

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: 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. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Title</th> <th style="width: 30%; text-align: left;">Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title	Address			
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:
 - o FOOD (receiving, storage, preparation, service);
 - o UTENSILS (clean, soiled, cleaning, storage); and
 - o 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: _____