



City of Medford

Board of Health

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Director

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Plan Review Application

Review Type:

- Initial
- Re-review

Fee (Payable by Check Only):

- Initial - \$150.00 Check#: _____
- Re-review - \$50.00 Check#: _____

check made payable to City of Medford

Choose from the list below. Is this business a:

- New** establishment (yet to be constructed)?
- Conversion** of an existing structure to be used as a food establishment?
- Remodel** of an existing food establishment?
- Change** of type of food establishment, food operation, or ownership?
- Re-review** of a food establishment due to the Medford Health Department?

Projected Start Date of Project: _____

Projected Completion Date of Project: _____

Mark all that apply to your business Food Establishment Category Type:

- Restaurant
- Daycare
- Retail Market/Convenience Store
- Institution/Cafeteria (school, hospital, etc)
- Catered Feeding Location
- Catering Operation
- Mobile/Pushcart/Food Truck
- Warehouse
- Other

Pursuant to M.G.L., C. 62C, S. 49A, I _____ certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property, fines, fees and penalties have been paid.

Signature of Food Establishment Owner/Agent

Date

CITY OF MEDFORD BOARD OF HEALTH FOOD ESTABLISHMENT PLAN REVIEW

INTRODUCTION

This food establishment Plan Review document has been developed for the purpose of assisting both regulatory and industry personnel in achieving greater uniformity in the plan review process.

Plan review of food service establishments, retail food stores, and all other food operations, must be maintained as a high priority by all regulatory food agencies for both new and existing facilities.

This document has been developed to serve as a guide in facilitating greater uniformity and ease in conducting plan review whether your position is a regulator or an industry person wishing to build or to expand. You need not be an expert to effectively complete this process.

A good review of plans helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical, and plumbing systems, potential problems can be spotted while still on paper and modifications made BEFORE costly purchases, installation, and construction.

APPLICANT: Please answer each question below with a complete response. The City of Medford enforces the 2013 Food Code and MA State Sanitary Code 105 CMR 590.000, and food establishment plans are reviewed in accordance with these codes.

Medford Food Plan Review Regulation: The Plan Review Application must be signed, reviewed, and stamped by a third party who either holds a Registered Sanitarian (RS) or a Certified Food Safety Professional (CP-FS).

PLAN REVIEW REQUIREMENTS

Please check off and submit the following documents as they apply to your business.

_____ **Proposed Menu.** Food Establishments with menus must provide copies of all menus including breakfast, lunch, dinner, brunch, seasonal, off site, catering, dessert, and beverage, in the format offered to the consumer. Retail Establishments without menus must provide a list of foods sold by category, ex. bottled beverages, grocery items, packaged potentially hazardous foods, deli items.

_____ A copy of a current (within the past five years) **Food Protection Manager Certificate** from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current (within the past five years) **Food Allergen Awareness Training Certificate** from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment.

_____ A copy of a current **Choke Safe Certificate** from a Massachusetts approved program. The law requires one certified individual on duty during all hours of operation (multiple certifications may be required). *Required only for establishments serving food with 25 seats or more, per 105 CMR 590.009(E).*

_____ **Floor plans** (minimum of 11 x 14 inches in size), accurately drawn to a minimum scale of ¼ inch = 1 foot, showing each area where food or beverages are stored, prepared, or served. Each piece of food equipment intended for use must be represented, in approximate scale, in its intended location on the plan.

Drawings must also indicate location of all: *food preparation sinks *3-compartment sinks *hand-washing sinks *mop/wastewater sinks *entrances and exits * loading and receiving areas *dressing rooms *locker areas *employee/customer restrooms *customer self-service areas *chemicals and paper storage areas *storage of clean pots, utensils and service ware *countertop and floor mounted equipment *outdoor trash, recyclable and grease storage

_____ **Food Equipment Schedule** – A numbered list of each major piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment, and registers.

_____ **Manufacturers specification (“cut sheets”)** for each piece of equipment shown on the plan. Note: All food handling equipment must be of durable construction, made of food grade

materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory (UL).

_____ A copy of a **Hazard Analysis Critical Control Point (HACCP) Plan**, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high-risk foods or processes as described in the 2013 Food Code and/or 105 CMR 590.000. *Required only for establishments planning to use certain processes; please read below to determine applicability.*

HACCP and Variance Requirements

Specialized processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and variance plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

PROCESSES REQUIRING A HAACP PLAN

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous (e.g., acidified sushi rice).
- Pre-packaged juice shall be obtained from a processor with a HACCP system as specified in 21 CFR Part 120 Hazard Analysis and Critical Control (HACCP) Systems; and be obtained pasteurized or otherwise treated to attain a 5-log reduction of the most resistant microorganism of public health significance as specified in 21 CFR Part 120.24 Process Controls.
- Use of un-pasteurized shell eggs in Highly Susceptible Population operations to prepare food in quantities other than single serving portions. (e.g., fresh eggs to prepare scrambled eggs for a daycare facility)
- Packing food using Reduced Oxygen Packaging (ROP) except where a barrier to Clostridium botulinum in addition to refrigeration exists (e.g., cryovac, cook chill, sous-vide)
- Custom processing animals in a food establishment that are for personal use as food, and not for sale or service in a food establishment. (e.g., deer hunters)
- Custom processing of aquatic animals for sale (e.g., frogs)
- Molluscan shellfish tanks used to store and display shellfish that are offered for human consumption (e.g., abalone). Note: this does not apply to lobsters.
- Smoking or Curing food as a method of food preservation rather than flavor enhancement.

BOARD OF HEALTH VARIANCE

Using time only, rather than time in conjunction with temperature, as a public health control (e.g., pizza other than cheese, calzones, hollandaise sauce). You must provide a written procedure of the food for which you are requesting a variance for due to using TPHC, how the food will be marked or otherwise identified to indicate the time that is 4 hours after the time the food is removed from temperature control, and how the food in unmarked rack, containers, or packages to exceed a 4-hour limit will be discarded.

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

- 1) Provide plans that are a minimum of 11 x 14 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;

10) At least 110 lux (10-foot candles) at 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;

(1) 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 75 cm (30 inches) above the floor in areas used for handwashing, ware washing, and equipment and utensil storage, and in toilet rooms; and

(2) 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.

11) 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).

12) 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;

A color-coded flow chart demonstrating flow patterns for:

- food (receiving, storage, preparation, service);
- food and dishes (portioning, transport, service);
- dishes (clean, soiled, cleaning, storage);
- utensil (storage, use, cleaning);
- trash and garbage (service area, holding, storage);

13) Ventilation schedule for each room.

14) A mop sink or curbed cleaning facility with facilities for hanging wet mops.

15) Garbage can wash area/facility.

16) Cabinets for storing toxic chemicals.

17) Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.

City of Medford

Board of Health Department

Plan Review

Submission Date: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Contact Information

Name of Establishment: _____

Establishment Address: _____

Establishment Telephone if available: _____

Name of Business Owner: _____

Business Owner's Mailing Address: _____

Owner's Telephone: _____

Applicant's Name (*if other than owner*): _____

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

Applicant's Mailing Address: _____

Applicant's Telephone: _____

If applicable, provide name and phone number of architect representing the owner/operator and submitting the required information:

Architect Name: _____ Phone Number: _____

Business Plan Information

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

Number of Seats: _____ Number of Staff: _____

Total Square Feet of Facility: _____

Number of Floors on which are conducted: _____

Maximum Meals to be Served (*approximate number*):

Breakfast _____ Lunch _____ Dinner _____

Type of Service: (*check all that apply*)

Pre-packaged ___ Cook, Hot Hold, & Serve ___ Cook, Hot Hold, Cool, & Reheat ___

FOOD PREPARATION REVIEW

Check categories of **Time/Temperature Control for Safety Food** (TCS's) to be handled, prepared, and served.

<u>CATEGORY</u> *	<u>(YES)</u>	<u>(NO)</u>
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 & toppings)	()	()
6. Other _____ _____		

APPLICANT: Please check appropriate boxes with a check mark ✓

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES () NO ()
(Please provide a list of the approved sources proof of regulatory permit/licensure of the food source)

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 frozen, and refrigerated foods at 41EF (5EC) 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 **Time/Temperature Control for Safety Food** (TCS's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*Large or Bulk Frozen Foods	*Portioned 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.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of TCSs? YES () NO ()

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

beef roasts	130°F (121 min)
solid seafood pieces	145°F (15 sec)
other TCSs eggs:	145°F (15 sec)
Immediate service	145°F (15 sec)
pooled*	155°F (15 sec)
(*pasteurized eggs must be served to a highly susceptible population)	
pork	145°F (15 sec)
comminuted meats/fish	155°F (15 sec)
poultry	165°F (15 sec)
reheated TCSs	165°F (15 sec)

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot TCSs 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 TCSs be maintained at 41°F (5°C) or below during holding for service?
Indicate type and number of cold holding units.

COOLING:

How TCSs 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. Please indicate by checking the appropriate boxes (X).

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)					

REHEATING:

1. How will TCSs that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? YES () NO ()

Method of training:

Number(s) of employees: _____

Dates of completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES () NO ()

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES () NO ()

Please describe briefly:

Will employees have paid sick leave? YES () NO ()

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

Chemical Type: _____

Concentration: _____

Test Kit: YES () NO ()

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES () NO ()

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 TCSs will be kept in the temperature danger zone (41°F - 140°F) during preparation.

9. Will the facility be serving food to a highly susceptible population? YES () NO ()

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

FINISH SCHEDULE

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

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

INSECT AND RODENT CONTROL

Per the Rodent Control Ordinance, attach the pest control contract, Integrated Pest Management Plan from your pest control company, and rodent control fee of \$25.00 (check only).

APPLICANT: Please check appropriate boxes with a check mark

	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 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?	()	()	()
0. Will refuse be stored inside? If so, where? _____ _____	()	()	()
1. Is there an area designated for garbage can or floor mat cleaning?	()	()	()

Per the Medford Dumpster Regulation, dumpster haulers must be registered through the Health Department for you to obtain a dumpster permit. Please attach the dumpster hauler contract details to the plan review application.

<u>Outside</u>	YES	NO	NA
11. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____ Hauler _____	()	()	()
12. Will a compactor be used? Number _____ Size _____ Frequency of pick up _____ Hauler _____	()	()	()
13. Will garbage/trash cans be stored outside?	()	()	()
14. Describe surface and location where dumpster/compactor/garbage/trash cans are to be stored			

15. Describe location of grease storage receptacle			

16. Is there an area to store recycled containers?	()	()	()
Describe _____			

Indicate what materials are required to be recycled;			
() Glass			
() Metal			
() Paper			
() Cardboard			
() Plastic			
17. Is there any area to store returnable damaged goods?			
	() Yes	() No	() Not Applicable

PLUMBING CONNECTIONS- Please indicate by checking the appropriate boxes (X).

	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. Hand wash d. 3Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration condensate/ drain lines						
28. Hose connection						
29. Potato peeler						

30. Beverage Dispenser w/carbonator						
31. Other						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

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

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? YES () NO ()
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?

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 _____

Per the Medford Grease Trap Regulation, grease trap haulers must be registered through the Health Department. Please attach the grease trap hauler contract details to the plan review application.

DRESSING ROOMS

43. Are dressing rooms provided? YES () NO ()

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____

GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & 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 MAKEUP CFM

54. How is each listed ventilation hood system cleaned?

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 ()

DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?
 Dishwasher ()
 Two compartment sink ()
 Three compartment sink ()

58. Dishwasher (*If applicable*)
 Type of sanitization used:
 Hot water (temp. provided) _____
 Booster heater _____
 Chemical type _____
 Is ventilation provided? YES () NO ()

59. Do all dish machines have templates with operating instructions? (*If applicable*)
 YES () NO ()

60. Do all dish machines have temperature/pressure gauges as required that are accurately working?
YES () NO () N/A()

61. Does the largest pot and pan fit into each compartment of the pot sink?
YES () NO ()

If no, what is the procedure for manual cleaning and sanitizing?

62. Are there drain boards on both ends of the pot sink?
YES () NO ()

63. What type of sanitizer is used?
Chlorine ()
Iodine ()
Quaternary ammonium ()
Hot water ()
Other ()

64. Are test papers and/or kits available for checking sanitizer concentration?
YES () NO ()

HANDWASHING/TOILET FACILITIES

65. Is there a 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 () N/A()

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 ()

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) _____

Food Establishment Owner

Signature(s) _____

RS or CP-FS Food Consultant/ 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 preopening 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.

Board of Health Review Approval/Denial

Board of Health Reviewer: _____

Reviewer Signature

Date

Reviewer Title

APPROVAL: _____

DATE: _____

DISAPPROVAL: _____

DATE: _____

REASON FOR DISAPPROVAL:
