



# OFFICE OF THE BOARD OF HEALTH

## TOWN OF LEICESTER

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[www.leicesterma.org](http://www.leicesterma.org)

### **FOOD ESTABLISHMENT**

### **PLAN REVIEW APPLICATION**

### **NEW CONSTRUCTION OR REMODEL**

**Date received: (Office use only)** \_\_\_\_\_

To Be Completed by **Establishment Operator**

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

Plan Review Fee \$100.00

Payment received: \_\_\_\_\_

Is this a:

\_\_\_\_\_ **New** establishment (yet to be constructed)?

\_\_\_\_\_ **Conversion** of an existing structure to be used as a food establishment?

\_\_\_\_\_ **Remodel** of an existing food establishment?

\_\_\_\_\_ **Change** of type of food establishment or food operation?

**Category:**

Restaurant	Catering Operation	Catered Feeding Location	Retail Market/ Convenience Store
Daycare	Institution: School, Hospital, Nursing Home, etc., please describe		
Other than listed above (please describe) _____			

**Name of Establishment:**

**Establishment Address:**

**Establishment Phone Number:**

**Establishment Mailing Address:**

**Owner Name:**

Owner Mailing Address:

\_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name (if other than owner):

\_\_\_\_\_

Applicant Title (manager, chef, etc.):

\_\_\_\_\_

Applicant Mailing Address:

\_\_\_\_\_

Applicant Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

If applicable, provide Contact Information of Architect representing the owner/operator and submitting the required information:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If applicable, provide Contact Information of Kitchen Design Consultant or Firm representing the owner/operator and submitting the required information:

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## GENERAL INFORMATION

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Hours of Operation:

Sun:	_____	Thurs:	_____
Mon:	_____	Fri:	_____
Tues:	_____	Sat:	_____
Wed:	_____		

Maximum Meals to be Served:  
(approximate daily number)

Breakfast	_____
Lunch	_____
Dinner	_____

Type of Service: Dining in Meals ☐  
(check all that apply) Take Out ☐  
Caterer ☐  
Mobile Vendor ☐  
Other ☐

Number of seats available to customers: \_\_\_\_\_

Number of floors on which food is prepared, served or stored: \_\_\_\_\_

Is there additional storage space such as basement, attic, etc. \_\_\_\_\_

Total square feet of the facility: \_\_\_\_\_

Will the facility be serving food to a highly susceptible population\*? YES / NO

\*Immunocompromised people, preschool age children, older adults, people at a facility obtaining the following services: custodial care, health care, assisted living, child or adult day care center, kidney dialysis center, hospital, nursing home, or nutritional or socialization services such as a senior center.

Projected date for start of project: \_\_\_\_\_

Projected date for completion of project: \_\_\_\_\_

Projected date for opening of establishment: \_\_\_\_\_

## INTRODUCTION

This Food Establishment Plan Review application has been developed as a guide for the purpose of assisting the food establishment **operator** in planning, designing and building a facility that will satisfy State and Local Health Code requirements, be a safe environment for food, staff and customers, and also be of an efficient, effective design that will meet the operator's business needs.

A thorough review of plans prior to initiation of construction/renovation helps to avoid future problems. Listing and locating all equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems can identify potential problems while on paper **BEFORE** costly purchases, installation and construction have been completed. **We recommend submitting all plans for review prior to the start of the construction process.**

This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead, is meant to highlight some of the most common sanitation and health issues that may arise in development and design.

In 2018, the Commonwealth of Massachusetts adopted the Food and Drug Administration (FDA) 2013 Federal Food Code. Each food establishment in MA is required to have available in the establishment a current copy of the FDA 2013 Federal Food Code and the Commonwealth of Massachusetts Sanitary Code Article X, 105 CMR 590.000. Copies can be obtained through the State Bookstore at (617) 727-2834 or accessed through links on the Leicester Board of Health website. These codes should be referenced on your floor plan and all registered professionals that are part of the planning process should be referring to the code in order to achieve compliance.

**The Board of Health requires 30 days to review this application. After such time, the Board of Health will contact you with questions, changes that need to be made or to schedule a time for a Pre-opening Inspection. Typically this is followed by a final or re-inspection, after which a permit is granted. A more complete application with proper supporting documentation will result in a faster turnaround time. Food Preparation is not allowed until a permit is granted.**

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Reminder: The applicant for a food permit must ultimately satisfy not only these Board of Health requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, Public Works Requirements, Town Managers Office, etc. It is the responsibility of the applicant to determine what additional approvals or permits are necessary. Failure to do so may result in a delay in proposed plans until requirements can be met.

## **Documents Required to be Completed and Submitted by Applicant**

- \_\_\_\_\_ A copy of a current (within the past five years) Food Manager Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be an on-site manager or supervisor in the proposed establishment.
- \_\_\_\_\_ A copy of a current Allergen Awareness Certification.
- \_\_\_\_\_ A copy of a current Choke Saver Certification if your establishment will have 25+ seats. (Note: You only need to submit 1 copy, but must have one employee certified to cover every shift).
- \_\_\_\_\_ Proposed menu(s) including seasonal, off-site, take-out and catering menus.
- \_\_\_\_\_ Consumer Advisory required if foods are served raw, undercooked, or cooked to order. Proper format includes a disclosure and reminder statement (two separate requirements). See code reference 3-603.11 for additional information.
- \_\_\_\_\_ Food Allergy Statement. Notice must be listed on all menus, menu boards, indoor and outdoor. See code reference for additional information 105 CMR 590.011.
- \_\_\_\_\_ A listing of all food suppliers intended for use by the establishment, and a copy of their wholesale license.
- \_\_\_\_\_ A copy of a “personalized” employee illness policy for your specific establishment. Employees must be informed in a verifiable manner of their responsibility to report to the PIC about their health and activities in relation to foodborne illness. This policy must have a signature line to acknowledge understanding and agreement. Signed copies must be kept onsite in a binder to qualify as a verifiable manner. (A template for your use is available on the Board of Health Website).
- \_\_\_\_\_ A copy of your Vomit and Diarrhea Clean Up Procedure. (A template for your use is available on the Board of Health website). You will also need a Clean-Up Kit onsite in the establishment.
- \_\_\_\_\_ Site plan showing location of the building and location of the business within the building (if applicable); location of any other on-site details, including alleys, streets; and location of any outside equipment (dumpsters, grease barrels, outdoor seating) and, if applicable, well and sewer system. Include the location, size and specifications for the proposed grease traps/ removal technology.
- \_\_\_\_\_ Floor plans (that are a minimum of 18 x 24 inches in size) accurately drawn to a minimum scale of 1/4 inch = 1 foot showing each area where food or beverages are stored, prepared or served, hard copy submitted. Each piece of food equipment intended for use must be represented, in approximate scale, in its intended location on the

plan. Each piece of equipment must be sequentially numbered, and these numbers are to correspond to an accompanying "Food Equipment Schedule" (please see below). Drawings must also indicate location and number of all sinks including designated "hand washing only" sinks, food preparation sinks, ware -washing facility and "mop"/wastewater sinks, loading and receiving areas, entrances and exits, dressing rooms, locker areas, employee rest areas, and designated areas for storing chemicals and paper products.

\_\_\_\_\_ Appropriate codes should be listed on the Floor Plan. These include the 2013 Federal Food Code and 105 CMR 590.000 (mentioned above). The Floor Plan should be stamped by the required Registered Professional.

\_\_\_\_\_ Food Equipment Schedule - A numbered list of each piece of food related equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment and registers.

\_\_\_\_\_ Manufacturers specification or "cut" sheets for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL).

\_\_\_\_\_ Copy of contract with pest control company, dumpster company, and grease trap service and grease removal company. (The contract should specify your establishment).

\_\_\_\_\_ If requested by this office, include overlay drawings for the plumbing details including location, size and type of wastes (direct or indirect), floor drains, floor sinks, backflow prevention devices, potable and non-potable water lines, waste-water lines, hot water generating equipment, hot water boosters, and grease containment/capture systems and gas supply lines.

\_\_\_\_\_ If requested by this office, include overlay drawings for the electrical details including location of electrical supply panels, location and voltage of outlets. In addition, include a diagram of the interior lighting details that meets or exceeds FDA Food Code requirements:

- (1) At least 110 lux (10 foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
- (2) At least 220 lux (20 foot candles):
  - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;

- (b) Inside equipment such as reach-in and under-counter refrigerators;
  - (c) At a distance of 30 inches above the floor in areas used for hand washing, ware washing, equipment and utensil storage, and in toilet rooms; and
- (3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

\_\_\_\_\_ A copy of a Hazard Analysis Critical Control Point (HACCP) Plan, if applicable, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high risk foods or processes as described in the 2013 FDA Food Code and/or 105 CMR 590.000. Please read below.

### **HACCP:**

Specialized Processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

### **SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE 3.502.11**

- Smoking and/ or curing food as a method of food preservation rather than as a method of flavor enhancement
- Using food additives or adding components such as vinegar as a method of food preservation rather than as a method of flavor enhancement to render a food so that it is not Time/Temperature Control of Safety Food (i.e. acidified rice)
- Packaging Time/Temperature Control for Safety Food using a reduced oxygen packaging method *except where the growth of and toxin formation by **Clostridium botulinum** and the growth of **Listeria monocytogenes** are controlled*
- Operating a Molluscan Shellfish life-support system display tank used to store or display shellfish that are offered for human consumption
- Custom processing animals that are for personal use as Food and not for sale or service in a food establishment
- Preparing Food by another method that is determined by the Leicester Board of Health to require a Variance
- Sprouting seeds or beans

## OPERATION REQUIRING A WRITTEN PROCEDURE & PRE-APPROVAL BY THE BOARD OF HEALTH

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of time temperature control for safety foods before cooking, or that is displayed or held for service for immediate consumption.

If you intend to conduct any of the above-mentioned specialized processes or operations in your establishment, please contact the Board of Health at 508-892-7008 for additional information.

## Food Handling Procedures

**NOTE:** Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will foods require reheating, hot holding or cold holding prior to service? In addition, how frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods “from scratch” may require increased equipment capacity and storage space.

### Calculations:

**Refrigeration Storage** - (Vol. per meal (Cu. Ft.) x No. of meals divided by .40 then divide by the height of the unit for a total in square feet. Example: Meat storage = .030 cu ft/meal x 1000 meals divided by .40 = 75 cu ft divided by refrigerator height of 6 feet = 12.5 sq ft needed. See FDA Plan Review Guide, Section III, Part 2 for additional calculations.

## PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

### FOOD SUPPLIES:

**Note:** All food supplies must come from state or federally inspected, approved and licensed food processors, manufacturers and/or distributors.

### What are the projected frequencies of deliveries for:

Frozen foods \_\_\_\_\_  
Refrigerated foods \_\_\_\_\_  
Dry goods \_\_\_\_\_

### Provide information on the TOTAL amount of space (in cubic feet) allocated for:

Frozen storage \_\_\_\_\_  
Refrigerated storage \_\_\_\_\_  
Dry storage \_\_\_\_\_



Describe any additional storage areas you may have such as basements, attics, closets or shared spaces within the building: \_\_\_\_\_

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Describe how dry goods in storage will be protected from contamination, moisture and pest:

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### **COLD STORAGE:**

**Note:** Adequate and approved freezer and refrigeration equipment must be available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below. Each storage or display refrigerator and freezer holding Temperature Control for Safety (TCS) foods must be equipped with a working and accurate thermometer inside of the units.

If raw meats, poultry and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented? In what order will they be stored?

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### **THAWING FROZEN TEMPERATURE CONTROL FOR SAFETY (TCS) FOOD**

Please indicate how you plan to thaw the (TCS) items on your proposed menu. More than one method may apply. Also, indicate as appropriate, where thawing will take place.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS	LOCATION FOR THAWING
Under Refrigeration			
Running Water, Less than 70°F			
Microwave (as part of cooking process)			
Cooked from frozen state			
Other (describe)			

**FOOD PREPARATION:**

Check categories of Temperature Control for Safety (TCS) foods (to be handled, prepared and served.

Category	YES	NO
1. Thin meats, poultry, fish, eggs (Hamburger, sliced meats, fillets)	_____	_____
2. Thick meats (roast beef, whole turkey, chicken, ham)	_____	_____
3. Cold processed foods (salad, sandwiches, vegetables)	_____	_____
4. Hot Processed Foods (Soups, stews, rice/noodles, gravy, pizza, casseroles)	_____	_____
5. Bakery goods (pies, custards, cream fillings & toppings)	_____	_____
6. Fresh juices	_____	_____
7. Others	_____	_____

Will you be using chemicals to wash fruits or vegetables? If so, where are the directions for use posted?

\_\_\_\_\_

Will you prepare Reduced Oxygen Packaged (ROP) Frozen Fish:

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\_\_\_\_\_

\_\_\_\_\_

Please list all food items that will be prepared more than 12 hours in advance of service.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Describe the procedures used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where raw meats, poultry and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

\_\_\_\_\_

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Is ice made on premises ☐ or purchased commercially ☐ ?

If made on premise, are specifications for the ice machine provided? YES ☐ NO ☐

Describe provision for ice scoop storage: \_\_\_\_\_

Describe cleaning frequency for the machine: \_\_\_\_\_

If ice will be made on premises and bagged for resale, please describe the location of ice maker, bagging operation and holding equipment:

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### **COOKING:**

**Note:** Minimum FDA Food Code cooking time and temperatures of product utilizing convection and conduction heating equipment are as follows:

- |   |                                    |
|---|------------------------------------|
| • beef roasts                           | 130°F (121 min) or 145° F (15 sec) |
| • solid seafood pieces                  | 145°F (15 sec)                     |
| • other TCS                             | 145°F (15 sec)                     |
| • eggs or items made with eggs          | 145°F (15 sec)                     |
| • pork/lamb/veal, roasts, steaks, chops | 145°F (15 sec)                     |
| • chopped/ground meats/fish             | 155°F (15 sec)                     |
| • all poultry items                     | 165°F (15 sec)                     |
| • stuffed meat or pasta or stuffing     | 165°F (15 sec)                     |
| • any microwaved TCS                    | 165°F (15 sec)                     |

Food product thermometers must be used to measure final cooking/reheating temperatures. What type of temperature measuring device are you planning on using?

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Please list all animal foods that you plan to serve which will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-to-Eat foods that will / may contain raw or undercooked ingredients. Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and a proper Consumer Advisory must be plainly printed on your menu(s) and/or menu board warning consumers of the increased risk of illness with eating raw or undercooked animal foods.

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Will there be any under cooked foods listed on your children's menu? \_\_\_\_\_

**HOT/COLD HOLDING:**

How will hot TCS foods be maintained at 135°F or above when on display or during holding for service? Indicate type and number of hot holding units.

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How will cold TCS Foods be maintained at 41°F or below when on display or during holding for service? Indicate type and number of cold holding units.

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Will you be using "Time as a Public Health Control"? YES ☐ NO ☐

If yes: You must submit a copy of the written procedure. This procedure must also be onsite in the kitchen. (Example: Pizza, Roast Beef, Prime Rib, etc.) Review 3-501.19 prior to submitting procedure

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By Food Code definition, non-continuous cooking operations is raw animal food that is intentionally cooked to a temperature below the minimum required temperature during the first cook/heat and then cooled. The cooking process is then completed at a later date or time during the second cook.

Will you be using non continuous cooking operations? YES ☐ NO ☐

IF yes: You must submit a copy of the written procedure. This procedure must also be maintained onsite in the kitchen.

Will you have any specialized processes as described in 3-502.11? YES ☐ NO ☐

**COOLING:**

**Note:** Improper cooling of foods is indicated as the **NUMBER ONE CAUSE** of Foodborne Illnesses. Please indicate by checking the appropriate boxes how TCS will be cooled to 41°F within 6 hours, 135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours.

<b>COOLING METHOD</b>	<b>THICK MEATS</b> More than 1" thick	<b>THIN MEATS</b> One inch or less	<b>THIN SOUPS/ GRAVY</b>	<b>THICK SOUPS/ GRAVIES/ CHILLIES</b>	<b>RICE/ NOODLES/ CASSEROLES/ LEFTOVERS</b>
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Blast Chill					
Other Methods (describe)					

**REHEATING:**

How will TCS foods that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165° F within two hours? Indicate type and number of units used for reheating foods.

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**SERVING:**

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

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## **EMPLOYEE CONSIDERATIONS**

Number of Staff (maximum per shift): \_\_\_\_\_

Number of Staff with a Food Manager Certification: \_\_\_\_\_

Number of Staff with a Choke Saver Certification (if applicable): \_\_\_\_\_

Note: You are required to have enough staff trained to accommodate an employee available **each shift** who is trained in Choke Saver.

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES ☐ NO ☐

Where will the Vomit Diarrheal Clean Up Procedure be posted? \_\_\_\_\_

Where will the "Spill clean-up kit" be stored? \_\_\_\_\_

Will food employees be trained in food sanitation practices? YES ☐ NO ☐

*Please describe method of training:*

\_\_\_\_\_  
\_\_\_\_\_

Food employees and applicants who have received a conditional offer of employment are required to notify management when they are experiencing symptoms of or diagnosed with an illness that can be spread through food. Employers must determine what actions are to be taken in accordance with 590.002 (F) and FC 2-201.12 Exclusions and Restrictions.

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ☐ NO ☐ *Please describe briefly and submit policy:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are dressing rooms provided? YES ☐ NO ☐

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) Employee belongings cannot be stored near or in the food service area.

\_\_\_\_\_  
\_\_\_\_\_

## **HANDWASHING/TOILET FACILITIES**

**Note:** Hand washing sinks must be dedicated to that use only, and designated with signage, e.g., "Handwashing Only". Handsinks should be no further than 20 feet from food preparation area and must be in the same room.

Are handwashing sinks in each food preparation and warewashing area? YES ☐ NO ☐

Do all handwashing sinks have splashguards on both sides? YES ☐ NO ☐

Do all handwashing sinks, including those in the restrooms, have hot and cold water under pressure with a mixing valve or combination faucet? YES ☐ NO ☐

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ☐ NO ☐

Is hand soap available at all handwashing sinks? YES ☐ NO ☐

Are disposable paper towels or air blowers available at all handwashing sinks? YES ☐ NO ☐

Are covered waste receptacles available in each restroom? YES ☐ NO ☐

Is an employee handwashing reminder sign posted in each restroom? YES ☐ NO ☐

Do toilet room doors have a self-closing door mechanism? YES ☐ NO ☐

Are all toilet rooms equipped with ventilation to the outside? YES ☐ NO ☐

### **SINKS**

Is a mop sink present? YES ☐ NO ☐ Does it have a Floor Drain? YES ☐ NO ☐

Mop sinks must be equipped with waterproof barriers on the sides and back of sink.

Please describe where you would hang wet mops and other like equipment: (Plumbing pipes should not prevent the mop from being hung above the mop sink)

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Is there a food preparation sink present? YES ☐ NO ☐

Will you be washing fruits and vegetables with a chemical wash or device for peeling?

YES ☐ NO ☐

## **WAREWASHING FACILITIES**

Will sinks or a dishwasher be used for washing dishes, utensils, etc.?

Dishwasher ☐

Three compartment sink ☐

Combination of both ☐

If Dishwasher: Please indicate type of sanitization method used:

“High Temperature” (hot water with booster heater for final rinse) ☐

“Low Temperature” (chemical type, sanitizer added to final rinse) ☐

Do all dish machines have temperature/pressure gauges as required that are accurately working? YES ☐ NO ☐

What type of irreversible registering temperature indicator will be used to measure the utensil surface temperature in the dishwasher?

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Is ventilation for dish machine provided? YES ☐ NO ☐

Where three compartment sinks are used for sanitizing pots, utensils, etc, does the largest pot or pan used fit into each compartment of the pot sink? YES ☐ NO ☐

Are there drain boards on both ends of the pot sink? YES ☐ NO ☐

Are there stainless steel drying racks about the 3 bay sink? YES ☐ NO ☐

What type of sanitizer is used in the sanitizing compartment?

Chlorine ☐

Iodine ☐

Quaternary ammonium ☐

Hot Water ☐ Must be designed with an integral heating device

Are test papers/kits available for checking sanitizer concentration? YES ☐ NO ☐

Where will directions for testing be posted and where will test paper/ kits be stored:

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Where will the clean and sanitized items be stored?

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Please describe the procedure for manual cleaning and sanitizing of oversized or “clean-in-place” (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment? Please list all CIP.

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### **EQUIPMENT INSTALLATION**

**Note:** Food Service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, or set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces or be mounted on casters and with “Quick-Disconnects” to utility lines to allow for movement.

### **FINISH SCHEDULE**

**Note:** Materials selected for floors, walls and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in the following areas, i.e. sealed cement, quarry tile, 4" plastic coved molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP), vinyl faced panels, etc. See reference material provided in Part Two of this guide.

	Floors	Walls	Ceilings	Floor/Wall Joint
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				

<b>Warewashing Area</b>				
<b>Walk-in Refrigerators and Freezers</b>				

### **INSECT AND RODENT CONTROL**

Will all outside doors be self-closing and rodent proof? YES ☐ NO ☐ NA ☐

\*Per Building Code, all doors must swing outwards, including screen doors. Contact the Code Enforcement Office for additional information

Are screen doors provided on all entrances left open to the outside? YES ☐ NO ☐ NA ☐

Do all openable windows have minimum #16 mesh screening? YES ☐ NO ☐ NA ☐

Is the placement of electrocution devices identified on the plan? YES ☐ NO ☐ NA ☐

Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES ☐ NO ☐ NA ☐

Is area around building clear of unnecessary brush, litter, boxes and other harborage?

YES ☐ NO ☐ NA ☐

Will air curtains be used? YES ☐ NO ☐ NA ☐

If yes, where? \_\_\_\_\_

Do you now have, or plan to have a contract with a pest control operator? YES ☐ NO ☐

If yes, what will the frequency of inspections/treatments be? \_\_\_\_\_

All pest reports must be kept in a binder onsite in the establishment for review

Will you have outdoor service and seating? YES ☐ NO ☐

If Yes, explain how the establishment will be effectively protected from weather and the entry of insects, rodents, and other animals:

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**GARBAGE (food waste) AND REFUSE (paper, cardboard, packaging, etc)**

**INSIDE**

Do all receptacles have lids? YES ☐ NO ☐ NA ☐

Will refuse be stored inside? YES ☐ NO ☐ NA ☐

If so, where? \_\_\_\_\_

Is there an area designated for receptacle or floor mat cleaning? YES ☐ NO ☐ NA ☐

If so, where? \_\_\_\_\_

Is there a designated area to store returnable damaged goods or out of code items?

YES ☐ NO ☐ NA ☐

Please describe the location(s)

\_\_\_\_\_  
\_\_\_\_\_

**OUTSIDE**

Will a dumpster be used? YES ☐ NO ☐ NA ☐

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pickup \_\_\_\_\_

Contractor \_\_\_\_\_

Will a compactor be used? YES ☐ NO ☐ NA ☐

Number \_\_\_\_\_ Size \_\_\_\_\_

Frequency of pick up \_\_\_\_\_

Contractor \_\_\_\_\_

Will garbage receptacles be stored outside? YES ☐ NO ☐ NA ☐

Describe surface and location where dumpster/compactor/garbage cans are to be stored

\_\_\_\_\_  
\_\_\_\_\_

Describe location of grease storage receptacle

\_\_\_\_\_  
\_\_\_\_\_

Is there an area to store recycled containers? YES ☐ NO ☐ NA ☐

Describe

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Indicate what materials will be recycled:

- ☐ Glass
- ☐ Metal
- ☐ Paper
- ☐ Cardboard
- ☐ Plastic
- ☐ Food Waste (If required by DEP)

### **PLUMBING CONNECTIONS**

**Note:** The FDA Food Code plumbing requirements do not replace or supercede the State Plumbing Code, instead it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination of either sanitary food vessels or of the potable water supply. See reference materials provided in Part Two of this guide. Please indicate below that the proposed equipment in your establishment will be properly installed.

Equipment	Code Requirement(s)	Confirmed by Operator (Please initial)	Describe / Comments
Dish Machine	Backflow prevention device		
	Indirect waste or direct waste through floor drain		
Potato Peeler	Backflow prevention device		
Steam Jacketed Kettle	Backflow prevention device		
	Indirect waste		
Steamer	Backflow prevention device		
	Indirect waste		
Combi Oven	Backflow prevention device		
	Indirect waste		
Submerged water inlets in Garbage	Backflow prevention device		

Disposals, or Dish Table troughs			
At all hose connections	Backflow prevention device		
Garbage Can Washer	Backflow prevention device		
Carbonated beverage dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect waste		
Ice machine or ice storage bins	Indirect waste		
All sinks	Air gap		
Ice cream dipper wells	Air gap		
Coffee Makers & Filters	Backflow prevent device Air gap		
Other, Describe			

## **WATER SUPPLY**

**Note:** It is essential that sufficient potable water, at appropriate temperatures, under pressure be available at all times, including at peak demand periods.

What is the capacity and recovery rate of the hot water generator?

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Is the hot water generator sufficient for the needs of the establishment? **Provide/Attach calculations for necessary hot water.** See reference material provided in Part Two of this guide.

Is there a water treatment device or a "Misting System" for produce? YES ☐ NO ☐  
If yes, how will the device be inspected & serviced?

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## **SEWAGE DISPOSAL**

Is the establishment to be serviced by municipal sewer ☐ or an on-site septic system ☐.

If on-site septic system, is it approved for proposed use? YES ☐ NO ☐ PENDING ☐  
(Please attach copy of written approval and/or permit.)

### **GREASE TRAPS**

Are interior grease traps provided? YES ☐ NO ☐

If so, please describe location and capacity of each

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Provide schedule for cleaning & maintenance. You must keep records on site of when your trap was serviced and how much grease was removed during each service.

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Are exterior grease traps provided? YES ☐ NO ☐

If so, please provide service contractor name, address and phone number and a copy of the contract

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### **VENTILATION**

**Note:** Ventilation systems must be correctly designed sized and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke and grease laden air. See reference material provided in Part Two of this guide. Indicate below all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

All ventilation hoods are required to be serviced at a minimum of every 6 months. You must be contracted with a licensed hood cleaning company.

How is each listed ventilation hood system cleaned? Please indicate frequency of cleaning

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## **TOXINS**

All toxic chemicals for use on the premise or for retail sale (i.e., pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored and/or displayed in a manner that eliminates the possibility of contamination of food items or single service disposables (i.e., paper plates, cups, plastic ware, etc.). Please describe how you will do this.

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Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ☐ NO ☐

Where will Material Safety Data Sheets (MSDS's) be displayed? \_\_\_\_\_

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## **LAUNDRY**

Will linens, towels, uniforms, etc. be laundered on site? YES ☐ NO ☐

If yes, what will be laundered and where

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Is a laundry dryer available? YES ☐ NO ☐ If yes, will the dryer be vented to the outside? YES ☐ NO ☐

Location of clean linen storage:

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Location of dirty linen storage:

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**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 Health Office may nullify final approval.

Signature(s) of owner(s) or responsible representative(s)

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Print name(s) of owner(s) or responsible representative(s)

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

**Approval of these plans and specifications by the Health Office does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.**

**Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.**