



## Board of Health

Town of New Salem

19 South Main Street . New Salem MA. 01355

Tel (978)544-9673 . Fax (978)544-9673

Dear Prospective Entrepreneur,

Congratulations on your decision to consider a new business venture!

It is our goal and responsibility to work in concert with the business community to achieve the highest level of health and safety for all New Salem residents and visitors. Working towards that goal, we are a resource that you can use to ensure that your new business operates and complies within Chapter X of the State Sanitary Code.

Our Plan Review Process will assist you in meeting the design requirements within the Food Code. By design, the review process will also help to identify standards of sanitation that you will implement to comply with Massachusetts regulations.

It is very important that you familiarize yourself with this information and continue to enforce principles contained within this document as your business grows. If you have questions or require any clarification, please contact the New Salem Board of Health at 978-544-9673.

We wish you the best of luck and success in your business.

Sincerely,

Health Agent  
New Salem Board of Health

**FOOD ESTABLISHMENT PLAN  
REVIEW APPLICATION**

**Board of Health Plan Review Fee: \$100.00**

Please return this completed application along with required documentation. The Board of Health Agent will schedule a consultation review when all documentation is completed and submitted.  
*\*\*All checks must be made payable to the Town of New Salem\*\**

**SECTION I ESTABLISHMENT INFORMATION**

DATE: \_\_\_\_\_

NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ FACILITY CONVERSION \_\_\_\_\_ TRANSFER \_\_\_\_\_  
OF OWNERSHIP \_\_\_\_\_

Establishment's Name: \_\_\_\_\_

Indicate Category and Type of Establishment (*please check only one*):

**Food Service Establishment:**

- Bakery
- Bar
- Bed & Breakfast
- Caterer
- Commissary
- Convenience Store
- Institution
- Meat Market
- Mobile:
  - Fully self-contained
  - Non self-contained
- Push cart
- Restaurant
- Retail Food Store
- Seafood Market
- Seasonal
- Snack Bar
- Temporary
- Warehouse

Establishment's physical location: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Hours of Operation: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Number of Seats: \_\_\_\_\_ Number of Staff: \_\_\_\_\_ (*Maximum per shift*) Total Square Feet of Establishment: \_\_\_\_\_

Projected start date of Construction/Remodel: \_\_\_\_\_

Type of Service: (*check all that apply*)

Sit down meals \_\_\_\_\_

Home delivery \_\_\_\_\_

Take Out \_\_\_\_\_

Other (*describe*): \_\_\_\_\_

## SECTION II CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

**Please enclose the following documents:**

1. **Provide plans** that are accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans. Include and provide specifications for:
  - a. Entrances, exits, loading/unloading areas and docks;
  - b. Complete finish list/drawings for each room including floors, walls, ceilings and coved juncture bases;
  - c. Plumbing list/drawing 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;
  - d. Lighting list/drawing with protectors;
    - (1) At least bright enough to be able to see clearly into all areas, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
      - (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, dish-washing, and equipment and utensil storage, and in toilet rooms; and
  - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations;
  - f. Ventilation list/drawing;
  - g. A mop sink(s) or curbed cleaning area with an area for hanging wet mops;
  - h. Garbage can washing area/facility;
  - i. Cabinets for storing toxic chemicals
2. **Provide proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. **Provide site plan** showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (*dumpsters, well, septic system – if applicable*).
4. **Provide manufacturer specification sheets** for each piece of equipment shown on the plan. Show the location of all equipment on the plan. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units, indicating location of sneeze guards. Indicate clearly on the plan equipment for adequate rapid cooling,

including ice baths and refrigeration, and for hot-holding potentially hazardous foods. **Food Equipment list/drawing including make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program such as NSF** (when applicable).

5. **Label and locate separate food preparation sinks** when the menu dictates to preclude contamination and cross- contamination of raw and ready-to-eat foods.
6. **Clearly show adequate hand wash sinks** for each toilet fixture and in the immediate area of food preparation.
7. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

### SECTION III

#### OPERATING PROCEDURES FOOD PREPARATION REVIEW

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

- |   |    |     |
|---|----|-----|
| 1. Thin meats, poultry, fish, eggs ( <i>hamburger; sliced meats; fillets</i> )            | No | Yes |
| 2. Thick meats, whole poultry ( <i>roast beef; whole turkey, chicken, ham</i> )           | No | Yes |
| 3. Cold processed foods ( <i>salads, sandwiches, vegetables</i> )                         | No | Yes |
| 4. Hot processed foods ( <i>soups, stews, rice/noodles, gravy, chowders, casseroles</i> ) | No | Yes |
| 5. Bakery goods ( <i>pies, custards, cream fillings &amp; toppings</i> )                  | No | Yes |
| 6. Other: _____   |    |     |

#### **PLEASE ANSWER ALL QUESTIONS THAT APPLY**

##### **FOOD SUPPLIES**

Are all food supplies from approved sources?

Are only non-potentially hazardous foods/prepackaged foods?

##### **COLD STORAGE**

- Is adequate and approved freezer and refrigeration available to store frozen foods, and refrigerated foods at 41°F (5°C) and below?
- Will raw meats, poultry or seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?  
If yes, how will cross-contamination be prevented? \_\_\_\_\_

- 
- 
- Does each refrigerator/freezer have a thermometer?

Refrigerator cubic feet:\_\_\_\_\_ Freezer cubic feet:\_\_\_\_\_

- Is there an ice machine/maker available?

### **THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. Mark all methods that apply.

#### **THAWING METHOD**

- Refrigeration
- Running Water Less than 70° F
- Microwave (as part of cooking process)
- Cooked from Frozen state
- Other (*describe*)\_\_\_\_\_

#### **HOT/COLD HOLDING**

- How will hot PHF's be maintained at 140°F (60°C) or above during holding for service?  
Indicate type and number of hot holding units.
  
- How will cold PHF's be maintained at 41°F (5°C) or below during holding for service?  
Indicate type and number of cold holding units.

#### **REHEATING**

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated rapidly and within 2 hours so that all parts of the food reach a temperature of at least 165°F for 15 seconds?  
Indicate type and number of units used for reheating foods.

#### **PREPARATION**

1. Please list categories of foods prepared more than 12 hours in advance of service.
  
2. How will bare-hand contact of ready-to-eat foods be minimized?
  
3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? If so please attach with this plan review.
4. Will all produce be washed on-site prior to use?

Is there a planned location used for washing produce?

If Yes Please Describe \_\_\_\_\_  
 \_\_\_\_\_

5. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

6. Will the establishment be serving food to a highly susceptible population?

**SECTION IV PHYSICAL FACILITY FINISHED MATERIALS**

Please indicate which materials (*quarry tile, stainless steel, 4" plastic covered molding, etc.*) will be used in the following areas.

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Garbage Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

**INSECT AND RODENT CONTROL** (Please check appropriate boxes)

1. Will all outside doors be self-closing and rodent proof?
2. Are screen doors provided on all entrances left open to the outside?
3. Do all operational windows have a minimum 16 mesh screening?
4. Is area around building clear of unnecessary brush, litter, boxes and other harborage?
5. Will air curtains be used?

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

**GARBAGE**

*Inside*

6. Do all containers have lids?
7. Will garbage be stored inside?

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

8. Is there an area designated for garbage can or floor mat cleaning?

**Outside**

9. Will a dumpster be used?

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

Frequency of pick-up \_\_\_\_\_ Contractor \_\_\_\_\_

10. Will garbage cans be stored outside?

11. Describe surface and location where dumpster/ cans are to be.

12. Describe where the grease storage receptacle is stored and provide name, address, and phone number of the pick-up service.

13. Is there any area to store returnable damaged goods?

14. Are floor drains provided & easily cleanable?

If yes, indicate location: \_\_\_\_\_

**WATER SUPPLY**

15. Is water supply public or private?

16. If private, has source been approved?

**Please attach a copy of written approval, permit or testing results.**

17. Is ice made on premises or purchased commercially?

If made on premises, are specifications for the ice machine provided?

Describe provision for ice scoop storage:

18. Is there a water treatment device?

If yes, how will the device be inspected & serviced?

19. How is backflow prevention devices inspected & serviced?

**SEWAGE DISPOSAL**

20. Is the building connected to a municipal sewer?

If no, is private disposal system approved?

Please attach a copy of approved permit/system.

21. Are grease traps provided?

If yes, where? \_\_\_\_\_ Indicate size \_\_\_\_\_

**GENERAL**

22. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

Indicate location: \_\_\_\_\_

Are insecticides/rodenticides approved for use in food service establishments?

23. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas?

24. Are all containers of toxics including sanitizing spray bottles clearly labeled?

25. Will linens be laundered on site?  
If yes, what will be laundered and where?

26. Indicate all areas where exhaust hoods are installed:

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

**SINKS**

27. Is a mop sink present?  
If no, please describe facility for cleaning of mops and other equipment:

\_\_\_\_\_

28. If the menu dictates, is a food preparation sink present?

**DISHWASHING FACILITIES**

29. Will sinks or a dish machines be used for ware washing?

30. Dish Machine sanitization used: hot water (provide temperature)\_\_\_\_\_ Chemical\_\_\_\_\_

31. Do all dish machines have accurately working temperature/pressure gauges?

32. Is the hot water heater sufficient for the needs of the establishment?

33. What type of sanitizer is used? Chlorine \_\_\_\_\_ Iodine \_\_\_\_\_ Quarternary ammonium \_\_\_\_\_

34. Are test papers/kits available for checking sanitizer concentration?

**HAND WASHING / TOILET FACILITIES**

35. Is there a hand washing sink in each food preparation and ware washing area?

36. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?

37. Is hand cleanser available at all hand washing sinks?

- 38. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?
- 39. Are covered waste receptacles available in each restroom?
- 40. Is hot and cold running water under pressure available at each hand washing sink?
- 41. Are all toilet room doors self-closing?
- 42. Are all toilet rooms equipped with adequate ventilation?
- 43. Is a hand washing sign posted in each employee restroom?

**DRY GOODS STORAGE**

- 44. What is the projected frequency of deliveries?
- 45. Is adequate storage space provided for based upon menu, meals and frequency of deliveries?
- 46. How will dry goods be stored off the floor?

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Town of New Salem Board of Health may nullify final approval.

Signature(s) \_\_\_\_\_  
 Applicant(s) or responsible representative(s)

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

\_\_\_\_\_  
 Title

**Approval of these plans and specifications by the Town of New Salem does not indicate compliance with any other code, law or regulation 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-operational inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with Massachusetts Chapter X (105 CMR 590.000) of the State Sanitary Code and the 1999 FDA food code.**

**REVIEWER'S APPROVAL**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

Signature \_\_\_\_\_  
Approving Authority Signature

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

\_\_\_\_\_  
Title