



Public Health
Prevent. Promote. Protect.

**Town of Westwood
Commonwealth of Massachusetts
Board of Health**

Date:

Retail Establishment- Food Operation Document

MUST be completed by the operator and submitted to the Regulatory Authority

Name of Establishment:

New Remodel Conversion

Category:

Supermarket Convenience Store Limited Retail (candy & snacks, drinks)

Address:

Phone Number:

Emergency Phone Number:

Name of Owner:

Mailing Address:

Applicant Name:

Title:

Telephone:

Email Address:

Mailing Address (if different):

I have submitted plans/applications to the following authorities on the following dates:

Selectmen: Plumbing: Zoning: Electric:

Planning: Police: Building: Fire:

Conservation: Other:

Hours of Operation:

Sunday	Wednesday	Saturday
Monday	Thursday	
Tuesday	Friday	

Number of Staff: Total Square Footage of Facility:

Number of Floors on which operations are conducted:

Projected Date for Project Start:

Projected Date for Project Completion:

Type of Service (check all that apply):

Retail Sale or service of milk/cream

Please enclose the following documents:

Manufacturer Specification sheets for each piece of equipment shown on the plan

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)

Engineered Stamped Plans drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation

Equipment Schedule

Contents and Format of Plans and Specifications

1. Provide plans that are a minimum of 24 X 36 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow ease in reading of plans.
2. Show the location, and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name.
3. Clearly designate a handsink for each food preparation area, each toilet fixture, and each warewashing area.
4. Provide the room size, aisle space, space between and behind equipment and the placement on the equipment on the floor plan.
5. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, and basements used for storage. Show all features of these rooms as required by the Food Establishment Plan Review Guideline.

6. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks, dumpster area
 - b. Complete finish schedules for each room including floors, walls, ceilings and covered juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention and wastewater line connections;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75cm (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;
 - (2) At least 200 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged food are sold or offered for consumption
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) 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
 - (3) 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.
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI-accredited certification program (when applicable).
 - f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with;
 - g. A color-coded flow chart demonstrating flow patterns for:
 - food (receiving, storage preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage)
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
 - h. Ventilation schedule for each room;
 - i. A mop sink or curbed cleaning facility with facilities for hanging wet mops & brooms;
 - j. Garbage can washing area/facility;
 - k. Cabinets for storing toxic chemicals;
 - l. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
 - m. Site Plan (plot plan)

Please Complete the Following:

List all food suppliers from inspected and approved sources:

What are the projected frequencies for deliveries for Frozen Foods?

Refrigerated Foods? Dry Goods?

Provide information on the amount of space (in cubic feet) allocated for:

Dry Storage: Refrigerated Storage: Frozen Storage:

How will Dry goods be stored off the floor?

Cold Storage:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5° C) and below? Yes No
 2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Yes No
 3. Does each refrigerator/freezer have a thermometer? Yes No
- Number of Refrigeration Units:
Number of Freezer Units:

FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	Floor	Coving	Walls	Ceiling
Food Storage				
Other Storage				
Toilet Rooms				
Locker Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Walk-in Refrigerators And Freezers				

YES NO N/A

12. Will garbage cans be stored outside?

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

14. Is there an area to store recycled containers? Yes No
Describe:

Glass Metal Paper Cardboard Plastic

15. Is there a designated area to store returnable damaged goods? Yes No

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
16. Toilet						
17. Urinals						
18. Sinks a. Mop b. Janitor c. Handwash						
19. Refrigeration condensate/ drain lines						
20. Hose connection						
21. Beverage Dispenser w/ carbonator						

**TRAP: A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture that provides a liquid seal in the shape of the letter P. Full S Traps are prohibited.*

22. Are floor drains provided & easily cleanable? Yes No
if so, indicate location:

WATER SUPPLY

23. Is the water supply public private?

24. If private, has source been approved? Yes No Pending
please attach copy of written approval and/or permit

25. What is capacity of the hot water generator?
26. Is the hot water generator sufficient for the needs of the establishment?
27. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced?
28. How are backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

29. Is building connected to a municipal sewer? Yes No
30. If no, is private disposal system approved? Yes No
Please attach copy of written approval and/or permit
31. Are grease traps provided? Yes No
If so, where?

EMPLOYEE LOCKER ROOM

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

GENERAL

33. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?
 Yes No
34. Are all toxics for use on the premise (including personal medications) or for retail sale stored away from storage areas? Yes No
35. Are all containers of toxics, including sanitizing spray bottles clearly labeled? Yes No
36. Location of clean linen storage:
37. Location of dirty linen storage:
38. Are containers constructed of safe materials to store bulk food products? Yes No
Indicate Type:
39. List mop sink location in establishment:
40. What type of sanitizer is used?
Are test papers and/or kits available for checking sanitizer concentration? Yes No

HANDWASHING/TOILET FACILITIES

41. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?
 Yes No

- 42. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- 43. Is liquid soap provided at all hand washing sinks? Yes No
- 44. Hand drying facilities (paper towels, air blowers, etc.) provided at all hand washing sinks? Yes No
- 45. Are covered waste receptacles available in each restroom? Yes No
- 46. Are all toilet room doors self-closing? Yes No
- 47. Are all toilet rooms equipped with adequate ventilation? Yes No
- 48. Is a handwashing sign posted in each employee restroom? Yes No

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 Westwood Health Department may nullify final approval.

Signature(s): _____

 Owners or responsible representative(s)

 Date Signed

If you have completed and submitted this form electronically, you may sign this document when you meet with the Health Department to review this form.

Approval of these plans and specifications by this Regulatory Authority **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 inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.