



S T O N E H A M
Board of Health - Health Department
 35 CENTRAL STREET
 STONEHAM, MA 02180

781-279-2621
 781-507-2615

Food Establishment Plan Review Application

Complete the following application. Please print legibly. An incomplete application and missing documents delay the Review and Permit Process.

Minor Change Fee \$50.00 New Business Fee \$150.00

1. Type of Food Operation
 Check all the applicable operations

| | |
|---|--|
| Restaurant – Take-out Only (No Eating on Site) | Restaurant – Seating (Eating on site) |
| Single-Use Utensils Only | Multi-Use Utensils |
| Catering within a Restaurant/Market | Catering Only (No Restaurant/Market) |
| Retail Market – No Food Preparation | Retail Market – With Food Preparation |
| Church – With Food Preparation | Daycare with Food Preparation |
| Institution – i.e. School, College | Nursing Home, Assisted Living, Hospital |
| Other - Specify | |

| | | |
|---------------------------|----------------|-------------------|
| New Business/Owner | Remodel | Conversion |
|---------------------------|----------------|-------------------|

2. Food Establishment Information
 The establishment name must be the same name listed on the CV (Common Victualler) License Application (if applicable)

Name of Establishment: _____

Address: _____ **Stoneham, MA**

Establishment Phone Number: _____

3. Owner Information
 The Owner must be the same as the Owner listed on CV License Application (if application)

Name of Owner(s): _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

4. Applicant Information

Name of Applicant(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

| TITLE | | |
|------------|-----------------|-----------------|
| Owner | General Manager | Manager |
| Contractor | Architect | Other (specify) |

5. Hours of Operation

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

6. Operation Information

Total square feet of facility _____

Number of floors on which operations are conducted: _____

Maximum number of employees per shift: _____

Maximum number of employees working on cook line: _____

Maximum number of employees working in food preparation areas: _____

Note: According to MA General Law Chapter 140 Section 2, Food Establishments that offers seating to the public for consumption requires a Common Victualler License.

According to MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Chocking procedures at all times the establishment is open to the public. However, the Stoneham Board of Health requires food establishments with any amount of seating for dining to have an employee trained in Anti-Chocking.

| | | |
|---|-----|----|
| Will there be indoor seating? | YES | NO |
| Will there be outdoor seating? | YES | NO |
| Will the establishment have weekly entertainment? | YES | NO |
| Will the establishment have Sunday entertainment? | YES | NO |
| Will the establishment have entertainment (radio, live music, television)? | YES | NO |
| Will the establishment apply for an alcohol license? | YES | NO |
| Will the establishment serve food to a highly susceptible population (HSP)? | YES | NO |

Approximately, what is the maximum number of meals that will be served?

Breakfast _____ Lunch _____ Dinner _____

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| 7. Specialized Processes |
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| | | |
|-------------------------------|--|------------|
| Cook-Chill | Curing & Smoking for Preservation | Fermenting |
| Live Molluscan Shellfish Tank | Reduced Oxygen Packaging | Sous Vide |
| Sprouted Seeds | Use of Additives to Render a Food as Non-TCS i.e. Sushi Rice | |

| |
|---|
| Some Special Processes require a HACCP (Hazard Analysis Critical Control Point and/or a Variance |
|---|

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| 8. Food Information |
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| | | |
|--|-----|----|
| Will a HACCP Plan be submitted (if yes, submit a copy with this application) | YES | NO |
| Will a request for a Variance be requested? | YES | NO |
| Will non-continuous cooking of raw animal products take place? | YES | NO |

8A. Check the categories of TCS foods to be handled, prepared and served.

| | | |
|--|-----|----|
| Will the operation use Time as a Public Health Control (TPHC)? | YES | NO |
| Thin meats, poultry, fish, eggs – (hamburger, sliced meats, fillets): | YES | NO |
| Thick meats, whole poultry (roast beef, whole turkey, chickens, hams): | YES | NO |
| Cold processed foods (salads, sandwiches, vegetables): | YES | NO |
| Hot processed foods (soups, stews, rice, noodles, gravy, chowders, casseroles): | YES | NO |
| Bakery goods (pies, custards, cream fillings and toppings): | YES | NO |
| Manufacture frozen desserts and/or ice cream mix – Example soft serve ice cream, gelato: | YES | NO |

8B. What are the projected frequencies of delivers for the following products:

Dry: _____/week Refrigerated: _____/week Frozen: _____/week

Provide the amount of storage space (cubic feet) allocated for:

Dry: _____ Refrigerated: _____ Frozen: _____

8C. Cook and Serve

List all foods that will be cooked and served hot: _____

8D. Hot Holding

List all foods that will be hot held prior to service: _____

Will hot holding devices be used to hold TCS Foods? YES NO

If yes, Type of Device(s): _____

Number of Device(s): _____

8E. Cold Holding

List all foods that will be held cold prior to service: _____

Will raw meats, poultry and seafood be stored in the same refrigerators with cooked/RTE foods?

YES

NO

If yes, describe how cross-contamination will be prevented between raw and cooked / RTE foods:

8F. Cooling

List all foods that will be cooked and cooled prior to service: _____

List all foods that will be cooled after hot holding: _____

Indicate below the cooling method used, the type of TCS food that will be cooled to 41°F within 6 hours (130°F to 70°F in 2 hours) and the location of cooling:

| | | |
|---|--------------------------------|-----------------------------------|
| EXAMPLE: <i>Shallow Container</i> | EXAMPLE: <i>Rice</i> | EXAMPLE: <i>Walk-In</i> |
|---|--------------------------------|-----------------------------------|

| | | |
|-------------------------------------|-------------------------|------------------|
| Shallow Containers | Type of food: | Location: |
| Ice Bath | Type of food(s): | Location: |
| Blast Chiller: | Type of food(s): | Location: |
| Stir with Frozen Ice Sticks: | Type of food(s): | Location: |

| | | |
|---------------------------------|------------------------|------------------|
| Other Methods – specify: | Type of food(s) | Location: |
| | | |

8G. Reheating

List all foods that will be cooked, cooled and reheated prior to service: _____

Describe how and where TCS foods that are cooked, cooled and reheated for hot holding will be reheated and at what temperature. Attach additional sheets if necessary.

| | | | |
|--|---|--|--|
| EXAMPLE: Cooking Device: <i>Stove</i> | EXAMPLE: Type of Food(s): <i>Soups</i> | EXAMPLE: Temperature: <i>165°F</i> | EXAMPLE: Holding Device: <i>Steamer</i> |
|--|---|--|--|

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|--|--|--|--|
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| | | | |

8H. Thawing Frozen Methods for TCS Food(s)
Check all that apply and indicate where thawing will take place:

| Thawing Method | Thick Frozen Foods Location Approximately more than one inch thick | Thin Frozen Foods Location Approximately one inch or less thick |
|--|--|---|
| Refrigeration | | |
| Running water less than 70°F | | |
| Cooked from frozen state | | |
| Microwave – part of the cooking process | | |
| Other – Describe | | |

8I. Food Handling Procedures

Describe the handling/preparation for the following categories of food. Describe the processes from receiving to service including:

- **How the food will arrive (frozen fresh, packaged, etc.)**
- **Where the food will be stored**
- **Where the food will be washed, cut, marinated, breaded, cooked, etc. (prep table, sink, counter, etc.)**
- **When food will be handled/prepared (time of day and frequency/day)**

Ready to Eat foods (RTE) – Example: salads, cold sandwiches and raw molluscan shellfish:

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

Does the establishment have a basement? YES NO

If yes, what will the basement be used for? (circle your answer_

Food Preparation Food Storage Nonfood Storage

If the basement will be used for food preparation, describe how it will be used: _____

Include a sketch and layout of the basement that identifies the locations of all equipment, sinks, etc. and provide the equipment specification sheets.

If the basement is to be used for food and single-use item (to-go items) storage, they shall not be stored under sewer pipes.

9. Ware Washing – Mechanical and Manual

9A. Will a dish machine be used? YES NO – if No, circle No and skip to **Section 9B.**

If yes, Make: _____ Model: _____

Will ventilation be provided? YES NO

What type of sanitizer will be used in the dish machine?

Hot Water: _____ Chemical – Type _____

If hot water, will the final rinse be pressurized? YES NO

If pressurized, will the machine have a pressure gauge? YES NO

Will the machine be equipped to automatically dispense detergents and sanitizers? YES NO

What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered to the respective washing and sanitizing cycles?

Visual _____ Audible _____

Note: A ware washing machine shall be equipped to automatically dispense detergents and sanitizers and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.

9B. Will a 3-compartment sink be installed? YES NO

3-compartment sink: Length: _____ Width: _____ Depth: _____

Sanitizer that will be used: Chlorine – Name: _____ Quaternary – Name: _____

Contact time for sanitizer: _____

Will the largest pot and pan fit into each compartment of the 3-compartment sink? YES NO

If No, describe the cleaning method that will be used: _____

9C. Drying Space

Describe the location and type of device used for air drying clean equipment – Example: drain boards, wall mounted, overhead shelves, stationary or portable racks: _____

10. Bar Area

Will the establishment have a bar? YES NO – if No, skip to **Section 11.**

Will a 3-compartment be installed at the bar? YES NO

Will a glass machine be used? YES NO

Make: _____ Model: _____

What type of sanitizer will be used? Hot Water _____ Chemical – Type _____

If hot water, will the final rinse be pressurized? YES NO

If pressurized, will the machine have a pressure gauge? YES NO

Will the machine be equipped to automatically dispense detergents and sanitizers? YES NO

What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered to the respective washing and sanitizing cycles?

Visual _____ Audible _____

What is the waste pipe connection? Direct _____ Indirect (air gap) _____

Note: A ware washing machine shall be equipped to automatically dispense detergents and sanitizers and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.

11. Cleaning and Sanitizing

Indicate below the type of sanitizer that will be used on food contact surfaces:

Chlorine – Brand Name: _____ Contact Time: _____

Quaternary - Brand Name: _____ Contact Time: _____

Other – Brand Name: _____ Contact Time: _____

12. Water Supply

Type of water source: Municipal _____ Well _____

Type of water heater: Tank _____ Tankless – how many: _____

Manufacturer: _____ Model: _____

Storage capacity: _____ gallons input Rating: _____

Electric: _____ kW Gas: _____ BTU's

Will an ice machine be installed? YES NO

Where will it be located? _____

What is the waste pipe connection? Direct _____ Indirect (air gap) _____

Where will the grease trap/interceptor be located? _____

13. Sewage Disposal

How often will the grease trap(s) be cleaned? _____

14. Refuse and Recyclables

Will refuse/garbage be stored inside? YES NO

- If yes, identify location _____

Describe how and where garbage cans and floor mates will be cleaned: _____

Will a dumpster be used? YES NO-If no, skip to **Section 15**

Identify the dumpster location: _____

Name of company used for refuse pick-up: _____

Name of company used for grease pick-up: _____

All Waste Disposal Companies must be permitted with the Town of Stoneham Board of Health

Will there be an area to store recyclables? YES NO

Identify the area to store returnable damaged goods: _____

15. Pest Control

Describe method of pest control for the establishment including frequency: _____

Will screens be provided on all entrances left open to the outside such as windows? YES NO

Will all openable windows has mesh screening (minimum #16 mesh)? YES NO

Will air curtains be installed? YES NO

- If yes, describe location: _____

16. Dressing Rooms and Employee Accommodations

Are employees required to change into uniforms at the establishment? YES NO

Will dressing rooms/lockers be provided? YES NO

Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.) _____

Will toilette facilities be shared for employees and customers? YES NO

Will mechanical ventilation be provided in the toilette facilities? YES NO

Will the toilette facilities door be self-closing? YES NO

17. Cleaning Facilities

Will a mop/utility sink be installed? YES NO

Describe the location where mops and other cleaning equipment will be stored: _____

Describe where cleaning and sanitizing solutions will be stored: _____

Identify the location for chemical storage: _____

| |
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| 18. Linens and Laundry Facilities |
|--|

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? _____

Identify the location of clean and dirty line storage: _____

How often will linens be delivered and picked up? _____

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| 19. Employee Health |
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Do you have written procedures to follow when responding to vomiting or diarrheal events?

YES NO

- If YES, provide a copy
- If NO, see Page 19

Is there a Written Employee Health Policy for all employees? YES NO

- If YES, provide a copy
- If no, see Page 20

20. Plumbing
Check the appropriate column indicating equipment drains

| Plumbing Fixture | Floor Sink | Hub Drain | Floor Drain | Direct Waste |
|--|-------------------|------------------|--------------------|---------------------|
| <i>Bar Glass Machine(s)</i> | | | | |
| <i>Dipper Well</i> | | | | |
| <i>Food Prep Sink(s)</i> | | | | |
| <i>Food Storage Bin(s)</i> | | | | |
| <i>Ice Bin(s)</i> | | | | |
| <i>Ice Machine(s)</i> | | | | |
| <i>Manual Ware Washing Sink</i> | | | | |
| <i>Mechanical Ware Washing Machine</i> | | | | |
| <i>Steam Table(s)</i> | | | | |
| <i>Other – Specify</i> | | | | |
| <i>Other – Specify</i> | | | | |
| <i>Other – Specify</i> | | | | |
| <i>Other – Specify</i> | | | | |
| <i>Other – Specify</i> | | | | |

21. Finish Schedule

Indicate the materials that will be used in the following areas (example: Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, etc.)

| Area/Room | Floor | Coving | Wall | Ceiling |
|-------------------------------------|--------------|---------------|-------------|----------------|
| <i>Bar Area</i> | | | | |
| <i>Cook Line</i> | | | | |
| <i>Dressing/Locker Rooms</i> | | | | |
| <i>Food Preparation</i> | | | | |
| <i>Food Storage</i> | | | | |
| <i>Garbage and Refuse Storage</i> | | | | |
| <i>Mop/Utility Sink Area</i> | | | | |
| <i>Other Storage</i> | | | | |
| <i>Toilet Room(s)</i> | | | | |
| <i>Ware Washing Area</i> | | | | |
| <i>Walk-In Refrigerator/Freezer</i> | | | | |
| <i>Other – Specify</i> | | | | |
| <i>Other – Specify</i> | | | | |
| <i>Other – Specify</i> | | | | |

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| 22. Project Information |
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Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

After six (6) months if the work has not started or an extension has not been granted by the Stoneham Board of Health, your plan review application will be considered null and void. Fees are nonrefundable.

Statement: Pursuant to M.G.L. Ch. 62Cm 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 all state taxes required under law. I hereby attest to the accuracy of the information provided above, and fully understand that any deviation from the above without prior permission from the Stoneham Board of Health may nullify final approval.

Approval of these plans and specifications by the Stoneham Board of Health 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 preopening/preoperational inspection of the establishment with equipment in place and operational will be required to determine if it complies with the local and state laws governing food service establishments.**

For the plan review, submit the following documents

Incomplete applications and missing documents may cause a delay in the plan review and decision making process.

- Completed “Food Establishment Plan Review Application”
- Applicable Fee – see below. **All Fees are Nonrefundable.** Make checks/money orders payable to the “**Town of Stoneham**”.
 - **\$25.00 for Food Establishments**
 - **\$25.00 for Retail Stores**
- Proposed Menu – Indicate items that will be cooked on site or purchased pre-made
- HAACP Plan (Hazard Analysis Critical Control Point) Plan Review Application (if applicable) containing all required information (for Special Processes requiring a HACCP Plan).

- One complete set of plans for the entire establishment including the basement (if applicable), drawn to scale (recommended ¼ inch scale) as well as an electronic copy. The plans should include and identify the following:
 - ✓ Equipment plan and schedule showing locations of all equipment
 - ✓ Plumbing plan showing hot and cold-water supply, waste lines from fixtures, water heater location, flood drain and sink locations
 - ✓ Electric plan and/or lighting plan identifying lighting installments
 - ✓ Interior room finish schedule
 - ✓ Hand sinks and toilet facilities with soap and paper towel provisions
 - ✓ Ware washing facilities and food preparation sinks
 - ✓ Frozen dessert manufacturing area/machine (if applicable)
 - ✓ Restrooms/toilet facilities
 - ✓ Storage rooms/areas for food
 - ✓ Service/utility sink/cleaning facilities
 - ✓ Chemical storage area
 - ✓ Employee storage area/changing rooms
 - ✓ Outdoor dining area including service area (if applicable)

- One set of manufacturer equipment specification sheets for all equipment to be used in the establishment
 - Previously ‘used’, existing or refurbished equipment must be evaluated by a Certified Refrigeration Company/HVAC (Heating Ventilation and Air Conditioning) / Professional. This evaluation report must be submitted including any repairs or adjustments that were made.
 - Previously “used”, existing or refurbished mechanical dish/glass machines must be evaluated by a dish machine technician. This evaluation report must be submitted including any repairs or adjustments that were made.
 - Vicinity map and site plan showing location of establishment site including alleys, streets and location of any outside equipment of facilities (dumpsters, well, septic system if applicable)
 - A copy of your Written Employee Health Policy –
-
- Completed “Workers’ Compensation Insurance Affidavit” – Submit with your “Permit Application to Operate a Food Establishment”
 - Request for Variance (if applicable) for Special Processes and Time as a Public Health Control.

Signature: _____

Printed Name: _____

For Official Use Only

Reviewed by: _____ Public Health Agent

Date Review Began: _____

Assigned Risk Category: _____

Date of Review Decision: _____

Assigned District: _____

Clean-up of Vomit and Diarrheal Events Guidelines

When an employee, customer, or other individual vomits or has a diarrheal event in a food establishment, there is a real potential for the spread of harmful pathogens in the establishment. Putting the proper response into action in a timely manner can help reduce the likelihood that food may become contaminated and that others may become ill as a result of the accident.

Norovirus is the leading cause of foodborne disease outbreaks in the United States and can be highly contagious even with a small number of viral particles. Transmission occurs via foodborne and person-to-person routes, airborne inhalation of vomitus droplets, and through contact with contaminated environmental surfaces.

Effective clean-up of vomitus and fecal matter in a food establishment should be handled differently from routine cleaning procedures. It should involve a more stringent cleaning and disinfecting process. Some chemicals that are routinely used for sanitizing food-contact surfaces and disinfecting such as certain quaternary ammonium compounds may not be effective against Norovirus.

A clean-up and response plan is intended to address situations where a food employee or other individual becomes physically ill in areas where food may be prepared, stored or served. **Once such an episode has occurred, TIMELY EFFECTIVE clean-up is IMPERATIVE.**

When developing a Plan that addresses the need for the cleaning & disinfection of a vomitus and / or diarrheal contamination event, a food establishment should consider the following:

- The Procedures for containment and removal of any discharges, including airborne particulates.
- The Procedures for cleaning, sanitizing, and, as necessary, the disinfection of any surfaces that may have become contaminated.
- The Procedures for the evaluation and disposal of any food that may have been exposed to discharges.
- The availability of effective Disinfectants, personal protective equipment, and other cleaning and disinfecting equipment and appurtenances intended for response and their proper use.
- Procedures for the disposal and / or cleaning and disinfection of tools and equipment used to clean up vomitus or fecal matter.
- The circumstances under which a food employee is to wear personal protective equipment for cleaning and disinfection of a contaminated area.
- Notification to food employees on the proper use of personal protective equipment and procedures to follow in containing, cleaning, and disinfecting a contaminated area.
- The segregation of areas that may have been contaminated so as to minimize the unnecessary exposure of employees, customers and others in the facility to the discharges or to surfaces or food that may have become contaminated.
- Minimizing risk of disease transmission through the exclusion and restriction of ill employees as specified in 2-201.22 of the 2013 FDA Food Code.
- Minimizing risk of disease transmission through the prompt removal of ill customers and others from areas of food preparation, service and storage; and the conditions under which the plan will be implemented.
- Conditions under which the Plan will be implemented.

**Food Employee Reporting Agreement Preventing Transmission of Diseases through
Food by Infected Food Employees**

if

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment 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:

A. SYMPTOMS OF:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

B. MEDICAL DIAGNOSIS OF BEING ILL WITH:

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above? Yes No
If yes, what was the date of the diagnosis? _____

D. HIGH-RISK CONDITIONS

- **Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.**
 - A household member has been diagnosed with diseases listed in Part B above.
 - **A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.**

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

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.

Employee Signature: _____ Date: _____