



Coral Hope
Health Director

BOARD OF HEALTH
55 Summer Street
Lynnfield, MA 01940
Telephone: 781-334-9480
Facsimile: 781-334-5829



FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Welcome to the Lynnfield BOH Office. Please complete this application and submit with check payable to the Town of Lynnfield using the fee schedule below.
Feel free to call with any questions.

Food Est Plan Review Application

New or Renovated Food Establishment, 0 - 25 Seats	\$100 (Less
50% for Change of Ownership or Minor Modification, 0- 25 Seats)	\$50
New or Renovated Food Establishment, >25 Seats and <100	\$150
(Less 50% for Change of Ownership or Minor Modification >25 & <100 Seats)	\$75
New or Renovated Food Establishment, =/>100 Seats	\$200
(Less 50% Change of Ownership or Minor Modification =/>100 Seats)	\$100
New or Renovated Supermarket	\$350
(Change of Ownership or Minor Modification Supermarket)	\$175
Mobile Vendor and/or Caterer Plan Review	\$50
Food HACCP Plan Review	\$35

Name of Establishment: _____

Address: _____ **Telephone:** _____

E-Mail: _____

Name of Establishment Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name if Different: _____ **Title (manager, architect, etc.):** _____

Address: _____ **Telephone:** _____

Name of Property Owner: _____ Telephone: _____

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

_____ Zoning/Building _____ Planning _____ Fire Prevention
_____ Town Clerk _____ Selectman _____ Police

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION Cont'd

Type of Service: (check all that apply)

<input type="checkbox"/>	Sit Down Meals	# of Seats:
<input type="checkbox"/>	Take Out	
<input type="checkbox"/>	Caterer	Provides off-site service
<input type="checkbox"/>	Disposable/Single Use Utensils	
<input type="checkbox"/>	Multi-Use Utensils	
<input type="checkbox"/>	Retail all Prepackaged	No Beverage Stations
<input type="checkbox"/>	Retail with Open Food or Beverage Station	
<input type="checkbox"/>	Frozen Dessert Manufacturer	Ex: Soft Serve equipment
<input type="checkbox"/>	Supermarket	
<input type="checkbox"/>	Specialized Operations w/HACCP	Ex: Sushi, Oxygen Reduced
<input type="checkbox"/>	Other	

_____ **Attach Menu (or list of food/beverage)**

_____ Consumer Advisory Required on PHFs That May be Served Raw or Undercooked

_____ Allergen Awareness Wording Required on Menu/Menu Board

_____ **Attach Floor Plan to Scale** showing layout, equipment, work stations

_____ List or Include location of plumbing, drain, and electrical connections

_____ **Attach Equipment Specifications** (NSF or equivalent-certified; locations coded to floor plan)

_____ **Attach Site Plan** showing location on property, loading docks, outside features/dumpsters, etc

_____ **Attach Well or Septic Plan** if not serviced by municipal water or sewer

Hours of Operation: Sun _____ Thurs _____
Mon _____ Fri _____
Tues _____ Sat _____
Wed _____

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

Number of Outdoor Seats: _____

Maximum Meals to be Served (approx number):

_____ Breakfast _____ Lunch _____ Dinner

Estimate the Number of Meals Between Food Deliveries: _____

(See calculation formulas on pages 7-8 for determining refrigeration and storage needs)



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Total Facility Square Feet: _____ **Number of Floors** _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

FINISH SCHEDULE:
MATERIALS OF FLOORS, WALLS, CEILINGS

Describe the finish material on the following page.

Note Floors, Walls and Ceilings in food prep areas and areas subject to moisture and splashes shall have a finish material that is smooth, easily cleanable and non-absorbent. On floors, anti-slip applications may be used for safety purposes.

The floor and wall junctures shall have curved cove basing. The floor and wall junctures shall be closed to no larger than 1mm (one thirty-second inch).

Lights shall be shielded, coated or otherwise shatter resistant.

On the following page, indicate which materials (such as quarry tile, stainless steel, fiberglass reinforced panels (FRP), ceramic tile, coved plastic molding, etc) will be used.

Note: Ensure each area is shown on the Floor Plan. Remember to include a location for employee belongings, janitorial supplies, distressed items being returned, etc.



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	FLOOR	COVING	WALLS	CEILING	REMARKS
Kitchen					
Warewashing					
Walk-in Coolers Freezers					
Bar					
Self-Service: Coffee Station Buffet/Salad Bar					
Food Storage					
Employee Belongings Dressing Rooms					
Toilet Rooms					
Other Storage					
Garbage & Refuse Storage					
Mop Service Area					

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

A detailed floor plan is required.

Show locations of **equipment and work stations** clearly on the plan for each:

Food Preparation

Cooking

Cooling

Hot and Cold Holding

Food Storage

Warewashing

Beverage Dispensing

Other Storage (employee belongings; janitorial supplies; returnable/distressed items)

Each piece of equipment must be clearly labeled on the plan *It may be helpful to code each equipment spec sheet to the location on the floor plan*

It may be helpful to include a coded 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)

The series below have been designed, in-part, to engage the operator in planning for carrying out the goals of the organization in a safe and efficient manner, while meeting applicable food codes.

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Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served. (Skip section for Retail Operations w/unopened commercially packaged food & no beverage station).

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|---|----------|
| 1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets) | Y___N___ |
| 2. Thick meats, whole poultry (roasts, whole turkey, chicken or ham) | Y___N___ |
| 3. Cold processed foods (salad, sandwiches, vegetables) | Y___N___ |
| 4. Hot processed foods (soups, stews, rice/pasta, gravy, casserole) | Y___N___ |
| 5. Bakery goods (pies, custards, cream fillings & toppings) | Y___N___ |
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| Ex: Sushi or Oxygen Reduction Packaging | |
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TIME/TEMPERATURE FOOD SAFETY:

PHF's shall be held hot >140° F or above or held cold <41° F or lower.

List or otherwise mark on the menu:

List food that will be cooked and served:

List food that will be held hot prior to service:

List food that will be cooked and cooled:

List food that will be cooked, cooled and reheated:

REHEATING: PHF's that are prepared in advanced (cooked, cooled, and reheated) shall be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Please list categories of foods prepared more than 12 hours in advance of service:

List type & # of units used for reheating: _____

List type & # of units used for hot holding: _____

COOLING: Proper cooling methods are required to achieve foods 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). **Check below for menu items that fall into this category and indicate on the floor plan where the cooling will take place.**

COOLING METHOD	THICK MEATS	THIN MEATS	SOUPS/ GRAVY	RICE/ NOODLES	READY TO EAT	OTHER
Shallow Pans						
Ice Baths						
Reduce Volume or						

Size						
Rapid Chill						
Other						

SIZING CONSIDERATION FOR CALCULATING TOTAL REFRIGERATED STORAGE NEEDS, INCLUDING WALK-INS

To plan reserve storage, the following need to be considered: menu, type of service, number of meals per day, number of deliveries per week and adequate air ventilation in the area where refrigeration system will be located.

The following is a suggested formula to establish required reserve storage (note: only 40% of any walk-in unit actually provides usable space):

Total Interior Storage Volume Needed:

$$\frac{\text{Vol. per meal (Cu. ft.)} \times \text{number of meals}}{.40}$$

Below are estimated typical meal volumes for refrigerated storage:

Meat, Poultry and Seafood	= .010-.030 Cu. ft. per meal
Dairy	= .007-.015 Cu. ft. per meal
Vegetables and fruit	= .020-.040 Cu. ft. per meal

Thus for a restaurant serving 1000 meals between deliveries (assume a minimum of 4 day storage) the following storage capacities are needed:

$$\begin{aligned} \text{Meat refrigerated storage} &= \frac{.030 \text{ cu. ft./meal} \times 1000 \text{ meals}}{.40} \\ &= 75 \text{ Cu. Ft.} \end{aligned}$$

To calculate the interior storage space (in square feet) required for the above example, divide the volume (Cu. ft), in each case, by the height of the unit.

$$\begin{aligned} \text{Example for meat storage} &= \frac{75 \text{ cu. ft.}}{6 \text{ ft. (height)}} \\ &= 12.5 \text{ sq. ft.} \end{aligned}$$

The interior floor area would have to be 12.5 sq. ft. to accommodate refrigeration storage of meat for 1000 meals.

To convert interior measurements to exterior floor area, multiply by 1.25. **Thus, for meat storage, in the above example an exterior floor area = 1.25 x 12.5 sq. ft., or 15.6 sq. ft. would be needed.**



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To estimate total interior volume or space, add together the requirements for each type of food.

DRY GOOD STORAGE

The dry storage space required depends upon the menu, number of meals, quantities purchased and frequency of delivery. The location of the storeroom should be adjacent to the food preparation area and convenient to receiving. Adequate ventilation should be provided. Ideally, the storeroom should be free of uninsulated steam and water pipes, water heaters, transformers, refrigeration condensing units, steam generators or other heat producing equipment. Temperatures of 50°F to 70°F are recommended.

A suggested formula used in estimating required storage space is as follows:

$$\text{Required Storage Area (square feet)} = \frac{\text{Volume per meal} \times \text{number of meals between deliveries}}{\text{Average height} \times \text{Fraction of usable storeroom floor}}$$

(1) Volume per meal = .025 to .050 cu. ft. per meal served

(2) Useful storeroom height = 4 to 7 feet

(3) Storage time between deliveries = 3 to 14 days

(4) Fraction of useable storeroom floor area = .3 to .6

For example assume 100 meals per day and a 10 day storage between deliveries = 1000 meals for which to provide storage:

$$\text{Required Storage Area} = \frac{.05 \text{ cu. feet.} \times 1000 \text{ meals}}{5 \text{ feet.} \times .3}$$

$$\text{Required Storage Area} = 33 \text{ square feet}$$

Shelving can be constructed of suitably finished hard wood, durable plastic or preferably of corrosion resistant metal. The highest shelf for practical use is 7' and the lowest one should be 6" from the floor. Clearance between the shelves should be at least 15". Sufficient moveable dunnage racks and dollies (with smooth surfaces, cleanable in case of food spillage or package breakage) should be provided to store all food containers at least 6" above the floor.

Dunnage racks, pallets, etc. should be spaced sufficiently from walls to allow for vermin monitoring and inspection. A space of 18" is recommended. Wooden shelving and pallets require a higher level of maintenance and are more conducive to vermin infestation. Food containers shall not be stored under exposed or unprotected sewer lines or leaking water lines.

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

Dry Storage: _____

Refrigerated Storage: _____

Frozen Storage: _____



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SINKS: Food Preparation and Hand Washing

Is there a separate sink for food preparation/washing produce? Y__N__

If not, describe the procedure for separation of tasks. Describe cleaning & sanitizing of a multi-use sink between tasks.

Task Separation _____

Cleaning & Sanitizing _____

Will all produce be washed on-site prior to use? Y__N__

Indicate the number of designated hand sinks and show location on plan. # _____

CLEANING/SANITIZING:

How will sanitizing of cooking equipment, cutting boards, counter tops and other food contact surfaces be accomplished for those which cannot be submerged in sinks or put through a dishwasher?

Chemical Type: _____

Concentration: _____

Testing Device: _____

Note, sponges are not permitted for cleaning food contact surfaces; and sanitizers, bucket or spray bottle, must be labeled. Wiping cloths should be kept in fresh sanitizer solution.

EMPLOYEE TRAINING AND POLICIES:

Will food employees be trained in good food sanitation practices? Y__N__

Method of training (If sell/serve alcohol indicate relevant training methods):

Please identify by name and title those that are Certified Food Safety Managers:

Described how bare hand contact with ready to eat foods will be avoided. Circle type of methods:

Disposable gloves - utensils - food grade paper - other _____

Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

Please describe or attach a written policy: Y___N___

Would you like a copy of a "sick policy" guide sheet? Y___N___

APPLICANT: Please check appropriate boxes.

INSECT AND RODENT CONTROL:

	YES	NO	NA
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 insect electrocution devices identified on the plan?	()	()	()
5. Will all pipes & 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? _____	()	()	()

GARBAGE AND REFUSE

Inside

8. Do all containers have lids?	()	()	()
9. Will refuse be stored inside?	()	()	()
If so, where? _____			



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

() () ()

YES NO NA

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; Name of disposal company

16. Is there an area to store recycled containers?

() () ()



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Indicate what materials will be recycled;

- ☐ Glass
- ☐ Metal
- ☐ Paper
- ☐ Cardboard
- ☐ Plastic
- ☐ Florescent Light Tubes Containing Mercury Vapor

YES NO NA

17. Is there any area to store returnable damaged goods or recalled items pending credit? If no, then how will distressed/expired/recalled food items be segregated from other foods?

☐ ☐ ☐

SEWAGE DISPOSAL

Is building connected to a municipal sewer? Y__N__

Are grease traps provided? Y__N__

If so, where? _____

Show Property Plan for outdoor grease interceptor

Provide schedule for cleaning & maintenance _____

SINKS:

Is a mop sink present? Y__N__

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



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Linens:

Identify location of clean and soiled linen storage: NA _____

_____ (Show on floor Plan)

Will Linens be laundered on-site ____ Yes; Location: _____ (Show on floor Plan)

____ No; How will linens be cleaned: _____

WATER SUPPLY:

Is water supply public? Y ____ N ____

If private, has source been approved? Attach copy of approval/permit Y ____ N ____

Is ice made: _____ on premises () or _____ purchased commercially ()

If made on premise, equipment specifications for the ice machine are required. Mark location of ice maker or bagging operation on the floor plan.

Describe provision for ice scoop storage: _____

DISHWASHING FACILITIES:

Check which will be used for warewashing

Dishwasher () Will largest pot/pan fit? ____ Y ____ N

Three compartment sink () Will largest pot/pan fit? ____ Y ____ N

Is ventilation provided? YES () NO ()

Dishwasher(s) Type of Sanitization Used:

A) **High Temperature** _____

Hot Water Temperature _____

Booster Heater _____

Type of Testing Device _____

B) Chemical Sanitizer _____

Chemical Type and Concentration

Wash Temperature

Type of Testing Device



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PLUMBING CONNECTIONS:

Prevent cross connections in the water supply. Your licensed plumber shall ensure the proper connections; we encourage you to provide your plumber with this check list. See Town Plumbing Inspector for permit requirements. Check all that apply:

	Air Gap	Air Break	Vacuum Breaker	Other
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bin				
Sinks: a Mop b 3-Bay c 2-Bay d 1-Bay				
Steam Table				
Dipper Well				
Refrigeration condensate/drain lines				
Hose bibb connection				
Potato peeler				
Beverage Dispenser w/carbonator				
Other				
List Any Hot Water Boosters or Recirculators Considerations for Plumbing Inspector:				

Note, other plumbing: Stove hood ventilation/fire preventions systems require annual compliance reporting to other departments, including Building, Plumbing and Fire Prevention.

Regulatory Codes

105 CMR 590.000 is available on-line through the Food Protection Program at MA DPH

Mass.gov/dph/fpp

FDA Plan Review Guide is available on-line:

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ComplianceEnforcement/ucm101639.htm>

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, Lynnfield Board of Health may nullify final approval.

Signature(s) _____ Title _____

Print Name: _____ Date: _____

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

The Board of Health Office has 30 days to approve or deny the Plan Review Application with comment.



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Address: _____ Telephone: _____

E-Mail: _____

Name of Establishment Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name if Different: _____ Title (manager, architect, etc.): _____

Address: _____ Telephone: _____

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Rapid Chill						
Other						

SIZING CONSIDERATION FOR CALCULATING TOTAL REFRIGERATED STORAGE NEEDS, INCLUDING WALK-INS

To plan reserve storage, the following need to be considered: menu, type of service, number of meals per day, number of deliveries per week and adequate air ventilation in the area where refrigeration system will be located.

The following is a suggested formula to establish required reserve storage (note: only 40% of any walk-in unit actually provides usable space):

Total Interior Storage Volume Needed:

$$\frac{\text{Vol. per meal (Cu. ft.)} \times \text{number of meals}}{.40}$$

Below are estimated typical meal volumes for refrigerated storage:

Meat, Poultry and Seafood	= .010-.030 Cu. ft. per meal
Dairy	= .007-.015 Cu. ft. per meal
Vegetables and fruit	= .020-.040 Cu. ft. per meal

Thus for a restaurant serving 1000 meals between deliveries (assume a minimum of 4 day storage) the following storage capacities are needed:

$$\begin{aligned} \text{Meat refrigerated storage} &= \frac{.030 \text{ cu. ft./meal} \times 1000 \text{ meals}}{.40} \\ &= 75 \text{ Cu. Ft.} \end{aligned}$$

To calculate the interior storage space (in square feet) required for the above example, divide the volume (Cu. ft), in each case, by the height of the unit.

$$\begin{aligned} \text{Example for meat storage} &= \frac{75 \text{ cu. ft.}}{6 \text{ ft. (height)}} \\ &= 12.5 \text{ sq. ft.} \end{aligned}$$

The interior floor area would have to be 12.5 sq. ft. to accommodate refrigeration storage of meat for 1000 meals.

To convert interior measurements to exterior floor area, multiply by 1.25. **Thus, for meat storage, in the above example an exterior floor area = 1.25 x 12.5 sq. ft., or 15.6 sq. ft. would be needed.**



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To estimate total interior volume or space, add together the requirements for each type of food.

DRY GOOD STORAGE

The dry storage space required depends upon the menu, number of meals, quantities purchased and frequency of delivery. The location of the storeroom should be adjacent to the food preparation area and convenient to receiving. Adequate ventilation should be provided. Ideally, the storeroom should be free of uninsulated steam and water pipes, water heaters, transformers, refrigeration condensing units, steam generators or other heat producing equipment. Temperatures of 50°F to 70°F are recommended.

A suggested formula used in estimating required storage space is as follows:

$$\text{Required Storage Area (square feet)} = \frac{\text{Volume per meal} \times \text{number of meals between deliveries}}{\text{Average height} \times \text{Fraction of usable storeroom floor}}$$

(1) Volume per meal = .025 to .050 cu. ft. per meal served

(2) Useful storeroom height = 4 to 7 feet

(3) Storage time between deliveries = 3 to 14 days

(4) Fraction of useable storeroom floor area = .3 to .6

For example assume 100 meals per day and a 10 day storage between deliveries = 1000 meals for which to provide storage:

$$\text{Required Storage Area} = \frac{.05 \text{ cu. feet.} \times 1000 \text{ meals}}{5 \text{ feet.} \times .3}$$

$$\text{Required Storage Area} = 33 \text{ square feet}$$

Shelving can be constructed of suitably finished hard wood, durable plastic or preferably of corrosion resistant metal. The highest shelf for practical use is 7' and the lowest one should be 6" from the floor. Clearance between the shelves should be at least 15". Sufficient moveable dunnage racks and dollies (with smooth surfaces, cleanable in case of food spillage or package breakage) should be provided to store all food containers at least 6" above the floor.

Dunnage racks, pallets, etc. should be spaced sufficiently from walls to allow for vermin monitoring and inspection. A space of 18" is recommended. Wooden shelving and pallets require a higher level of maintenance and are more conducive to vermin infestation. Food containers shall not be stored under exposed or unprotected sewer lines or leaking water lines.

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

Dry Storage: _____

Refrigerated Storage: _____

Frozen Storage: _____



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SINKS: Food Preparation and Hand Washing

Is there a separate sink for food preparation/washing produce? Y__N__

If not, describe the procedure for separation of tasks. Describe cleaning & sanitizing of a multi-use sink between tasks.

Task Separation _____

Cleaning & Sanitizing _____

Will all produce be washed on-site prior to use? Y__N__

Indicate the number of designated hand sinks and show location on plan. # _____

CLEANING/SANITIZING:

How will sanitizing of cooking equipment, cutting boards, counter tops and other food contact surfaces be accomplished for those which cannot be submerged in sinks or put through a dishwasher?

Chemical Type: _____

Concentration: _____

Testing Device: _____

Note, sponges are not permitted for cleaning food contact surfaces; and sanitizers, bucket or spray bottle, must be labeled. Wiping cloths should be kept in fresh sanitizer solution.

EMPLOYEE TRAINING AND POLICIES:

Will food employees be trained in good food sanitation practices? Y__N__

Method of training (If sell/serve alcohol indicate relevant training methods):

Please identify by name and title those that are Certified Food Safety Managers:

Describe how bare hand contact with ready to eat foods will be avoided. Circle type of methods:

Disposable gloves - utensils - food grade paper - other _____

Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

Please describe or attach a written policy: Y___N___

Would you like a copy of a "sick policy" guide sheet? Y___N___

APPLICANT: Please check appropriate boxes.

INSECT AND RODENT CONTROL:

	YES	NO	NA
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 insect electrocution devices identified on the plan?	()	()	()
5. Will all pipes & 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? _____	()	()	()

GARBAGE AND REFUSE

Inside

8. Do all containers have lids?	()	()	()
9. Will refuse be stored inside?	()	()	()
If so, where? _____			



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

() () (

YES NO NA

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; Name of disposal company

16. Is there an area to store recycled containers?

() () ()



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Indicate what materials will be recycled;

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic
- () Florescent Light Tubes Containing Mercury Vapor

YES NO NA

17. Is there any area to store returnable damaged goods or recalled items pending credit? If no, then how will distressed/expired/recalled food items be segregated from other foods?

() () ()

SEWAGE DISPOSAL

Is building connected to a municipal sewer? Y__N__

Are grease traps provided? Y__N__

If so, where? _____

Show Property Plan for outdoor grease interceptor

Provide schedule for cleaning & maintenance _____

SINKS:

Is a mop sink present? Y__N__

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



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Linens:

Identify location of clean and soiled linen storage: NA _____

_____ (Show on floor Plan)

Will Linens be laundered on-site ____ Yes; Location: _____ (Show on floor Plan)

____ No; How will linens be cleaned: _____

WATER SUPPLY:

Is water supply public? Y__N__

If private, has source been approved? Attach copy of approval/permit Y__N__

Is ice made: on premises () or purchased commercially ()

If made on premise, equipment specifications for the ice machine are required. Mark location of ice maker or bagging operation on the floor plan.

Describe provision for ice scoop storage: _____

DISHWASHING FACILITIES:

Check which will be used for warewashing

Dishwasher () Will largest pot/pan fit? __Y__N

Three compartment sink () Will largest pot/pan fit? __Y__N

Is ventilation provided? YES () NO ()

Dishwasher(s) Type of Sanitization Used:

A) **High Temperature** _____

Hot Water Temperature _____

Booster Heater _____

Type of Testing Device _____

B) Chemical Sanitizer _____

Chemical Type and Concentration _____

Wash Temperature _____

Type of Testing Device _____



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PLUMBING CONNECTIONS:

Prevent cross connections in the water supply. Your licensed plumber shall ensure the proper connections; we encourage you to provide your plumber with this check list. See Town Plumbing Inspector for permit requirements. Check all that apply:

	Air Gap	Air Break	Vacuum Breaker	Other
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bin				
Sinks: a Mop b 3-Bay c 2-Bay d 1-Bay				
Steam Table				
Dipper Well				
Refrigeration condensate/drain lines				
Hose bibb connection				
Potato peeler				
Beverage Dispenser w/carbonator				
Other				
List Any Hot Water Boosters or Recirculators Considerations for Plumbing Inspector:				

Note, other plumbing: Stove hood ventilation/fire preventions systems require annual compliance reporting to other departments, including Building, Plumbing and Fire Prevention.

Regulatory Codes

105 CMR 590.000 is available on-line through the Food Protection Program at MA DPH

Mass.gov/dph/fpp

FDA Plan Review Guide is available on-line:

<http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/ComplianceEnforcement/ucm101639.htm>

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, Lynnfield Board of Health may nullify final approval.

Signature(s) _____ Title _____

Print Name: _____ Date: _____

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

The Board of Health Office has 30 days to approve or deny the Plan Review Application with comment.



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