

TOWN OF WEBSTER
Health Department
350 Main St. Webster, MA 01570
(508) 949-3800 x4002



Public Health
 Prevent. Promote. Protect.

Camille Griffin, MPH, REHS/RS
 Health Director

Danyel Guiou
 Assistant

Janet Stocia, Chairman
 Iwona Miller, Vice Chairman
 James Avery, Member
 Anne Violette, Member
 Matthew Wyke, Member

Mobile Food Establishment Permit to Operate and Plan Review Application

New, Renewal and Modified Operations

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.

According to 105 CMR 590.010 (B) (2), **each mobile food establishment (MFE) must obtain a separate permit from the Local Board of Health for each mobile facility and from each municipality where the MFE intends to operate.**

1. Type of Permit

Have you applied / obtained a Mobile Food Operation Permit before in the Town of Webster?

No New Applicant / New Mobile Operation – **Complete all sections of this application**

Yes BUT I changed or plan to modified my Vehicle / Base of Operation / Menu / Equipment - **Complete all sections of this application**

Yes Renewal of Permit – No changes – **Skip Section 8 and 9**

2. Owner Information

Date: _____

Name of Mobile Food Establishment: _____

Name of Owner: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

3. Person in Charge (PIC) Information

Name of person directly responsible for the operation: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Title: _____

4. Emergency Contact Information

Name of Emergency Contact: _____ 24 Hour Phone Number: _____

5. Mobile Food Vehicle Information

Name posted on the Mobile Food Vehicle: _____
Make: _____ Model: _____ Year: _____
Name of Vehicle Operator: _____ Operator Cell Phone: _____
Registration/Plate Number: _____

6. Servicing Area Information

Note: Depending on the operation, a Servicing Area may be required. This is a facility where the MFE returns regularly to clean equipment, discharge liquids or solid wastes, refills water tanks and ice bins.

Do you have a servicing area? Yes No

Name of servicing area (if applicable): _____

Address: _____

Phone Number: _____ Name of Point of Contact: _____

7. Type of Operation(s) – Permit Fee Determination

When thinking about your Mobile Food Operation, check the applicable boxes below for the operations you perform. Check all that apply.

- A. My mobile food operation **DOES NOT prepare food**, but **DOES** offer for sale **COMMERCIALY PREPACKAGED NON-TCS** (Time / Temperature Control for Safety) foods.

Example: Foods not requiring refrigeration such as cookies, potato chips, candy etc.

- B. My mobile food operation **DOES NOT prepare food**, but **DOES** offer for sale **COMMERCIALY PREPACKAGED ICE CREAM** - NO soft-serve ice cream or products requiring scooping.

- C. My mobile food operation **MANUFACTURES FROZEN DESSERTS.**

Example: Soft-Serve Ice Cream / Frozen Yogurt



An **“Application for License to Manufacture Frozen Desserts and / or Ice Cream Mix”** must also be completed and submitted with this application – See page 10

- Testing Requirements: In accordance with 105 CMR 500.000, Good Manufacturing Practices for Food, all manufacturers must have their frozen dessert products tested monthly by an approved laboratory.

For **both B & C above**, a permit is required to be obtained by the Police Department. A permit can be obtained either in the municipality where you live or from the Webster Police Department (WPD) for **every person who engages in ice cream / frozen water-based product TRUCK VENDING**.

- D. My mobile food operation **PREPARES, COOKS TCS FOODS** upon a consumer’s request (Immediate Service).

Example: A customer orders a cheeseburger and it’s cooked and served to the customer immediately.

- E. My mobile food operation **PREPARES, COOKS TCS FOODS** at my base of operation then **HOLDS** the items **HOT** on my mobile food unit.

Example: Cooks soup at base of operation then immediately places soup in a steam table on the mobile food unit.

F. My mobile food operation **PREPARES, COOKS & COOLS TCS FOODS** at my base of operation in **ADVANCE** then **REHEATS** the TCS foods on my mobile food unit for **IMMEDIATE SERVICE**.
Example: Cooks and cools the soup at the base of operation then stores the soup refrigerated. The soup is reheated on the mobile food unit for individual orders.

G. My mobile food operation **PREPARES, COOKS & COOLS TCS FOODS** at my base of operation then **REHEATS** the TCS foods on my mobile food unit for **HOT HOLDING**.
Example: Cooks and cools the soup at the base of operation then reheats the soup on the mobile food unit for hot holding.

8. Propane Gas Tank(s)

If propane gas is to be used, will the combine tank total **exceed 42 gallons**? Yes No
 NA – Not using propane



If Yes, a propane permit is required to be obtained from Webster Fire Department located at 55 Thompson Road, Webster MA 01570. Phone: (508) 949-3875

9. Operation Times, Location(s) and Volume of Food

Indicate below Days and Hours of Operation:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Provide Route(s) and / or Locations of Food Service in Webster: _____

What is your anticipated volume of food to be stored and prepared? _____

10. Truck Plumbing, Sinks, Water & Equipment

Is a separate handwashing sink provided? Yes No

Is a separate three-compartment sink with drain boards provided? Yes No

Is a separate food preparation sink provided? Yes No

Is running potable hot and cold water provided? Yes No

What is the size of the holding tank for potable water? _____

What is the source of water and location? Well Public

Will a hose be used to supply the water system? Yes No

- If Yes, the hose must be constructed with approved food-contact materials and must be installed to preclude the backflow of contaminants into the potable water supply.**

Is the potable water tank made of safe / food grade materials? Yes No

Will ice be used in the operation? Yes – Source? _____ No

How will grease, garbage and other waste materials be disposed? _____

- Are windows and doors screened? Yes No
- Are light fixtures shielded in the food preparation area? Yes No
- Has the ventilation system been approved by the Webster Fire Department? Yes No

Describe the material(s) used inside the truck:

Floor: _____ Walls: _____ Ceiling: _____

Are the floor and wall junctures coved and sealed? Yes No

Describe or identify the location for the storage of personal clothing and belongings: _____

Check the type of cooking equipment provided:

- Broiler Fryer Grill Microwave Rice Cooker Steam Kettles Stove

Other, specify: _____

Are steam tables provided? Yes – How many? _____ No

Are mechanical refrigerators and freezers provided? Yes No

If yes, how many refrigerators? _____ How many freezers? _____

Is the equipment certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program such as National Sanitation Foundation (NSF) or Underwriters Laboratories (UL)? Yes No

11. Food Operation Information

Provide location(s) of toilet facilities for employee use: _____

How will bare hand contact with ready to eat & cooked foods be prevented? _____

Either list your food menu items or attach a copy of your menu to this application: _____

List Sources of food (where are foods purchased from): _____

Describe where and how TCS food(s) are stored and prepared: _____

Describe where and how TCS food(s) are cooled (if applicable): _____

Will condiments be used for self-service by the customers? Yes No

If yes, describe how condiments will be protect: _____

Are calibrated food thermometers available during all operations and service? Yes No

Are foods labeled and dated? Yes No

If yes, describe your labeling and date marking system: _____

What type of sanitizer is used?

Quaternary Brand Name: _____ Contact Time: _____

Chlorine Brand Name: _____ Contact Time: _____

Note: Sanitizer is NOT a cleaner and shall only be used after proper washing with soap and rinsing with potable water.

Do you have a "Food Employee Reporting Agreement" Written Employee Health Policy? Yes No

- If yes, submit a copy
- If no, use the Employee Health Policy Form on page 14

For Ice Cream Trucks: Per Massachusetts State Law and 520 CMR 15.00, all vendors selling any ice cream, frozen dairy or frozen water-based food products on a truck must undergo a CORI / SORI Check with a Police Department in Massachusetts. A Clearance Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Webster Health Department along with our application before a permit will be issued. This law applies even if other food items are sold from the truck.

12. Statement

Statement: I, _____ attest to the accuracy of the information provided in this application and fully understand that any deviation from the above without prior approval from the Webster Health Department may nullify the final approval. I affirm to comply with the 2013 FDA Food Code, 105 CMR 590.000 and Local Regulations. I agree to allow the regulatory authority access to the establishment / mobile food operation as specified under §8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6) and other information required by the regulatory authority. Pursuant to M.G.L. CH. 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.

Federal Identification Number: _____

Signature: _____

To obtain a permit to operate a Mobile Food Establishment, submit the following:

- Completed "Mobile Food Operation Permit to Operate and Plan Review Application."

Incomplete applications and missing documents may delay the review and permitted process.

Fee: To determine your Permit fee, look at Box 2 "Type of Operation" on page 2.

- Category A & B in Box 2 on page 1 = \$50.00 • Category C – F = \$100.00

Make checks payable to "Town of Webster". Credit cards are not accepted at this time.

All fees are non-refundable.

Applications will not be processed until the fee has been received

- Menu - Include the Consumer Advisory (for raw / undercooked food if applicable) and the Allergy Awareness language

- Layout of the vehicle – A picture is acceptable
- Equipment type and detailed specification sheets
- Copy of your servicing area agreement (if applicable)
- Provide a copy of servicing area food establishment permit
- Copy of most recent routine inspection at your servicing area (if applicable)

- Copy of Massachusetts State Hawkers & Peddlers License – Any person who goes from town to town or from place to place in the same town selling goods to people passing by is required to obtain a Hawker and Peddler license from the Massachusetts Division of Standards. For details visit: <https://www.mass.gov/how-to/hawker-and-peddler-application>

~ OR ~

- Copy of the Town of Webster’s Hawkers & Peddlers License. For details and questions, contact the Town Administrator’s Office at (508) 949-3800 x4000 or visit the following website: [Town of Webster, MA Peddling, Hawking and Soliciting; Transient Vendors Search: § 505-1 Licensing of hawkers and peddlers. \(ecode360.com\)](http://TownofWebster.com)

- Copy of your Certified Food Management (CFM) Training and Allergy Awareness Certificate – For a list of CFM trainers visit: <https://www.mass.gov/lists/retail-food>. For Allergy Training, visit: <https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>
(not applicable if only selling / serving commercially pre-packaged food items)

- Copy of your “Food Employee Reporting Agreement” (Health Policy) – Template provided on page 12
- Copy of your Vomit and Diarrheal Clean-up Procedures – Template provided on page 13
- Completed “Workers’ Compensation Insurance Affidavit” – See page 17
Attach a copy of the Policy Declaration page (showing the Policy Number and Expiration Date).
- Completed “Application for License to Manufacture Frozen Desserts” (if applicable) – See page 7



For Soft Serve Frozen Dessert: Laboratory results must be submitted to the Webster Health Department within 30 days of the start of operation and monthly thereafter. Laboratory list is provided on page 11

- For Ice Cream Trucks: A Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Webster Health Department before a permit will be issued.

For Official Use Only

- Approved as submitted**
- Approved as submitted with the following conditions:** _____
- Disapproved as submitted – Reason(s):** ** _____

****Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ **Reviewed By:** _____ **Title:** _____

Date Permit was Issued: _____



TOWN OF WEBSTER
Health Department
350 Main St. Webster, MA 01570
(508) 949-3800 x4002



Public Health
 Prevent. Promote. Protect.

Camille Griffin, MPH, REHS/RS
 Health Director

Janet Stocia, Chairman
 Iwona Miller, Vice Chairman

Danyel Guiou
 Assistant

James Avery, Member
 Anne Violette, Member
 Matthew Wyke, Member

Application for License to Manufacture Frozen Desserts and / or Ice Cream

Complete the following application. Please print legibly.

Incomplete application and missing documents may delay the review and permit process.

In accordance with the provisions of Massachusetts General Law Chapter 94, Section 65H and 105 CMR 500.000 Frozen Desserts and Frozen Dessert Mixes, the undersigned hereby applies for a license for the wholesale / retail manufacture of frozen desserts and or ice cream mix.

Date: _____

Check the applicable box below

<input type="checkbox"/> New Food Establishment Stationary	<input type="checkbox"/> Existing Food Establishment but adding Frozen Dessert Operation	<input type="checkbox"/> Renewal of an existing License	<input type="checkbox"/> Temporary / Seasonal Event (Cart)
--	--	---	--

Brick & Mortar Establishments

Establishment Information

Name of Establishment: _____

Address: _____

Phone Number: _____

Will the product(s) be manufactured at the establishment listed above? Yes No

- If No, List the location(s) of each establishment (plant) where the product(s) will be manufactured: _____

Owner Information

Name of Owner: _____

Address: _____ Phone Number: _____

Email: _____

If Corporation, Association or Partnership, please attach a list of the Officer's Names, Address and Phone Numbers

Person-in-Charge (PIC) Information

Name of PIC: _____ Phone Number: _____

Title: _____ Email: _____

Applicant Information

Name of Applicant: _____

Address: _____ Phone Number: _____

Title: _____ Email: _____

Name of Emergency Contact: _____ 24 Hour Phone Number: _____

Type of Operation

Retail Manufacturer Wholesale Manufacturer

If Wholesale Manufacturer, brand and trade name(s) of products: _____

Type of Product(s)

<input type="checkbox"/> Custard	<input type="checkbox"/> Gelato	<input type="checkbox"/> Ice Cream (not soft-serve)	<input type="checkbox"/> Frozen Yogurt (not soft serve)
<input type="checkbox"/> Frozen Yogurt (not soft-serve)	<input type="checkbox"/> Soft-Serve Ice Cream	<input type="checkbox"/> Soft-Serve Frozen Yogurt	<input type="checkbox"/> Sherbet
<input type="checkbox"/> Sorbet (only if dairy-based)	<input type="checkbox"/> Other: _____		

If Frozen Yogurt is manufactured, will it contain "friendly" cultured bacteria (live cultures)? Yes No

Will a Soft-Serve Machine(s) be used? Yes No

• If Yes, what type of machine will be used? _____

How many machine(s)? _____

➤ **Submit the specification sheets for the machine(s)**

• If No, describe how the product will be prepared and the storage of the final product: _____

Will commercially pasteurized product(s) be used? Yes No

• If No, describe what will be used and how: _____

Will the above final product be pasteurized? Yes No

• If Yes, describe the pasteurization process: _____

No milk or cream from a source outside of the United States, subject to the Federal Import Milk Act, 21 U.S.C §141 et seq., shall be used unless the importer has documentation to show that the exporter is in compliance with 21 CFR Part 1210.

Describe the Following

Source of Ingredient(s): _____

How will the refrigerated and frozen product be delivered and transported? _____

If transported, how will the product temperature be monitored? _____

How often will the surfaces and equipment be cleaned and sanitized? _____

What are the procedures for **cleaning AND sanitizing** the equipment and surfaces? _____

Type of Sanitizer: Quaternary Brand Name: _____ Chlorine Brand Name: _____

All manufactured frozen desserts produced shall have the following tests performed by a laboratory on its finished product monthly. Bacterial and other Standards **shall not exceed** the following standards:

Item	Standard Plate Count (SPC)	Coliform
Finished products produced by means other than a Soft-Serve Machine	30,000/g	20/g
Finished products produced in a Soft-Serve Machine	30,000/g	50/g

** If Frozen Yogurt contains "Live Cultures", SPC laboratory testing is not required **

- **IMPORTANT: Copies of all required test results shall be submitted directly to the Webster Health Department by the certified laboratory within three (3) business days of the completion of the tests.**

To obtain a License to Manufacture Frozen Desserts, submit the following:

- Completed "Application for License to Manufacture Frozen Desserts and / or Ice Cream Mix." **Incomplete application and missing documents may delay the review and permit process.**
- Fee made payable to the "Town of Webster". License Fee: \$25.00 (soft-serve), Manufacturing Establishment: \$200.00. Credit cards are not accepted at this time. **All fees are non-refundable.**
Applications will not be processed until the fee has been received.
- For **NEW** Food Establishments Manufacturing Frozen Desserts and / or Ice Cream Mix – Submit a completed "Food Establishment Plan Review Application."
- For **NEW** Food Establishments – Submit a completed "Food Establishment Permit Application."
- For Temporary or Seasonal Events (Trailer) – Submit a completed "Temporary or Seasonal Events Permit Application."
- Equipment Specification sheets used in the process (i.e. Soft-Serve Machine(s) etc.).
- Laboratory results must be submitted to the Webster Health Department within 30 days of the start of operation and monthly thereafter.
- For existing food establishments, provide a sketch of the processing area and / or the placement of the Soft Serve Machine(s).
- Copy of Certified Food Manager and Allergy Awareness Certificates.
- Completed "Workers' Compensation Insurance Affidavit": General Business. Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
- Copy of your "Food Employee Reporting Agreement" (Health Policy) – See template on page 12

Please note that any missing information may cause a delay in the decision-making process.

Pursuant to M.G.L. Chapter 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law. I certify that the above information is correct and understand that if any changes are made to the plans or the above information without prior permission from the Webster Health Department may nullify final approval. Additionally, I certify I will manufacture such products only from pure and wholesome ingredients and only under sanitary conditions.

Signature: _____ Print Name: _____

Federal Identification Number: _____

For Official Use Only

Approved as submitted

Approved as submitted with the following condition(s): _____

Disapproved as submitted – Reason(s):** _____

**** Applicant can resubmit an updated application and / or additional information to address the reason(s) why the application was Disapproved.**

Date Reviewed: _____ **Reviewed By:** _____ **Title:** _____

Date Permit was Issued: _____

LABORATORIES

The following is a list of laboratories located in Massachusetts.

The Webster Health Department does not endorse or sponsor any of the laboratories below.

Advanced Food Labs Inc.	31-B Foodmart Road Boston	617-269-6424	https://www.advancedfoodlabs.com
Analytical Testing Laboratory Co., Inc.	345 Trapelo Road Belmont	617-484-7400	https://atllabfood.com
G & L Labs Inc.	246 Arlington Street Quincy	617-328-3663	www.gllab.com
Lapuck Laboratories, Inc.	70 Shawmut Road Canton	781-401-9999	info@lapucklabs.com
Microbac	117 Flanders Road Suite 101 Westborough	508-329-7927	https://www.microbac.com
Morrell Associates	1661 Ocean Street P.O. Box 268 Marshfield, MA	781-837-1395	https://www.morrell-associates.com/

Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: _____

Address: _____

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

A. SYMPTOMS OF:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

B. MEDICAL DIAGNOSIS OF BEING ILL WITH:

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above? Yes No

If yes, what was the date of the diagnosis? _____

D. HIGH-RISK CONDITIONS

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Name of Food Employee or Conditional Food Employee: _____ Date: _____

Signature of Food Employee: _____

Signature of Permit Holder or Representative: _____ Date: _____

Vomit and Diarrhea Clean-up Procedure

Name of Food Establishment: _____

Address: _____

Why do we have this procedure?

Vomiting and diarrhea can be symptoms of several very contagious diseases and it is the responsibility of food service management to protect both employees and customers from transmission of these diseases. The most important ways of accomplishing this task is:

1. Ensure that all employees understand the importance of frequent handwashing and that they know where and how to wash their hands;
2. Ensure that employees understand their responsibility to report all disease symptoms, such as vomiting, diarrhea, jaundice, fever and sore throat; diagnosis of diseases; and exposure to others who are sick to the Person in Charge;
3. Ensure that employees are trained and do not handle food that is ready to eat with their bare hands;
4. Ensure that employees understand the importance of following all regular cleaning and sanitizing procedures on a daily basis and special cleaning and sanitizing procedures such as this one.

New employees will be trained in all of the above-mentioned procedures within the first week of hiring. Reminder trainings will be done for all food service staff on an **ANNUAL** basis.

Vomit/Diarrhea Clean-Up Kit

Describe the location of supplies and extra supplies

A vomit/diarrhea clean-up kit is stored in a labeled bin located: _____

Extra supplies are located: _____

The following are items that should be in your Clean-up Kit:

1. Personal Protective Equipment (PPE)
 - Disposable gloves, nitrile or non-latex
 - Face and eye shields (clean and sanitize after use)
 - Disposable shoe covers
 - Disposable aprons
 - Masks
 - Hair covers
2. Paper towels
3. Absorbent material: Examples include baking soda, Red Z powder, or kitty litter
4. Scoop or scraper, preferably disposable
5. Large plastic bags with twist ties
6. Caution tape for closing off areas

Buckets, wiping cloths, detergent and sanitizers will also be needed and are available in various locations throughout the food service area. The Person-in-Charge is responsible for refilling the clean-up kit after use. Extra supplies will be on hand. All supplies will be purchased or ordered at the time of the incident so that the kit is ready for use as soon as possible after the incident.

When a Vomiting or Diarrhea Incident Occurs

1. Remove the following from the area if **no contact** with vomit or diarrhea:
 - a. Employees and/or customers
 - b. Packaged food or food in closed containers
 - c. Portable equipment, linens and open single-use and single- service articles.

For diarrhea, the immediate area that is visibly soiled should be the area of clean-up concentration. For vomiting, since particles can be in the air, an area of 25 feet in all directions should be considered the clean-up area. This is very important when considering which employees or customers need to be removed; the food; and open single-use and single-service articles that need to be discarded; the linens that will need to be washed; and the equipment that will need to be cleaned and sanitized.

2. If vomiting occurred, completely close off area around the spill for 25 feet in all directions. Use caution tape from the Clean-up Kit.

Some small food service establishments will have to close during the clean-up of a vomiting incident either by an employee or a customer. **In the case of closure, the Regulatory Authority should be called immediately to report the incident.** A sign can be put at the entrance stating that the food service establishment will be closed until a time judged to be sufficient to accomplish the required clean-up.

- a. Due to its small size, _____ will close after a
Name of Establishment
vomiting Incident until clean-up is completed.
- b. _____ will determine what areas will need to be
Name of Establishment
cleaned and sanitized, but will remain open with limited service, unless the incident occurs in the food preparation area.

3. A trained employee should put on Personal Protective Equipment, gloves last.

All employees are trained in this clean-up procedure. If staffing allows, cooks should not be the first choice for carrying out the clean-up.

4. Sprinkle _____ On vomit/fecal matter to soap up liquid.
Kind of absorbent material

Using the scraper or scoop from the Clean-up Kit, and paper towels, carefully wipe up vomit/fecal matter and discard in a plastic trash bag. Then remove and discard gloves.

If staffing allows, a separate employee, wearing gloves and a mask, can hold the trash bag open by folding the top back over their hands so that the top of the bag is not contaminated in the process of discarding the paper towels, gloves, etc.

5. Wash hands and put on new disposable gloves and wash the area involved with detergent and warm water.

All surfaces within the incident area, plus all doorknobs, railings, wall corners or other places that you know are frequently touched should then be washed with soap and water. All restrooms should be cleaned also, even if they were not known to be affected by the incident. They are often used by employees and customers when they are not feeling well and the infectious germs will be there even if they cannot be seen.

All areas washed as described above will then be sanitized.

-
6. Sanitize hard or porous surfaces with chlorine bleach solution allowing the area to remain **wet for no less than 5 minutes**; follow policy directions for other surfaces or when using other sanitizers.
-

Bleach concentrations:

5.25% Sodium Hypochlorite or 6% dish machine sanitizer	1 2/3 cup bleach per gallon of water (1-part bleach to 10 parts water)	5000 PPM
--	---	----------

8.25% concentrated Sodium Hypochlorite	1 cup bleach per gallon of water (1-part bleach to 16 parts water)	5000 PPM
--	---	----------

Sanitizer to be used in this establishment will be _____ and
will be left wet on hard surfaces for minutes _____ Minutes before drying with paper towels.

Ammonium chloride sanitizers are ineffective against Norovirus so if those are the standard sanitizers used in a food service establishment, then chlorine bleach (or some other commercial product approved by the by the EPA to kill Norovirus) must be kept on hand for use during a vomit/diarrhea incident.

Bleach is available in several different concentrations so food service establishments need to be aware of the concentration they have available. Once opened, a bottle of bleach maintains its strength for 30 days so **PUT THE DATE ON THE BOTTLE WHEN YOU OPEN IT**. Discard it after 30 days.

Remember that bleach will discolor many items such as carpets, flooring, etc. Test a small area if there is any reason to believe that there will be a problem. Steam cleaning of carpets and upholstery is recommended once the vomit/diarrhea has been removed. Linens should be washed in hot water and dried in a hot dryer.

Open windows or increase ventilation as much as possible during the clean-up.

Make sure that all high-touch areas and restrooms are sanitized before areas are re-opened.

7. When totally finished cleaning up, dispose of all paper towels and PPE in the plastic bag. Tie the bag closed and double bag it before putting it in your regular trash.
8. Rinse food contact surfaces with clean water to remove chlorine residue left on the surface because you used 5000 PPM to kill the infectious agents and re-sanitize with your usual 100 ppm sanitizer.

Re-Opening Establishment or Cleaned Areas

When the above-described clean-up procedure has been completed, the areas may be re-opened. Establishments that closed for clean-up should call the Regulatory Authority and report that they are ready to re-open. The Regulatory Authority may, or may not, want to actually visit the establishment prior to re-opening.

Establishments should anticipate that some customers may request some kind of compensation. Management should discuss that with employees as part of the training on this procedure. The decision concerning compensation is entirely up to the establishment management.

Monitoring Employees for Illness

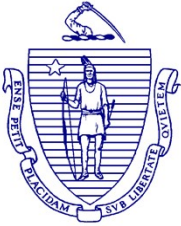
After incidents involving diarrhea, and particularly vomiting, all employees, but particularly those involved in the clean-up, will be monitored for signs of illness for several days. The Person-in-Charge will remind employees to report symptoms of any illness.

Incident Report

It is advisable for the Person-in-Charge to complete an incident report describing the date and time of the incident; which employees were in charge of the clean-up; an overall description of the area of the incident; how it was cleaned and sanitized; and the other areas of the establishment cleaned and sanitized. It should also state what food was discarded. This report should be kept in the establishment files in case there are any future questions about the incident.

References

- "Clean-up and Disinfection for Norovirus ("Stomach Bug") Poster from disinfect-for-health.org.
 - Food Code, U.S. Public Health Service, FDA, 2013, Annex 3, Public Health Reasons/Administrative Guidelines, pages 395-397.
 - "Food Safety Sample SOP," NFSMI and USDA, Revised 2013.
 - "Guidelines for Responding to Vomiting and Diarrhea in Food Establishments," Rhode Island Department of Health, Yankee Conference Presentation by Cathy Feeney and Lydia Brown, September 22, 2016.
 - "Norovirus Information Guide," from SafeMark Best Practices, the Food Marketing Institute and Ecolab, July 2010.
 - "White Paper: Guidelines for Response to Vomiting and Diarrheal Incidents in Food Service Establishments," prepared by Paula Herald, PH.D., CP-FS, Technical Consultant, The Steritech Group, Inc., www.steritech.com.
-



The Commonwealth of Massachusetts Department of
Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p><input type="checkbox"/> I am an employer with _____ -time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> _____</p>
---	--

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DI A for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage.

Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant.

Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia