Is there a receptacle for sanitary napkin disposal in each stall of ladies' room? | () | () |
| 8. Are all toilet room doors self-closing? | () | () |
| 9. Are all toilet rooms equipped with adequate ventilation? | () | () |
| 10. Is a handwashing sign posted in each employee restroom? | () | () |

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

- | <u>Category</u> | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Thin meats, poultry, fish, eggs | () | () |
| 2. Thick meats, poultry | () | () |
| 3. Cold processed foods (salads, sandwiches, vegetables) | () | () |
| 4. Hot processed food (soups, stews, chowders, casseroles) | () | () |
| 5. Bakery goods (pies, custards, creams) | () | () |
| 6. Other _____ | () | () |

FOOD SUPPLIES

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Are all food supplies from inspected and approved sources? | () | () |

COLD STORAGE

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Is adequate freezer and refrigeration available to maintain frozen foods at 0 F degrees and below (for quality), and refrigerated foods below 41 degrees? | () | () |

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooled ready-to-eat foods? | () | () |

If yes, how will cross-contamination be prevented?

Use of extra shelving and splash guards are recommended, and in most cases required.

- | | | |
|--|-----|-----|
| 3. Does <u>each</u> refrigerator/freezer have a thermometer? | () | () |
| Number of refrigeration units: _____ | | |
| Name _____ Model # _____ | | |
| Name _____ Model # _____ | | |
| Name _____ Model # _____ | | |
| Number of freezer units: _____ | | |
| Name _____ Model # _____ | | |
| Name _____ Model # _____ | | |

NO RESIDENTIAL EQUIPMENT IS ALLOWED

A minimum of 6" space must be maintained between pieces of equipment, ie. stoves, refrigerators, reach-ins, etc. to allow for proper cleaning procedures.

THAWING:

Three methods are permissible:

1. Under refrigeration.
2. Under 70 F cold running water.
3. In the microwave as part of a continuous cooking process.

COOKING:

Chefs thermometer with a dial reading 0-220 F must be present to insure minimum temperatures are met.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Will food product thermometers (0 - 212 F) be used to measure final cooking/reheating temperatures of PHF's? | () | () |
| 2. Will thermometers be calibrated daily? | () | () |
| cold in ice/water =32F hot in boiling water =212F | | |

Minimum cooking temperatures:

Ground meats	155 F
Beef	145 F
Seafood	145 F
Pork	145 F
Eggs	145 F
Poultry	165 F
Other PHF's	145 F
*Reheated PHF's	165 F

* Reheated PHF's must be rapidly cooked to an internal temperature of 165 F within 1 Hour.

HOT/COLD HOLDING:

1. Describe procedure for maintaining PHF's at 140 F and above during holding for Service?
Indicate type and number of hot holding units:

How will cold PHF's be maintained below **41F** during holding for service?
Indicate type of cold holding units.

PREPARATION:

1. Please list categories of food prepared more than 12 hours in advance of service.

- | | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
| 2. Will employees be trained in good food sanitation & personal hygiene practices?
(DOCUMENT TRAINING) | () | () |
| 3. Will disposable gloves and utensils be used to minimize food handling? | () | () |
| 4. Is there an established policy for foodhandlers who are sick or have infected cuts & lesions? | () | () |

If yes, please briefly describe: _____

- | | | |
|--|-----|-----|
| 5. Copies of State & Federal Food Codes in facility? | () | () |
| 6. Will ingredients for cold ready-to-eat foods
such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before mixed and/or assembled? | () | () |

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 7. Will all produce be washed prior to use? | () | () |
| 8. What is the <u>maximum</u> length of time PHF's will be left at room temperature during preparation? _____ Hours _____ Minutes? | | |

NOTE: THERE MUST BE NO BARE HAND CONTACT WITH READY-TO-EAT FOODS. HANDS MUST BE WASHED BETWEEN GLOVE CHANGES. BARE HAND CONTACT MUST ALWAYS BE LIMITED WITH FOODS TO BE COOKED. IN ALL CASES HANDS MUST BE WASHED FREQUENTLY. (3 TIMES PER HOUR IS REASONABLE). USE NON-LATEX DISPOSABLE FOOD GLOVES.

SALAD BAR:

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------|------------|-----------|
| 1. Is the unit cooled mechanically? | () | () |
| 2. Are sneeze guards present? | () | () |

FROZEN DESSERTS:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Is a dipper well provided for the dispensing of hard ice cream? | () | () |
| 2. Is soft serve ice cream being made on the premises? | () | () |
| 3. Is there a contract with a lab for monthly samples to be taken on soft serve ice cream? | () | () |
| 4. Is a proper sanitizing schedule in place? | () | () |

DRY FOOD STORAGE:

1. What type of construction material is used for shelving?
- _____

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 2. Do all containers have tight fitting covers?

(no opened bags of flours, sugars, etc. allowed) | () | () |
| 3. Is there storage under exposed sewer and water lines?

If yes, type of shielding used _____ | () | () |

IMPORTANT:

MAKE A COPY OF THIS GUIDELINE FOR YOUR REFERENCE & RECORDS.

PRELIMINARY INSPECTION

(for delivery of foods & food containers/food prep for opening)

All handsinks in full operation

Prep and storage areas cleaned & sanitized

Sanitizer & log in effect

All equipment running to temperature (cold < 41F)

Kitchen & prep areas closed tight (screen doors if applicable)

Food safety manager on premises

Food safety briefing by sanitarian

FINAL INSPECTION

Complete facility clean and free of all construction debris

All equipment in full operation (hot & cold holding units, dishwasher, grilles, griddles, fryolators 'burned off' and clean)

All foods stored properly (closed bins, animal species stored to prevent cross-contamination, foods raised 6" off floor)

Chemicals away from foods

Sanitizer in use

No over-loading of cold storage units

PLEASE DO NOT HESITATE TO CALL YOUR SANITARIAN FOR ASSISTANCE

**[APPROXIMATELY ONE WEEK AFTER OPENING,
YOU WILL HAVE YOUR "POST-OPENING" INSPECTION]**