Town of Mansfield
6 Park Row, Mansfield, Massachusetts 02048

Health Department
Amy Donovan-Palmer, MPH, RS, Health Agent

New Food Service Establishment Permit Process

Step 1:

Apply for a plan review. (attached)

Once the plan is approved, all work must be completed by licensed contractors and all appropriate permits must be filed with the Building Department.

Step 2:

Apply for a Food Service Establishment permit and FOG permit and submit appropriate fee. (attached)

Please note that ALL of these documents must be submitted for the filing to be complete. Incomplete filings will be returned and no permit will be issued.

1. Food Establishment Permit Application (Attached)
2. ServSafe / Food Safety Manager Certificates
3. Allergen Awareness Training Certificates
4. Tax Certification Form (Attached)
5. Workers' Compensation Insurance Affidavit: General Business (Attached)
6. Workers' Compensation policy declaration page
7. Completed FOG application (attached)

Please note, the Health Department is communicating with permit holders through email. Please be sure to include a valid email address for all positions.

Step 3:

Schedule a pre-operations inspection for at least 1 week before the anticipated opening of the establishment. Please email the Health Agent directly at ADPalmer@Mansfieldma.com.

The following documents must be on site during inspection.

1. Written Illness Reporting Policy with respect to diseases transmissible through food (example attached)
2. Vomit and Diarrhea Clean up Procedure (example attached)

3. Pest Control contract and/or receipts from routine inspections of the premise

According to Plastics Waste Reduction by-law, no retail establishment, including food service establishments, shall provide thin-film, single-use plastic check-out bags. Check-out bags can only be a 100% recyclable paper bag containing at least 40% post-consumer recycled content or a reusable check-out bag.

Please contact the Health Department if I can be of any further assistance.

Sincerely,

Amy Donovan-Palmer, MPH, RS
Health Agent

Food Establishments	Fee
Caterer	$35
Milk & Cream	$10
Pushcart	$50
Manufacture Frozen Desserts/Ice Cream per freezer	$25
Mobile Food	$100
Residential Kitchen	$100
Retail Snack Food, no PHF	$50
Retail Food	$125
HACCP review and approval	$100
Restaurants Seating up to 100	$175
Restaurants Seating 101-200	$250
Restaurants Seating 201+	$300
Supermarket	$400
Farmer's Market	$25
Temporary (per day)	$50
3 grease interceptors/traps or less and/or 1 yellow grease collection container	$50
Each grease interceptor/trap over 3	$50 ($200 max)
Any establishment that generates FOG and does not have FOG containment	$50
Critical Violation re-inspection fee	$100
Plan review	$100
Tobacco and Nicotine Delivery Products	$150

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

(Application must be submitted at least 30 days before the planned opening date with $100 Plan Review Fee)

Establishment Name:

Establishment Address:

Establishment Mailing Address (if different):

Establishment Telephone No:

Applicant Name & Title:

Applicant Address:

Applicant Telephone No.: 24 Hour Emergency No.:

Applicant Email:

Owner Name & Title (If different from applicant):

Owner Address:

Owner telephone number:

Owner email:

Establishment Owned By:	If a corporation or partnership, give name, title, and home address of officers or partner.
An Association A Corporation An Individual A Partnership Other legal Entity	Name Title Address

Person Directly Responsible For Daily Operations (owner, person in charge, supervisor, manager etc.)

Name & Title:

Address:

Telephone No: *24 Hour Emergency No:*

FAX:

E-mail:

Alt E-Mail:

District Or Regional Supervisor (if applicable)

Name & Title:

Address:

Telephone No: *24 Hour Emergency No:*

FAX:

E-mail:

I, the undersigned, attest to the accuracy of the information provided in this application and affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

Signature of Applicant: _____

_____**New** _____**Remodel** _____**Conversion**

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Proper plan review submittal with EQUIPMENT listed and located on floor plans as well as specifications for finish and plumbing schedules will highlight potential problems on paper while allowing for modifications to be made before costly purchases, installations, and construction are performed. All facilities, systems, processes, and menus, when applicable, will be evaluated to determine minimum operational requirements.

The following should be included in the plan submittal:

- ☐ Legible plans at minimum of 11 x 14 inches in size drawn to scale (scale - ¼ inch = 1 foot)
- ☐ Proposed menu, seating capacity, and projected daily meal volume for the FOOD ESTABLISHMENT.
- ☐ Provisions for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding of TIME/TEMPERATURE CONTROL for SAFETY (TCS) FOOD.
- ☐ Location of all FOOD EQUIPMENT. Each piece of EQUIPMENT must be clearly labeled, marked, or identified. Provide EQUIPMENT schedule that identifies the make and model numbers and listing of EQUIPMENT that is certified or classified for sanitation by an ANSI accredited certification program (when applicable). Elevation drawings may be requested by the REGULATORY AUTHORITY.
- ☐ Location of all required sinks: HANDWASHING SINKS, WAREWASHING sinks, Utility Sink and FOOD preparation sinks (if required).*
- ☐ Auxiliary areas such as storage rooms, garbage rooms, toilets, cleaning area with mop sink, basements and/or cellars used for storage or FOOD preparation.
- ☐ Entrances, exits, loading/unloading areas and delivery docks.
- ☐ Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases.
- ☐ Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating EQUIPMENT with capacity and recovery rate, backflow prevention, and wastewater line connections.
- ☐ Location and strength of lighting fixtures.**
- ☐ Source of water and method of SEWAGE disposal.
- ☐ A color coded flow chart demonstrating flow patterns for:
    - FOOD (receiving, storage, preparation, service);
    - UTENSILS (clean, soiled, cleaning, storage); and
    - REFUSE (service area, holding, storage, and disposal).
- ☐ Storage of Employee Personal Items.
- ☐ Ventilation.

_____I agree to work with licensed contractors and file appropriate building permits with the Town of Mansfield.

NO RENOVATION OR CONSTRUCTION WORK TO BE DONE IN FOOD ESTABLISHMENT BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT

*** Minimum sink requirements**

Any food establishment preparing any food:

- 1 bathroom (toilet and sink)
- 1 hand sink in food prep area
- 1 mop sink (floor washing water disposal and mop rinsing)
- 1 3-bay sink for dishwashing with grease trap
- 1 prep sink (filling pots, washing food, etc.)

Any food establishment selling retail only:

- 1 bathroom (toilet and sink)
- 1 mop sink

****Lighting schedule with protectors**

According to 105 CMR 590, 6-303 Lighting, 6-303.11 Intensity-

The light intensity shall be:

(A) At least 108 lux (10 foot candles) at a distance of 75 cm (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;

(B) At least 215 lux (20 foot candles):
(1) 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,
(2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and
(3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and

(C) 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.

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

Are all food supplies from inspected and approved sources? ☐ Yes ☐ No

How often will frozen foods be delivered? ☐ Daily ☐ Weekly ☐ Other: _____

How often will refrigerated foods be delivered? ☐ Daily ☐ Weekly ☐ Other: _____

How often will dry foods or supplies be delivered? ☐ Daily ☐ Weekly ☐ Other: _____

FOOD STORAGE* - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____

Refrigerated Storage _____

Frozen Storage (41°F) _____

Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT
Washing FDA Food Code §3-302.15		
Thawing FDA Food Code §3-501.13		
Cooking FDA Food Code §3-401		
Hot Holding Hot food maintained at 135°F		
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours		
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours		

PHYSICAL FACILITIES

Handwashing facilities

Identify number of the handwashing sinks in food preparation and warewashing areas:

Food Preparation: _____

Warewashing Area: _____

Please indicate type of hand drying device to be used

Disposable towels ☐ Yes ☐ No

Hand-drying device ☐ Yes ☐ No

Warewashing Facilities

Manual Dishwashing

Identify the length, width, and depth of the compartments of the 3-compartment sink: _____

Will the largest pot/ pan fit into each compartment of the 3-compartment sink? ☐ Yes ☐ No

If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____

_____

Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____

_____

Indicate the type of sanitizer to be used for manual dishwashing

Chemical ☐ Yes ☐ No If yes, please list type of chemical: _____

Hot Water ☐ Yes ☐ No

Mechanical Dishwashing

Identify the make and model of the mechanical dishwasher: _____

Indicate the type of sanitizer to be used for mechanical dishwashing

Chemical ☐ Yes ☐ No If yes, please list type of chemical: _____

Hot Water ☐ Yes ☐ No

Will ventilation be provided? ☐ Yes ☐ No

Water Supply

Is the water supply public or non-public/private?

☐ Public

☐ Non-public/private

If private, has source been approved? ☐ Yes ☐ No

Is ice made on premises or purchased commercially?

☐ Made on-site

☐ Purchased

Will there be an ice bagging operation? ☐ Yes ☐ No

Sewage Disposal

Is the sewage system public or non-public/private?

☐ Public

☐ Non-public/private

If private, has the sewage system been approved? ☐ Yes ☐ No

Are grease traps/interceptors required? ☐ Yes ☐ No *If yes, identify location on plan.

Backflow Prevention

Will all potable water sources be protected for backflow? ☐ Yes ☐ No

Are all floor drains identified on the submitted floor plan? ☐ Yes ☐ No

Toilet Facilities

Identify locations and number of toilet facilities:_____

_____

Are hot and cold water provided? ☐ Yes ☐ No

Dressing Rooms

Will dressing rooms be provided? ☐ Yes ☐ No

Describe storage facilities for employee personal belongings: _____

Linens

Will linens be laundered on site? ☐ Yes ☐ No

If yes, what will be laundered and where? _____

If no, how and where will linens be cleaned? _____

If no, how often will linens be delivered and picked up? _____

Identify location of clean and dirty linen storage: _____

Poisonous/Cleaning Storage

Identify the location and storage of poisonous or toxic materials: _____

Where will cleaning and sanitizing solutions be stored at workstations?_____

How will these items be separated from food and food-contact surfaces? _____

Pest Control

Will all outside doors be self-closing and rodent proof? ☐ Yes ☐ No ☐ NA

Will screens be provided on all entrances left open to the outside? ☐ Yes ☐ No ☐ NA

Will all openable windows have a minimum #16 mesh screening? ☐ Yes ☐ No ☐ NA

Will insect control devices be used? ☐ Yes ☐ No ☐ NA

Will air curtains be used? ☐ Yes ☐ No ☐ NA

If yes, where? _____

Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.

Refuse, Recyclables, and Returnables

Will refuse/garbage be stored inside? ☐ Yes ☐ No If yes, where?_____

Identify how and where garbage cans and floor mats will be cleaned? _____

_____

Will a dumpster or a compacter be used? ☐ Dumpster ☐ Compactor

Identify locations of grease storage containers:_____

_____

Will there be an area to store recyclables? ☐ Yes ☐ No

If yes, where?_____

Will there be an area to store returnable damaged goods? ☐ Yes ☐ No

If yes, where ?_____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law, or regulations that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishment.

For Office Use Only:

☐ Complete Plan Review Application Accepted by Health Department

☐ Complete Plan Review Application denied by Health Department

Reasons why plan has not been accepted: _____

_____

_____

_____

_____

Reviewer's Signature: _____ Date: _____

FOR BOARD OF HEALTH USE ONLY Permit # Issued

FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening date)

Establishment Name

Establishment Address

Establishment Mailing Address (if different)

Establishment Telephone No

Applicant Name & Title:

Applicant Address

Applicant Telephone No.: 24 Hour Emergency No.:

Applicant Email

Owner Name & Title (If different from applicant)

Owner Address

Owner telephone number

Owner email:

Establishment Owned By:

- ☐ An Association
- ☐ A Corporation
- ☐ An Individual
- ☐ A Partnership
- ☐ Other legal Entity

If a corporation or partnership, give name, title, and home address of officers or partner.

Name	Title	Address

Person Directly Responsible For Daily Operations (owner, person in charge, supervisor, manager etc.)

Name & Title:

Address:

Telephone No: *24 Hour Emergency No:*

FAX:

E-mail:

Alt E-Mail:

District Or Regional Supervisor (if applicable)

Name & Title:

Address:

Telephone No: *24 Hour Emergency No:*

FAX:

E-mail:

Food Establishment Information

WATER SOURCE:	SEWAGE DISPOSAL:
DEP Public Water Supply No: (If applicable)	No. of Food Employees:

DAYS/HOURS:

Name of Person(s) In Charge Certified in Food Protection Management:

Name of Person(s) In Charge Certified in Allergen Awareness Training

Name of pest control company routinely inspecting the premises for evidence of pests_____

If there is seating for 25 people or more, a person trained in manual choke saving procedures will be onsite at all times food is being prepared. ☐ Yes

Does this establishment require a FOG permit? _____ If yes, please attach the FOG permit application.

Length of Permit:

- ☐ Annual
- ☐ Temporary

Temporary Start Date:

Temporary End Date:

Temporary Time:

Rain Date:

Establishment Type:

- ☐ Retail Food $125.00
- ☐ Food Service up to 100 INCLUDING FOOD TRUCKS $175.00
- ☐ Food Service up to 101 -200 $250.00
- ☐ Food Service up to 201 + $300.00
- ☐ Supermarkets $400
- ☐ Milk & Cream $10.00
- ☐ Mobile Food Consession NO PHF PREPARED ON SITE $100.00
- ☐ Manufacture Frozen Desserts/Ice Cream $25.00/freezer
- ☐ Pushcart $50.00 # of Pushcarts:
- ☐ Residential Kitchen $100.00
- ☐ Caterer $35.00

Food Operations:
(Check all that apply):

Definitions: PHF - Potentially hazardous food (time/temperature controls required)
Non-PHF's - non-potentially hazardous food(no time/temperature controls required)
RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)

- ☐ Sale of Commercially Pre-Packaged Non-PHFs
- ☐ Sale of Commercially Pre-Packaged PHFs
- ☐ Delivery of Packaged PHFs
- ☐ Reheating of Commercially Processed Foods for Service Within 4 Hours
- ☐ Customer Self-Service of Non PHF and Non-Perishable Foods Only
- ☐ Preparation of Non-PHFs

Other Food Operations

- ☐ PHFCooked To Order
- ☐ Preparation of PHFs For Hot And Cold Holding For Single Meal Service
- ☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer
- ☐ Customer Self-Service
- ☐ Ice Manufactured and Packaged for Retail Sale
- ☐ Juice Manufactured and Packaged for Retail Sale
- ☐ Offers RTE PHF in Bulk Quantities
- ☐ Retail Sale of Salvage, Out-Of-Date or Reconditioned Food
- ☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
- ☐ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
- ☐ Use of Process Requiring A Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
- ☐ Offers Raw Or Undercooked Food Of Animal Origin
- ☐ Vacuum Packaging / Cook Chill
- ☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service

I, the undersigned, attest to the accuracy of the information provided in this application and affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

Signature of Applicant: _____

Pursuant to MGL 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 state taxes required under law.

Social Security Number or Federal ID:

Signature of Individual or Corporate Name: _____

TAX CERTIFICATION FORM

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.

_____ _____

Signature of Individual or Corporate Name By: Corporate Officer *(Mandatory, if Applicable)*

_____

**Social Security No. *(Voluntary) or Federal Identification Number*

***This license will not be issued unless this certification clause is signed by the applicant.**

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation**. This request is made under the authority of Massachusetts General Law Chapter 62C, section 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name:_____

Address:_____

City/State/Zip:_____ Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ 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]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Town of Mansfield Health Department

APPLICATION FOR FATS, OILS, and GREASE DISCHARGE PERMIT

RESTAURANT & FOOD PREPARATION ESTABLISHMENTS

Business/ Food Establishment Name:_____

Address:_____

Mailing Address:_____

Phone/Fax Number:_____

Email:_____

Contact Person/Title for Grease Traps:_____

Name of Company scheduled to pump internal grease trap(s) monthly: _____

Name of Company scheduled to pump external grease trap quarterly: _____

Please attach the following documents to this application:

- Most recent waste hauler receipt or waste hauler manifest
- Appropriate permit fee based on new fee schedule (Checks can be made out to the Town of Mansfield)

Food Establishments	**Fee**
3 grease interceptors/traps or less and/or 1 yellow grease collection container	$50
Each grease interceptor/trap over 3	$50 ($200 max)

I THE UNDERSIGNED HAVE OBTAINED AND REVIEWED THE MANSFIELD BOARD OF HEALTH FATS, OILS, AND GREASE (FOG) REGULATIONS APPROVED AND ADOPTED ON OCTOBER 4, 2018.

In consideration of the granting of the permit, the undersigned agrees to the conditions of the permit and acknowledges that the information submitted in these documents is true, accurate and complete.

Signed_____ Date _____

Print Name_____

Facility Operational Information

Please answer all questions in this section. If an item is not applicable, indicate "N/A". Unless otherwise specified, please print or type.

Seating Capacity (per Fire Department Regulation): _____

Seating Capacity (Actual Count): _____

Normal Hours of Food Preparation/Service:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

Please indicate the NUMBER of kitchen fixtures used in your establishment and if it is attached to a Grease Removal Units (GRU/trap)

Number in establishment	Attached to GRU	
		3 compartment sink
		Handwashing sink
		Commercial Dishwasher
		Bar sink
		Mop Sink
		Garbage Disposal
		Ice Making Machines
		Fryolators
		Grills or Ovens
		Exhaust Hoods
		Floor drains
		Other:

How are hood vents cleaned? (i.e., in three (3) bay sink, off site by private company):

_____

_____

Is dinnerware pre-rinsed before being washed? _____Yes _____No

If yes, at what station/sink? _____

Grease Traps and Grease Removal

Internal Grease Traps

How many indoor Grease Removal Units (GRU/trap) are on site? _____

	Please list fixtures attached to each grease trap
Grease Trap 1	
Grease Trap 2	
Grease Trap 3	
Grease Trap 4	
Grease Trap 5	

External Grease Traps

Does this establishment have an outdoor Grease Removal Unit (GRU/Interceptor)?

_____ Yes _____ No Size _____ gallons

Where is the existing outdoor GRU located? _____

If the owner is responsible for external trap pumping, provide the Name, Address and Telephone Number of the property owner below:

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone Number: _____

Yellow Grease Waste

Do you store yellow grease waste from fryolators? _____

Where is the grease storage unit located?_____

How often is this grease storage unit emptied?_____

Please list the vendor who removes the waste:_____

Documents to Assist with Illness Reporting Policy

According to the 2013 FDA Food Code:

2-201.11 Responsibility of Permit Holder, Person in Charge, and Conditional Employees. [590.002(E)]

(A) The PERMIT HOLDER shall require FOOD EMPLOYEES and CONDITIONAL EMPLOYEES to report to the PERSON IN CHARGE information about their health and activities as they relate to diseases that are transmissible through FOOD. A FOOD EMPLOYEE or CONDITIONAL EMPLOYEE shall report the information in a manner that allows the PERSON IN CHARGE to reduce the RISK of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms…

The code goes on to outline symptoms and illnesses that must be reported to the Person in Charge. It also describes when an employee should be excluded or restricted in their duties.

Forms 1-A through 1-C are designed to assist those responsible for managing employees in order to prevent foodborne disease. The Food Code specifies that the permit holder is responsible for requiring conditional employees or food employees to report certain symptoms, diagnoses, and past illnesses, as they relate to diseases transmitted through food by infected workers. The conditional employee or food employee is personally responsible for reporting this information to the person in charge. These documents can be found in the 2013 FDA Food Code Annex 7.

FORM 1-A

Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or Conditional Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi (*S.* Typhi), *Shigella* spp., ShigaToxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

Conditional Employee Name (print) _____
Food Employee Name (print) _____
Address _____
Telephone *Daytime:*_____ *Evening:* _____
Date _____

Are you suffering from any of the following symptoms? (Circle one)

		If YES, Date <u>of Onset</u>
Diarrhea?	**YES / NO**	_____
Vomiting?	**YES / NO**	_____
Jaundice?	**YES / NO**	_____
Sore throat with fever?	**YES / NO**	_____

Or

Infected cut or wound that is open and draining, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cut, wound, or lesion not properly covered? **YES / NO**
(Examples: *boils and infected wounds, however small)*

<u>In the Past</u>:

Have you ever been diagnosed as being ill with typhoid fever (*S.*Typhi) **YES / NO**
If you have, what was the date of the diagnosis? _____
If within the past 3 months, did you take antibiotics for *S.* Typhi*?* **YES / NO**
If so, how many days did you take the antibiotics? _____
If you took antibiotics, did you finish the prescription? _____ **YES / NO**

<u>History of Exposure</u>:

1. Have you been suspected of causing, or have you been exposed to, a confirmed foodborne disease outbreak recently? **YES / NO**
If YES, date of outbreak: _____

a. If YES, what was the cause of the illness and did it meet the following criteria?
Cause: _____

i.	**Norovirus (last exposure within the past 48 hours)**	**Date of illness outbreak** _____
ii.	***E. coli* O157:H7 infection (last exposure within the past 3 days)**	**Date of illness outbreak** _____
iii.	**Hepatitis A virus (last exposure within the past 30 days)**	**Date of illness outbreak** _____
iv.	**Typhoid fever (last exposure within the past 14 days)**	**Date of illness outbreak** _____
v.	**Shigellosis (last exposure within the past 3 days)**	**Date of illness outbreak** _____

b. If YES, did you:

- **i. Consume food implicated in the outbreak? _____**
- **ii. Work in a food establishment that was the source of the outbreak? _____**
- **iii. Consume food at an event that was prepared by person who is ill? _____**

2. Did you attend an event or work in a setting, recently where there was a confirmed disease outbreak? YES / NO

If so, what was the cause of the confirmed disease outbreak? _____

If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

- **a. Norovirus (last exposure within the past 48 hours) YES / NO**
- **b. *E. coli* O157:H7 (or other STEC (last exposure within the past 3 days) YES / NO**
- **c. *Shigella* spp. (last exposure within the past 3 days) YES / NO**
- **d. *S.* Typhi (last exposure within the past 14 days) YES / NO**
- **e. Hepatitis A virus (last exposure within the past 30 days) YES / NO**

Do you live in the same household as a person diagnosed with Norovirus, shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other STEC?
YES / NO Date of onset of illness _____

3. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, STEC infection, or hepatitis A?
YES / NO Date of onset of illness _____

Name, Address, and Telephone Number of your Health Practitioner or doctor:
Name _____
Address _____
Telephone – *Daytime:* _____ *Evening:* _____

Signature of Conditional Employee _____ Date _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

FORM 1-B

Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist , an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (*such as boils and infected wounds, however small)*

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia* coli O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E.* coli O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ **Date** _____

Food Employee Name (please print) _____

Signature of Food Employee _____ **Date** _____

Signature of Permit Holder or Representative _____ **Date** _____

FORM 1-C

Conditional Employee or Food Employee Medical Referral

Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on Illness due to Norovirus, Typhoid fever (*Salmonella* Typhi), Shigellosis (*Shigella* spp.), *Escherichia coli* O157:H7 or other Shiga Toxin-producing *Escherichia* coli (STEC), nontyphoidal *Salmonella* and Hepatitis A Virus

The **Food Code** specifies, under ***Part 2-2 Employee Health Subpart 2-201 Disease or Medical Condition***, that Conditional Employees and Food Employees obtain medical clearance from a health practitioner licensed to practice medicine, unless the Food Employees have complied with the provisions specified as an alternative to providing medical documentation, whenever the individual:

1. Is chronically suffering from a symptom such as **diarrhea;** *or*
2. Has a **current illness** involving Norovirus, typhoid fever **(*Salmonella* Typhi)**, shigellosis **(*Shigella*** spp.**)** ***E. coli* O157:H7** infection (or other STEC), nontyphoidal *Salmonella* or hepatitis A virus (hepatitis A), *or*
3. Reports ***past illness*** involving typhoid fever **(*S.* Typhi)** within the past three months (while salmonellosis is fairly common in U.S., typhoid fever, caused by infection with ***S.* Typhi**, is rare).

Conditional Employee being referred: (Name, please print) _____

Food Employee being referred: (Name, please print) _____

4. Is the employee assigned to a food establishment that serves a population that meets the Food Code definition of a **highly susceptible population** such as a day care center with preschool-age children, a hospital kitchen with immunocompromised persons, or an assisted living facility or nursing home with older adults?
YES ☐ **NO** ☐

Reason for Medical Referral: The reason for this referral is checked below:

☐ Is chronically suffering from vomiting or diarrhea; or (specify) _____
☐ Diagnosed or suspected Norovirus, typhoid fever, shigellosis, ***E. coli*** O157:H7 (or other STEC) infection, nontyphoidal *Salmonella* or hepatitis A. (Specify)
_____
☐ Reported past illness from typhoid fever within the past 3 months. (Date of illness) _____
☐ Other medical condition of concern per the following description: _____

Health Practitioner's Conclusion: (Circle the appropriate one; refer to reverse side of form)

☐ Food employee is free of **Norovirus** infection, typhoid fever **(*S.* Typhi** infection**), *Shigella*** spp. infection, ***E. coli*** O157:H7 (or other **STEC** infection), nontyphoidal *Salmonella* infection or **hepatitis A** virus infection, and may work as a food employee without restrictions.
☐ Food employee is an asymptomatic shedder of ***E.*** coli O157:H7 (or other **STEC**), ***Shigella*** spp., or Norovirus, and is restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles in food establishments that do not serve highly susceptible populations.
☐ Food employee is not ill but continues as an asymptomatic shedder of ***E. coli*** O157:H7 (or other **STEC**), ***Shigella*** spp. and should be excluded from food establishments that serve highly susceptible populations such as those who are preschool-age, immunocompromised, or older adults and in a facility that provides preschool custodial care, health care, or assisted living.
☐ Food employee is an asymptomatic shedder of **hepatitis A** virus and should be excluded from working in a food establishment until medically cleared.
☐ Food employee is an asymptomatic shedder of **Norovirus** and should be excluded from working in a food establishment until medically cleared, or for at least 24 hours from the date of the diagnosis.
☐ Food employee is suffering from Norovirus, typhoid fever, shigellosis, ***E. coli*** O157:H7 (or other **STEC** infection), or **hepatitis A** and should be excluded from working in a food establishment.
☐ Food employee is diagnosed with an infection from nontyphoidal *Salmonella* and is asymptomatic and

should be restricted from working in food establishments serving a highly susceptible population and food establishments not serving a highly susceptible population.

COMMENTS: (In accordance with Title I of the Americans with Disabilities Act (ADA) and to provide only the information necessary to assist the food establishment operator in preventing foodborne disease transmission, please confine comments to explaining your conclusion and estimating when the employee may be reinstated.)

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Health Practitioner _____ **Date** _____

Paraphrased from the FDA Food Code for Health Practitioner's Reference

From Subparagraph 2-201.11(A)(2) Organisms of Concern:

Any foodborne pathogen, with special emphasis on these ~~5~~6 organisms:

1. **Norovirus** 2. ***S.* Typhi** 3. ***Shigella*** spp. 4. ***E. coli*** O157:H7 (or other STEC) 5. **Hepatitis A** virus 6. Nontyphoidal *Salmonella*

From Subparagraph 2-201.11(A)(1) Symptoms:

Have any of the following symptoms:

Diarrhea **Vomiting** **Jaundice** **Sore throat with fever**

From Subparagraph 2-201.11(A)(4)-(5) Conditions of Exposure of Concern:

(1) Suspected of causing a foodborne outbreak or being exposed to an outbreak caused by Norovirus, S. Typhi, *Shigella* spp., E. coli o157:H7 (or other STEC), Hepatitis A virus , at an event such as a family meal, church supper, or festival because the person:
Prepared or consumed an implicated food;
or consumed food prepared by a person who is infected or ill with the organism that caused the outbreak or who is suspected of being a carrier;

(2) Lives with, and has knowledge about, a person who is diagnosed with illness caused by Norovirus, S. Typhi, *Shigella* spp., E. coli o157:H7 (or other STEC), Hepatitis A virus ; or

(3) Lives with, and has knowledge about, a person who works where there is an outbreak caused by Norovirus, S. Typhi, *Shigella* spp., E. coli o157:H7 (or other STEC), Hepatitis A virus -

From Subparagraph 2-201.12 Exclusion and Restriction:

Decisions to exclude or restrict a food employee are made considering the available evidence about the person=s role in actual or potential foodborne illness transmission. Evidence includes:

Symptoms **Diagnosis** **Past illnesses** **Stool/blood tests**

In facilities serving highly susceptible populations such as day care centers and health care facilities, a person for whom there is evidence of foodborne illness is almost always excluded from the food establishment.

In other establishments such as restaurants and retail food stored, that offer food to typically healthy consumers, a person might only be restricted from certain duties, based on the evidence of foodborne illness.

Exclusion from any food establishment is required when the person is:

- Exhibiting or reporting diarrhea or vomiting;
- Diagnosed with illness caused by *S.* Typhi; or
- Jaundiced within the last 7 days.

For ***Shigella*** spp. or ***Escherichia coli*** O157:H7 or other STEC infections, the person's stools must be negative for 2 consecutive cultures taken no earlier than 48 hours after antibiotics are discontinued, and at least 24 hours apart or the infected individual must have resolution of symptoms for more than 7 days or at least 7 days have passed since the employee was diagnosed.

Vomit and Diarrhea Clean-Up Procedure

WHY DO WE HAVE THIS PROCEDURE?
Vomiting and diarrhea can be symptoms of several very contagious diseases and it is the responsibility of food service management to protect both employees and customers from transmission of these diseases. The most important ways of accomplishing this task are:

1) ensure that employees understand the importance of frequent handwashing and that they know where and how to wash their hands;
2) ensure that employees understand their responsibility to report all disease symptoms, such as vomiting, diarrhea, jaundice, fever and sore throat; diagnosis of diseases; and exposure to others who are sick to the Person in Charge;
3) ensure that employees are trained and do not handle food that is ready to eat with their bare hands;
4) ensure that employees understand the importance of following all regular cleaning and sanitizing procedures on a daily basis and special cleaning and sanitizing procedures such as this one.

New employees will be trained in all of the above-mentioned procedures within the first week of hiring. Reminder trainings will be done for all food service staff on an **ANNUAL** basis.

VOMIT/DIARRHEA CLEAN-UP KIT
A vomit/diarrhea clean-up kit is stored in a labeled bin in Contents of Clean-up Kit:

1) Personal Protective Equipment (PPE)
   disposable gloves, nitrile or non-latex
   face and eye shields (clean and sanitize after use)
   disposable shoe covers
   disposable aprons
   masks
   hair covers
2) Paper towels
3) Absorbent material: baking soda, Red Z powder, or kitty litter
4) Scoop or scraper, preferably disposable
5) Large plastic bags with twist ties
6) Caution tape for closing off areas

Buckets, wiping cloths, detergent and sanitizers will also be needed and are available in various locations throughout the food service area. The Person-in-Charge is responsible for refilling the clean-up kit after use. Extra supplies will be on hand. All supplies will be purchased or ordered at the time of the incident so that the kit is ready for use as soon as possible after the incident.

WHEN A VOMITING OR DIARRHEA INCIDENT OCCURS

1) Remove the following from the area if no contact with vomit or diarrhea:
   a) employees and/or customers
   b) packaged food or food in closed containers
   c) portable equipment, linens and open single-use and single-service articles.

For diarrhea, the immediate area that is visibly soiled should be the area of clean-up concentration. For vomiting, since particles can be in the air, an area of 25 feet in all directions should be considered the clean-up area. This is very important when considering which employees or customers need to be removed; the food; and open single-use and single-service articles that need to be discarded; the linens that will need to be washed; and the equipment that will need to be cleaned and sanitized.

2) If vomiting occurred, completely close off area around the spill for 25 feet in all directions. Use caution tape from the Clean-up Kit.

   Some small food service establishments will have to close during the clean-up of a vomiting incident either by an employee or a customer. In the case of closure, the Regulatory Authority should be called immediately to report the incident. A sign can be put at the entrance stating that the food service establishment will be closed until a time judged to be sufficient to accomplish the required clean-up.

   a) _____, due to its small size, will close after a vomiting incident until clean-up is finished.

   b) _____, will determine what areas will need to be cleaned and sanitized, but will remain open with limited service, unless the incident occurs in the only food prep area.

3) A trained employee should put on Personal Protective Equipment, gloves last.

   All employees are trained in this clean-up procedure. If staffing allows, cooks should not be the first choice for carrying out the clean-up.

4) Sprinkle _____ on vomit/fecal matter to soak up liquid. Using the scraper or scoop from the Clean-up Kit, and paper towels, carefully wipe up vomit/fecal matter and discard in a plastic trash bag. Then remove and discard gloves.

   If staffing allows, a separate employee, wearing gloves and a mask, can hold the trash bag open by folding the top back over their hands so that the top of the bag is not contaminated in the process of discarding the paper towels, gloves, etc.

5) Wash hands and put on new disposable gloves and wash the area involved with detergent and warm water.

   All surfaces within the incident area, plus all doorknobs, railings, wall corners or other places that you know are frequently touched should then be washed with soap and water. All restrooms should be cleaned also, even if they were not known to be affected by the incident. They are often used by employees and customers when they are not feeling well and the infectious germs will be there even if they cannot be seen.

   All areas washed as described above will then be sanitized.

6) Sanitize hard or porous surfaces with chlorine bleach solution allowing the area to remain wet for no less than 5 minutes; follow policy directions for other surfaces or when using other sanitizers.

Bleach concentrations:

5.25% Sodium Hypochlorite or 6% dish machine sanitizer	1 2/3 cup bleach per gallon of water (1 part bleach to 10 parts water)	5000 PPM
8.25% concentrated Sodium Hypochlorite	1 cup bleach per gallon of water (1 part bleach to 16 parts water)	5000 PPM

Sanitizer to be used in this establishment will be _____ and will be left wet on hard surfaces for _____ minutes before drying with papers towels.

Ammonium chloride sanitizers are ineffective against Norovirus so if those are the standard sanitizers used in a food service establishment, then chlorine bleach (or some other commercial product approved by the EPA to kill Norovirus) must be kept on hand for use during a vomit/diarrhea incident.

Bleach is available in several different concentrations so food service establishments need to be aware of the concentration they have available. Once opened, a bottle of bleach maintains its strength for 30 days so PUT THE DATE ON THE BOTTLE WHEN YOU OPEN IT. Discard it after 30 days.

Remember that bleach will discolor many items such as carpets, flooring, etc. Test a small area if there is any reason to believe that there will be a problem. Steam cleaning of carpets and upholstery is recommended once the vomit/diarrhea has been removed. Linens should be washed in hot water and dried in a hot dryer.

Open windows or increase ventilation as much as possible during the clean-up.

Make sure that all high-touch areas and restrooms are sanitized before areas are re-opened.

7) When totally finished cleaning up, dispose of all paper towels and PPE in the plastic bag. Tie the bag closed and double bag it before putting it in your regular trash.

8) Rinse food contact surfaces with clean water to remove chlorine residue left on the surface because you used 5000 PPM to kill the infectious agents and re-sanitize with your usual 100 ppm sanitizer.

RE-OPENING ESTABLISHMENT OR CLEANED AREAS

When the above-described clean-up procedure has been completed, the areas may be re-opened. Establishments that closed for clean-up should call the Regulatory Authority and report that they are ready to re-open. The Regulatory Authority may, or may not, want to actually visit the establishment prior to re-opening.

Establishments should anticipate that some customers may request some kind of compensation. Management should discuss that with employees as part of the training on this procedure. The decision concerning compensation is entirely up to the establishment management.

MONITORING EMPLOYEES FOR ILLNESS

After incidents involving diarrhea and particularly vomiting, all employees, but particularly those involved in the clean-up, will be monitored for signs of illness for several days. The Person-in-Charge will remind employees to report symptoms of any illness.

INCIDENT REPORT

It is advisable for the Person-in-Charge to complete an incident report describing the date and time of the incident; which employees were in charge of the clean-up; an overall description of the area of the incident; how it was cleaned and sanitized; and the other areas of the establishment cleaned and sanitized. It should also state what food was discarded. This report should be kept in the establishment files in case there are any future questions about the incident.

REFERENCES:

"Clean-up and Disinfection for Norovirus ("Stomach Bug") Poster from disinfect-for-health.org.

Food Code, U.S. Public Health Service, FDA, 2013, Annex 3, Public Health Reasons/Administrative Guidelines, pages 395-397.

"Food Safety Sample SOP," NFSMI and USDA, Revised 2013.

"Guidelines for Responding to Vomiting and Diarrhea in Food Establishments," Rhode Island Department of Health, Yankee Conference Presentation by Cathy Feeney and Lydia Brown, September 22, 2016.

"Norovirus Information Guide," from SafeMark Best Practices, the Food Marketing Institute and Ecolab, July 2010.

"White Paper: Guidelines for Response to Vomiting and Diarrheal Incidents in Food Service Establishments," prepared by Paula Herald, PH.D., CP-FS, Technical Consultant, The Steritech Group, Inc., www.steritech.com.

Updated January 27, 2017