

Town of Ipswich
Department of Public Health
25 Green Street
Ipswich, MA 01938
978-356-6606; Fax 978-356-6680

IPSWICH FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date completed by operator: _____

Plan Review Fee \$150

Is this a:

___ **New** establishment (not constructed)

___ **Conversion** of an existing structure to be used as a food establishment

___ **Remodel** of an existing food establishment including new ownership

Category:

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

Other than listed above (please describe) _____

Name of establishment: _____

Establishment address: _____

Establishment phone number: _____

Establishment mailing address: _____

Name of owner: _____

Owner mailing address: _____

Owner phone number: _____

Owner email address: _____

Applicant name (if other than owner): _____

Applicant title (manager, chef, architect, consultant, etc.): _____

Applicant mailing address: _____

Applicant phone number: _____

Applicant email address: _____

All questions must be answered. Put N/A if a question is not applicable. Once a complete application is received, the Public Health Office has 30 days to review the application.

GENERAL INFORMATION

Hours of Operation:

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

Maximum Meals to be Served: (approximate daily number)	Breakfast	_____
	Lunch	_____
	Dinner	_____

Type of Service (check all that apply)

- On-site consumption
- Off-site consumption
- Catering
- Single-use utensils
- Multi-use utensils
- Serving food to a highly susceptible population

Other: _____

Number of seats available to customers: inside: _____ outside: _____

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

Total square feet of the facility: _____

Number of Staff (maximum per shift): _____

Is the water supply - Town Water Public Well * Private Well *

*If this establishment is/will be serviced by a public or private well, submit a copy of current water quality test results and documentation showing the well was approved by the required state or local department or that an application for approval was submitted.

Is the wastewater/sewage system - Town Sewer Private onsite septic system Wastewater Treatment Facility

If town sewer, is an exterior grease trap present? Yes No or being proposed? Yes No

If private, has the septic system been approved for this proposed use? Yes * No *Attach copy of written approval.

If private, is an exterior grease trap included in the septic system design? Yes No

If Wastewater Treatment Facility, has the system been approved for this proposed use? Yes * No *Attach copy of written approval.

An interior grease trap/interceptor is required by 248 CMR 10.00 Uniform State Plumbing Code for the following plumbing fixtures: pot sinks, scullery sinks, floor drains, floor sinks, automatic dishwashers, pre-rinse sinks, soup kettles, wok stations; and automatic hood wash units.

Is the required interior grease trap/interceptor's location identified on floor plan? Yes No

INTRODUCTION

The Food and Drug Administration (FDA) 2016 Food Plan Review Guide can be used as a reference in completing this application. Each food establishment is required to have available a current copy of the 2013 Federal Food Code and the Commonwealth of Massachusetts Sanitary Code Article X, 105 CMR 590.000. Copies can be obtained through the State Bookstore at (617) 727-2834 or at www.state.ma.us/sec. Unofficial copies can be reviewed at www.mass.gov/dph/fpp

HACCP AND VARIANCE REQUIREMENTS

If you intend to conduct any of the following specialized processes or operations in your establishment, please contact the Public Health Department at 978-356-6606 for additional information.

SPECIALIZED PROCESSES REQUIRING A HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not time/temperature control of safety food (ex. acidified rice)
- Reduced Oxygen Packaging (ROP), including the following packaging methods, vacuum, modified atmosphere, controlled atmosphere, cook-chill, and sous vide except where a barrier to Clostridium botulinum and Listeria monocytogenes are controlled.
- Custom processing animals in a food establishment that are for personal use as food and not for sale or service in a food establishment. (ex. deer hunters)
- Custom processing of aquatic animals for sale (ex. frogs)
- Smoking or curing food as a method of food preservation rather than flavor enhancement.
- Sprouting seeds or beans.
- Operating a molluscan shellfish life support system display tank for shellfish offered for human consumption.
- Use of unpasteurized shell eggs in Highly Susceptible Population operations to prepare food in quantities other than single serving portions. (ex. fresh eggs to prepare scrambled eggs)

OPERATION REQUIRING A WRITTEN PROCEDURE AND/OR BOARD OF HEALTH APPROVAL

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of potentially hazardous food before cooking, or for ready to eat potentially hazardous food before cooking, or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption.
- Non-continuous cooking. Initial heating of food is intentionally halted so that it may be cooled and held for complete cooking at a later time prior to service.

DOCUMENTS TO BE SUBMITTED

_____ A copy of a current Food Protection Manager Certification from a Massachusetts approved program for at least one individual over the age of 18, who will be an on-site manager or supervisor in the proposed establishment.

_____ A copy of a current Allergen Awareness Certification for the food protection manager (for establishments selling food intended for immediate consumption on or off the premises) from a Massachusetts approved program.

_____ A copy of a current Anti-Choking Certification (for establishments serving food with 25 or more seats) for at least one individual trained in a manual choke-saving procedure. Each food service establishment shall have on its premises, while food is being served, an employee trained in manual procedures a to remove food lodged in a person's throat.

_____ Proposed menu(s) including seasonal, beverage, dessert, bar, take-out and catering menus. If applicable, include consumer advisory and allergen statement as it will be provided to the consumer. For retail food establishments without menus, provide a list of food that will be offered.

_____ Site plan showing location of business in building; location of building on-site including alleys, streets; and location of any outside equipment (dumpsters, grease barrels).

_____ Floor plans (that are a minimum of 11 x 14 inches in size) accurately drawn to scale (minimum scale of 1/4 inch = 1 foot) identifying food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, trash. Drawings must also indicate location and number of all sinks including designated "hand washing only" sinks, food preparation sinks, warewashing sinks and "mop"/wastewater sinks, loading and receiving areas, entrances and exits, beverage dispensers, coffee makers, rapid cooling or hot holding equipment, hot water generating equipment, ventilation hood, and grease containment/capture system, cash registers and designated areas for storing chemicals and paper products. Each piece of food equipment intended for use must be represented in its intended location on the plan. Each piece of equipment must be sequentially numbered and these numbers are to correspond to an accompanying Food Equipment Schedule (see below).

_____ Food Equipment Schedule. A numbered list of each piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans.

_____ Manufacturers specification sheets for each piece of equipment shown on the plan, numbered in accordance to the equipment schedule. Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory, (UL). Refrigeration must be designed to meet NSF 7 standards to be approved.

_____ Employee Illness Policy. Food employees and applicants who have received a conditional offer of employment are required to notify management when they are experiencing symptoms of or diagnosed with an illness that can be spread through food. Employers must determine what actions are to be taken in accordance with 590.003 (D) and FC 2-201.12 Exclusions and Restrictions. A written policy to exclude or restrict food workers who are sick or have infected cuts and lesions is required.

FOOD HANDLING PROCEDURES

ANSWER THE FOLLOWING QUESTIONS. Note N/A if a section does not pertain to your operation.

FOOD SUPPLIES:

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

FOOD DELIVERY

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 (41°F) _____;

Frozen Storage _____;

Is ice made on premises or purchased commercially? Made on-site Purchased

Will there be an ice bagging operation? Yes No

Describe provision for ice scoop storage: _____

FOOD PROCESSES:

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

PROCESS	FOOD ITEM	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°F in 2 hours and 70°F to 41°F in 4 hours		
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours		

CONSUMER ADVISORY REQUIREMENTS:

Refer to your menu and list items that will/may be raw, undercooked (not cooked to the above listed minimum temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients (ex. Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white)

EMPLOYEE CONSIDERATIONS:

Will dressing rooms be provided? Yes No

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

HANDWASHING:

Note: Hand washing sinks must be dedicated to that use only, and designated with signage, e.g., “Handwashing Only”

How many handwashing sinks in each area: _____ Food Preparation _____ Warewashing

Type of hand drying device? Disposable towels Hand-drying device

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

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

RESTROOMS:

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

Are covered waste receptacles available in each restroom? YES NO

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

Are all toilet room doors self-closing? YES NO

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

SINKS

Is a mop/utility sink present? YES NO

Please describe where you would hang wet mops and store mop bucket and other associated equipment:

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

What type of sanitizer will be used? Hot Water Chemical – circle type: Chlorine Quaternary Ammonia

MECHANICAL DISHWASHING

What type of sanitizer will be used? Hot Water Chemical – circle type: Chlorine Quaternary Ammonia

Will ventilation be provided? Yes No

For High Temperature dishwashers, describe the irreversible registering temperature indicator that will be used for measuring the utensil surface temperature or provide specification. _____

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

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

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

FINISH SCHEDULE:

INSTRUCTIONS: Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4” plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

	Floors	Walls	Floor/Wall Juncture	Ceilings
Food Preparation				
Bar				
Food Storage				
Service Sink				
Toilet Rooms				
Garbage & Refuse Storage				
Warewashing Area				
Walk-in Refrigerators				
Walk-in Freezer				

INSECT AND RODENT CONTROL:

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

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

Will all openable windows have a minimum #16 mesh screening? YES NO

Will insect control devices be used? YES NO NA

Will air curtains be used? YES NO NA If yes, where? _____

REFUSE:

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 compactor be used? Dumpster Compactor

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

Describe location of grease storage containers: _____

Describe location to store recyclables: _____

Describe location to store returnable damaged goods: _____

WATER SUPPLY:

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

Is the hot water generator sufficient for the needs of the establishment? YES NO

Is there a water treatment device or a "Misting System" for produce? YES NO NA

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

TOXIC MATERIALS:

Please describe where toxic materials (ex. pesticides, cleaners, sanitizers, solvents, etc.) will be stored.

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

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

LAUNDRY:

Will linens be used on site? Yes No

If yes, what will be laundered and where? _____

Identify location of clean and dirty linen storage: _____

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Director of Public Health may nullify final approval.

I also certify that I understand that approval of these plans and specifications by the Director of Public Health does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

I also certify that I understand that the applicant for a food permit must ultimately satisfy not only these Health requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc. It is the responsibility of the applicant to determine what additional approvals or permits are necessary.

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

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