



Public Health
Prevent. Promote. Protect.

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

Date:

Food Establishment Operation Document

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

Name of Establishment:

New Remodel Conversion

Category:

Restaurant Institution Caterer Retail Market Other Explain:

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 Seats:

Number of Staff:

Total Square Footage of Facility:

Number of Floors on which operations are conducted:

Maximum Meals to be served (approximate):

_____ Breakfast _____ Lunch _____ Dinner

Projected Date for Project Start:

Projected Date for Project Completion:

Type of Service (check all that apply):

- Sit Down Meals Take Out Catering/Functions Mobile Units Retail
 Service of Milk and/or Cream Food Delivery Other

Please enclose the following documents:

- Proposed Menu (including seasonal, off-site and banquet menus)
- 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 1/4 inch = 1 foot. This is to allow ease in reading of plans.
2. Include proposed menu, seating capacity, and projected daily meal volume for food service operations.

3. 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.
4. Designate clearly on the plan equipment for adequate rapid cooling, and for hot holding of potentially hazardous foods.
5. Label and locate separate food preparation sinks to preclude contamination and cross contamination of raw and ready-to-eat foods.
6. Clearly designate a handsink for each food preparation area, each toilet fixture, and each warewashing area.
7. Provide the room size, aisle space, space between and behind equipment and the placement on the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, and basements used for storage or food preparation. Show all features of these rooms as required by the Food Establishment Plan Review Guideline.
9. 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 coved 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)

Food Preparation Review

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

Category	Yes	No
1. Thin meats, poultry, fish, eggs; (Hamburger, sliced meats, filets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry; (Roast beef, whole turkey, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods; (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods; (Soups, stews, rice/noodles, gravy, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods; (Pies, custards, cream fillings & toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Other:		

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:
4. Is there a bulk ice machine available? Yes No
If not, how will ice be stored?

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. More than one method may apply. Also indicate where thawing will take place.

	Thick Frozen Foods*	Thin Frozen Foods*
Refrigeration (41°F or below)	<input type="checkbox"/>	<input type="checkbox"/>
Running Water Less than 70° F/ 21°C	<input type="checkbox"/>	<input type="checkbox"/>
Microwave (as part of cooking process)	<input type="checkbox"/>	<input type="checkbox"/>
Cooked from Frozen State	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>

Frozen Foods: approximately 1 inch or less = thin, and more than an inch = thick

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures? Yes No

Minimum Cooking Time and Temperatures of product:

- Beef Roasts 130° F (121 minutes)
 Solid Seafood Pieces 145° F (15 seconds)
 Other PHF's: 145° F (15 seconds)
- Eggs:
 Immediate service 145° F (15 seconds)
 Pooled 155° F (15 seconds)*
 (*pasteurized eggs must be served to a highly susceptible population)
 Pork 145° F (15 seconds)
- Comminuted (ground) meats/fish 155° F (15 seconds)
 Poultry 165° F (15 seconds)
 Re-heated PHF's 165° F (15 seconds)

2. List types of cooking equipment.
3. How will hot PHF's be maintained at 140° F (60° C) or above during holding for service?
 Indicate type and number of holding units
3. 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

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41° F (5° C) within 6 hours (140° F to 70° F in 2 hours and 70° F to 41° F in 4 hours). Also indicate where cooling will take place

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
2 " Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REHEATING:

1. How will PHF's that are cooked, cooled and reheated for hot holding be reheated 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.
2. How will reheating food to 165° F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.
2. How will food employees be trained?

Number of Employees:

Dates of Completion:

3. Do you provide steps to prevent bare hand contact of ready-to-eat foods?
 Yes No Provide glove holders strategically placed throughout kitchen.
4. Do you provide a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes No

Will Employees have paid sick leave? Yes No

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type:

Concentration:

Test Kit: Yes

No

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? Yes No
7. Will all produce be washed on-site prior to use? Yes No
Is there a planned location used for washing produce? Yes No
8. 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.
9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.
10. Will the facility be serving food to a highly susceptible population? Yes No

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

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
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Sto				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators And Freezers				

INSECT AND RODENT CONTROL

Applicant: Please check appropriate boxes

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent proof? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are screen doors provided on all entrances left open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do all windows that open have a minimum #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the placement of electrocution devices identified on the plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will Air curtains be used?
If so, where? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GARBAGE AND REFUSE

(Inside)

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 8. Do all containers have lids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will refuse be stored inside?
If so, where? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there an area designated for garbage can or floor mat cleaning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Outside

- | | YES | NO | N/A |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 11. Will a dumpster be used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number: Size:
Frequency of Pick Up:
Contractor:

- | | YES | NO | N/A |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 12. Will a compactor be used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number: Size:
Frequency of Pick Up:
Contractor:

13. Will garbage cans be stored outside? Yes No NA

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

15. Describe location of grease storage receptacle:

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

Glass Metal Paper Cardboard Plastic

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

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwater						
21. Garbage Grinder						
22. Ice Machines						
23. Ice Storage Bin						
24. Sinks a. Mop b. Janitor c. Handwash d. 3 compartment e. 2 compartment f. 1 compartment g. water station						
25. Steam Tables						
26. Dipper Wells						
27. Refrigeration condensate/ drain lines						
28. Hose connection						
29. Potato Peeler						
30. Beverage Dispenser w/carbonator						
31. Other						

**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.*

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

WATER SUPPLY

33. Is the water supply public private?
34. If private, has source been approved? Yes No pending
please attach copy of written approval and/or permit
35. Is ice cream made on premises or purchased commercially ?
If made on premises, attach specification sheets for the ice cream machine.
Describe provision for ice scoop storage:
36. What is capacity of the hot water generator?
37. Is the hot water generator sufficient for the needs of the establishment?
38. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced?
39. How are backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

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

DRESSING ROOMS

43. Are dressing rooms provided? Yes No
44. Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.)

GENERAL

45. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?
 Yes No
46. Are all toxics for use on the premise (including personal medications) or for retail sale stored away from food preparation and storage areas? Yes No
47. Are all containers of toxics, including sanitizing spray bottles clearly labeled? Yes No
48. Will Linens be laundered on site? Yes No
If yes, what will be laundered, and where?
If no, how will linens be cleaned?

49. Is a laundry dryer available? Yes No

50. Location of clean linen storage:

51. Location of dirty linen storage:

52. Are containers constructed of safe materials to store bulk food products? Yes No
Indicate Type:

53. Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

54. How is each ventilation hood system cleaned?

SINKS

55. List mop sink location in establishment:

56. Is a food preparation sink available? Yes No

DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing? Dishwasher Three Compartment Sink

58. Dishwasher Type of sanitization used: Hot water (temp provided):
Booster Heater:
Chemical Type:
Is ventilation provided? Yes No

59. Do all dish machines have templates with operating instructions? Yes No

60. Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No

61. Does the largest pot and pan fit into each compartment of the pot sink? Yes No
If no, what is the procedure for manual cleaning and sanitizing?

62. Are their drain boards on both ends of the pot sink? Yes No

63. What type of sanitizer is used?
 Chlorine Quaternary ammonium Hot Water Other:

64. Are test papers and/or kits available for checking sanitizer concentration? Yes No

HANDWASHING/TOILET FACILITIES

65. Is there a hand washing sink in each food preparation and warewashing area? Yes No
66. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No
67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
68. Is liquid soap at all hand washing sinks? Yes No
69. Are there hand drying facilities (paper towels, air blowers, etc.) at all hand washing sinks?
 Yes No
70. Are covered waste receptacles available in each restroom? Yes No
71. Is hot and cold running water under pressure available at each hand washing sink?
 Yes No
72. Are all toilet room doors self-closing? Yes No
73. Are all toilet rooms equipped with adequate ventilation? Yes No
74. Is a handwashing sign posted in each employee restroom? Yes No

SMALL EQUIPMENT REQUIREMENTS

75. Please specify the number, location, and types of each of the following:
- Slicers:
 - Cutting Boards:
 - Can Openers:
 - Mixers:
 - Floor Mats:
 - Other:

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. Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law.

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.