

Food Establishment Plan Review Application Webster Health Department

Name of Establishment _____

Address of Establishment _____

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a complete application and requested paperwork has been submitted to the Health Department.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date _____ 20 _____

**NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT**

Food Plan Review Procedures

- 1) Schedule appointment to review the Plan Review Packet with the Health Department.
- 2) Submit completed packet with the appropriate fee according to the work you will be doing.
 - Fee of \$150.00 for a New Establishment
 - Fee of \$25.00 for Simple Renovation
 - Fee of \$75.00 for Complex Renovation
 - Refer to Fee Schedule for Food Permit fee
- 3) Construction, Renovation or Equipment addition does not take place until an approval letter is issued from the Health Department.
- 4) Health Agent makes site visits to monitor progress.
- 5) At completion of the Construction, Renovation or Equipment Addition, a final inspection will take place in order to verify the accuracy of the finished project compared to the plans that have been submitted to the Health Department. This is considered a pre-operational inspection.
- 6) Upon completion of a successful pre-operational inspection, the permit fees as listed above must be paid.
- 7) After paying the permit fee, a Temporary Permit will be issued.
- 8) A Food Establishment Food Permit will be issued thereafter which expires at the end of the calendar year.

Health Department-Town of Webster

350 Main Street

Webster, MA 01570

Tel. 508-949-3800 Fax 508-949-0845

Requirements for Plan Review

Minimum Sink Requirements

- 1 Bathroom (toilet, sink)
- 1 Handsink in food prep area
- 1 Mop sink
- 1 3-bay sink (or dishwasher) with grease trap
- 1 Prep sink

Choke Saver

105 CMR 590.009 (E) required that all food service establishments containing (25) twenty-five seats or more must have a person certified in choke saving on premises when food is being sold.

Serve Save Certified

105 CMR 590.003 (A)(2) Each food establishment shall employ at least one full-time equivalent (FTE) person in charge who shall be an on-site manager or supervisor and is at least 18 years of age and who by being a certified food protection manager has shown proficiency of required information through passing a test that is part of an accredited program recognized by the Department.

Information Needed to Begin

1. Completed Food Establishment Plan Review Application
2. Include the following items with the completed application
 - ___a) Floor plan (inside establishment)
 - ___b) Site plan (outside establishment)
 - ___c) Manufacturer's specifications sheets(s) for all equipment indicated on floor plan
 - ___d) Certified Food Protection Certificate
 - ___e) Choke Save Certificate/First Aid Training (for establishments with more than 25 seats)
 - ___f) Menu (if serving raw or undercooked foods, must provide a copy of consumer advisory in 11 pt font) & Allergy Awareness clause
 - ___g) Allergy Awareness Certificate
 - ___g) Check for plan review (non-refundable) made out to the "Town of Webster"
 - ___f) Copy of Pest Control Contract
 - ___g) Copy of Contract with Offal Transporter
 - ___h) List of licensed wholesalers that you will be using
3. Tobacco Sales & Location Permit required if tobacco is to be sold

Do you wish to apply for Tobacco permit? _____yes _____no

4. Letter from Health Department approving the submitted application and plan. The letter will allow work to begin. No work can begin without this letter.

Notify following departments that you are applying for a Food Permit through the Webster Health Department;

- Police Department
- Fire Department
- Building Department
- Zoning Department

Emergency Information

The Health Department must be able to contact you in case of an emergency. Please fill out the emergency information sheet with current addresses and phone numbers in which you can be reached.

Name of Business _____

Name or owner _____

Address _____

Telephone _____

Food Establishment Information

Name of Certified Food Protection Manager _____

Name of person trained in choke saver procedures _____

Food Operations (Check all that apply)

___ Retail Sale of commercially pre-packaged non-potentially hazard foods (PHF)

___ Retail Sale of commercially pre-packaged potentially hazard foods (PHF)

___ Preparation of PHF for eat in or take out

___ PHFs cooked to order or served raw or undercooked (Consumer Advisory Required on menu using 11pt font)

___ Use of a process requiring a HACCP Plan

A Pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishment.

Facility

	Floors	Walls	Ceiling	Coving
Kitchen				
Storage				
Bathrooms				
Warewashing				

Equipment Schedule

Please note that all equipment must be NSF or ANSI approved and/or meet the requirements outlined in the State Sanitary Code, Chapter X and the FDA Food Code for Materials of Construction, Chapter 6.

In addition to a 3 compartment sink (required) will a mechanical dishwasher be used? Yes () No ()

If yes, please complete the following information:

Chemical _____ Or Hot water (temp provided) _____
Booster Heater _____

For 3 compartment sink:

Does the largest pot or pan fit into each compartment? Yes () No ()

Are there drain boards on each end? Yes () No ()

Is a rack provided for air-drying utensils? Yes () No ()

What type of sanitizer will be used? Chlorine () or Quaternary ()

Garbage & Refuse

Do all rubbish receptacles have lids? Yes () No ()

Will an outside dumpster be used? Yes () No ()

Is an enclosure provided for the storage of dumpster? Yes () No ()

Frequency of pick-up- _____ Contractor _____

Will rubbish cans be stored outside? Yes () No ()

Dressing Rooms

Are separate dressing rooms provided for employees? Yes () No ()

Are lockers provided for the storage of personal belongings? Yes () No ()

If no, describe storage facilities and areas provided _____

General

Describe facilities for separation of storage of insecticides and detergents/sanitizers/cleaners_____

Are laundry facilities provided on the premises? Yes () No ()

If yes, what will be laundered?_____

If yes, is location physically separated from food preparation area and warewash area?_____

Location of clean linen storage_____

Location of dirty linen storage_____

Exhaust Hoods

Hood Locations	Odor supp. Dvce Filters	Square Feet Provided	Fire Protection	Air Capacity CFM

Insect and Rodent Harborage

Are all outside doors self-closing? Yes () No ()

Are screen doors provided on exterior doors for use in the summer?

Yes () No ()

Is area around building clear of unnecessary brush, litter, boxes or other harborage?

Yes () No ()

Are air curtains used? Yes () No () If yes, where? _____

What licensed pest control company will be used for services? _____

Other

Please describe back siphonage protection to be used in establishment?

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Signature _____ Date _____

Health Department-Town of Webster

350 Main Street

Webster, MA 01570

Tel. 508-949-3800 Fax 508-949-0845

