



BOARD OF HEALTH
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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

_____ NEW _____ REMODEL _____ CONVERSION

Name of Establishment: _____

Address: _____

Category: Restaurant ___ Institution ___ Daycare ___ Retail Market ___ Other _____

Phone: _____ Cell: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Email: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ email: _____

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

_____ Board of Selectmen	_____ Plumbing
_____ Zoning Board	_____ Electric
_____ Planning Board	_____ Police
_____ Building Inspector	_____ Fire
_____ Conservation Commission	_____ Other
_____ FOG Coordinator/DPW	

Days & Hours of Operation: _____

Number of Seats: _____ Number of Staff: _____ (Maximum per shift)

Total Square Feet of Facility: _____

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

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service (check all that apply):

Sit-down meals _____ Take Out _____ Caterer _____ Mobile _____ 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)

_____ Plan 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 11x14 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 for ease in reading 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. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
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 designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

8. 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.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - 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 waste-water 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 75 cm (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 220 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 foods 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 flowchart 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
 - 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 (PHFs) to be handled, prepared, and served.

CATEGORY*	YES	NO
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings, and toppings)	()	()
6. Other_____		

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE ANSWER (CIRCLE) THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES NO
2. What are the projected frequencies of deliveries for frozen foods_____, refrigerated foods _____ and dry goods_____.
3. Provide information on the amount of space (in cubic feet) allocated for
 Dry storage _____
 Refrigerated Storage _____
 Frozen storage _____
4. How will dry goods be stored off the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods and refrigerated foods at 41°F (5°C) and below? YES NO
Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES NO

If yes, how will cross-contamination be prevented?

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

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHFs) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

THAWING METHOD:	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen State		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

HOT/COLD HOLDING:

1. How will hot PHFs be maintained at 140°F (60°C) or above during holding for service?
Indicate type and number of hot holding units.

2. How will cold PHFs 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 PHFs 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 the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

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

If not, how will ready-to-eat foods be cooled to 41°F?

7. Will all produce be washed on site prior to use? YES NO
Is there a planned location used for washing produce? YES NO

Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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

9. Provide an 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?

A. FINISH SCHEDULE:

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

Kitchen	FLOOR	COVING	WALLS	CEILING
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage and Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL:

APPLICANT: Please check appropriate boxes.

YES NO N/A

- 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 openable windows have a minimum #16 mesh screening? () () ()
- 4. Is the placement of electrocution devices identified on the plan? () () ()
- 5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? () () ()
- 6. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? () () ()
- 7. Will air curtains be used? If yes, where? _____ () () ()

C. GARBAGE AND REFUSE

Inside

- 8. Do all containers have lids? () () ()
- 9. Will refuse be stored inside? () () ()

If so, where? _____

- 10. Is there an area designated for garbage can or floor mat cleaning? () () ()

Outside

- 11. Will a dumpster be used? () () ()

Number _____ Size _____ Frequency of pickup _____

Contractor _____

12. Will a compactor be used?

Number _____ Size _____ Frequency of pick up _____ () () ()

Contractor _____

13. Will garbage cans be stored outside? () () ()

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? () () ()

Indicate what materials are required to be recycled:

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic

17. Is there any area to store returnable damaged goods? () () ()

D. PLUMBING CONNECTIONS:

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
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. Refrig. condensate/ drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonate						
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 trap that provides a liquid seal in the shape of the letter 'P'. Full 'S' traps are prohibited.

32. Are floor drains provided and easily cleanable, if so, indicate location:

E. WATER SUPPLY:

33. Is water supply public () or private ()

34. If private, has source been approved? YES NO PENDING

Please attach copy of written approval and/or permit.

35. Is ice made on premises _____ or purchased commercially _____?

If made on premise, are specifications for the ice machine provided? YES NO

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation _____

36. What is the capacity of the hot water generator?

37. Is the hot water generator sufficient for the needs of the establishment?
Provide calculations for necessary hot water (see Part 5 & Part 9 Under
Section III in this manual)

38. Is there a water treatment device? YES NO

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

39. How are backflow prevention devices inspected & serviced?

F. SEWAGE DISPOSAL:

40. Is building connected to a municipal sewer? YES NO

41. If no, is private disposal system approved? YES NO PENDING

Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES NO

If so, where? _____

Provide schedule for cleaning & maintenance _____

G. DRESSING ROOMS:

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

H. GENERAL:

45. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents? YES NO

Indicate location: _____

46. Are all toxics for use on the premise or for retail sale (this includes personal medications) 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 &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKE UP CFM

54. How is each listed ventilation hood system cleaned?

I. SINKS:

55. Is a mop sink present? YES NO

If no, please describe facility for cleaning of mops and other equipment:

56. If the menu dictates, is a food preparation sink present? YES NO

K. HANDWASHING/TOILET FACILITIES:

- 65. Is there a handwashing sink in each food preparation and warewashing area? YES NO
- 66. Do all handwashing 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 hand cleanser available at all handwashing sinks? YES NO
- 69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing 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 handwashing 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. If required, is a handwashing sign posted in each employee restroom? YES NO

L. 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 this Health Regulatory Office may nullify final approval.

Signature(s) of Owner(s) of Responsible Representative(s):

Date: _____

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 pre-opening 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.
