City of Medford

Board of Health

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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: _____
Projected Opening Date: _____

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).**

DEFINITIONS

Acceptable Food Equipment means food equipment that is deemed to be in conformance with Food Code provisions such as equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI)-accredited certification program. Such equipment is deemed to comply with Parts 4-1 and 4-2 of the Food Code.

Under ANSI document CA-1 ANSI Policy and Criteria for Accreditation of Certification Programs, it has been stipulated that:

"For food equipment programs, standards that establish sanitation requirements shall be specified government standards or standards that have been ratified by a public health approval step. ANSI shall verify that this requirement has been met by communicating with appropriate standards developing organizations and governmental public health bodies."

The term "certified" is used when an item of food equipment has been evaluated against an organization's own standard. The term "classified" is used when one organization evaluates an item of food equipment against a standard developed by another organization.

Air Break means a piping arrangement in which a drain from a fixture, appliance, or device discharges indirectly into another fixture, receptacle or interception at a point below the flood level rim. The connection does not provide an unobstructed vertical distance and is not solidly connected but precludes the possibility of backflow to a potable water source.

Air Gap means the unobstructed vertical distance through the free atmosphere between the lowest opening from any pipe or outlet supplying fixture, or other device, and the flood level rim of the receptacle. The vertical physical separation shall be at least two times the inside diameter of the water inlet pipe above the flood rim level but shall not be less than one inch.

Approved means acceptable to the regulatory authority based on a determination of conformity with principles, practices, and generally recognized standards that protect public health.

Backflow means the flow of water or other liquids, mixtures, or substances into the distributing pipes of a potable supply of water from any source or sources other than its intended source. Back-siphonage is one type of backflow.

Backflow Preventer means a device or means to prevent backflow.

Back-siphonage means the flowing back of used, contaminated, or polluted water from a plumbing fixture or vessel or other sources into a potable water supply pipe due to a negative pressure in such pipe.

Corrosion-resistant material means free of cracks or other openings that allow the entry or passage of moisture.

Easily Disassembled Equipment means equipment that is accessible for cleaning and inspection by:

(a) Disassembling without the use of tools, **OR**

(b) Disassembling with the use of handheld tools commonly used available to maintenance and cleaning personnel such as screwdrivers, pliers, open-end wrenches and Allen wrenches.

Easily Movable means:

(a) Weighing 14 kg (30 pounds) or less; mounted on casters, gliders, or rollers; or provided with a mechanical means requiring no more than 14 kg (30 pounds) of force to safely tilt a unit of equipment for cleaning; **AND**

(b) Having no utility connection, a utility connection that disconnects quickly, or a flexible utility connection line of sufficient length to allow the equipment to be moved for cleaning of the equipment and adjacent area.

Equipment

(a) **Equipment** means an article that is used in the operation of a food establishment such as a freezer, grinder, hood, ice maker, meat block, mixer, oven, reach-in refrigerator, scale, sink, slicer, stove, table, temperature measuring device for ambient air, vending machine, or warewashing machine.

(b) **Equipment** does not include items used for handling or storing large quantities of packaged foods that are received from a supplier in a cased or overwrapped lot, such as hand trucks, forklifts, dollies, pallets, racks, and skids.

Facility See **Physical facilities**

Food Employee means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces.

Food Establishment

(a) **Food establishment** means an operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption:

(i) Such as a restaurant; satellite or catered feeding location; catering operation if

the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank **AND**

(ii) That relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.

(b) **Food establishment** includes:

(i) An element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location *unless the vending or feeding location is permitted by the regulatory authority **AND***

(ii) An operation that is conducted in a mobile, stationary, temporary, or permanent facility or location where consumption is on or off the premises; and regardless of whether there is a charge for the food.

(c) ***Food establishment*** *does not include*:

(i) *An establishment that offers only prepackaged foods that are not potentially hazardous*;

(ii) *A produce stand that only offers whole, uncut fresh fruits and vegetables*;

(iii) *A food processing plant*;

(iv) *A kitchen in a private home if only food that is not potentially hazardous is prepared for sale or service at a function such as a religious or charitable organization's bake sale if allowed by law and if the consumer is informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the regulatory authority*;

(v) *An area where food that is prepared as specified in Subparagraph (c)(iv) of this definition is sold or offered for human consumption*;

(vi) *A kitchen in a private home, such as a small family day-care provider; or a bed-and-breakfast operation that prepares and offers food to guests if the*

home is owner occupied, the number of available guest bedrooms does not exceed 6, breakfast is the only meal offered, the number of guests served does not exceed 18, and the consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the food is prepared in a kitchen that is not regulated and inspected by the regulatory authority; ***OR***

(vii) *A private home that receives catered or home-delivered food*.

HACCP Plan means a written document that delineates the formal procedures for following the Hazard Analysis Critical Control Point principles developed by The National Advisory Committee on Microbiological Criteria for Foods.

Highly susceptible population means a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised or older adults and in a facility that provides health care or assisted living services, such as a hospital or nursing home; or preschool age children in a facility that provides custodial care, such as a day care center.

Linens means fabric items such as cloth hampers, cloth napkins, tablecloths, wiping cloths, and work garments including cloth gloves.

Physical facilities means the structure and interior surfaces of a food establishment including accessories such as soap and towel dispensers and attachments such as light fixtures and heating or air conditioning system vents.

Plumbing fixture means a receptacle or device that:

(a) Is permanently or temporarily connected to the water distribution system of the premises and demands a supply of water from the system **OR**

(b) Discharges used water, waste materials, or sewage directly or indirectly to the drainage system of the premises.

Plumbing system means the water supply and distribution pipes; plumbing fixtures and traps; soil,waste, and vent pipes; sanitary and storm sewers and building drains, including their respective connections, devices, and appurtenances within the premises; and water-treating equipment.

Premises means:

(a) The physical facility, its contents, and the contiguous land or property under the control of the permit holder **OR**

(b) The physical facility, its contents, and the land or property not described under Subparagraph (a) of this definition if its facilities and contents are under the control of the permit holder and may impact food establishment personnel, facilities, or operations,

if a food establishment is only one component of a larger operation such as a health care facility, hotel, motel, school, recreational camp, or prison.

Refuse means solid waste not carried by water through the sewage system.

Regulatory Authority means the local, state, or federal enforcement body or authorized representative having jurisdiction over the food establishment.

Time/Temperature Control for Safety Foods (TCS) ***Note: TCS foods were previously referred to as Potentially Hazardous Food*** *(PHF)*:

(a) **"Time/Temperature Control for Safety Food"** means a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting:

(i) The rapid and progressive growth of infectious or toxigenic microorganisms;

(ii) The growth and toxin production of ***Clostridium botulinum***; **OR**

(iii) In raw shell eggs, the growth of ***Salmonella enteritidis***.

(b) **" Time/Temperature Control for Safety Food "** includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic and oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified under Subparagraph (a) of this definition.

(c) ***"*** **Time/Temperature Control for Safety Food** ***"*** *does not include:*

(i) *An air-cooled hard-boiled egg with shell intact;*

(ii) *A food with an* a_w *value of 0.85 or less;*

(iii) *A food with a pH level of 4.6 or below when measured at 24°C (75°F);*

(iv) *A food, in an unopened hermetically sealed container, which is commercially processed to achieve and maintain commercial sterility under conditions of non-refrigerated storage and distribution;* ***AND***

(v) *A food for which laboratory evidence demonstrates that the rapid and progressive growth of infectious or toxigenic microorganisms or the growth of* ***S. enteritidis*** *in eggs or* ***C. botulinum*** *cannot occur, such as a food that has an* a_w *and a pH that are above the levels specified under Subparagraphs*

(c)(ii) and (iii) of this definition and that may contain a preservative, other barrier to the growth of microorganisms, or a combination of barriers that inhibit the growth of microorganisms.

(vi) *A food that may contain an infectious or toxigenic microorganism or chemical or physical contaminant at a level sufficient to cause illness, but that does not support the growth of microorganisms as specified under Subparagraph (a) of this definition.*

Safe material means:

(a) An article manufactured from or composed of materials that may not reasonably be expected to result, directly or indirectly, in their becoming a component or otherwise affecting the characteristics of any food;

(b) An additive that is used as specified in 409 or 706 of the Federal Food, Drug, and Cosmetic Act; **OR**

(c) Other materials that are not additives and that are used in conformity with applicable regulations of the Food and Drug Administration.

Sealed means free of cracks or other openings that allow the entry or passage of moisture.

Sewage means liquid waste containing animal or vegetable matter in suspension or solution and may include liquids containing chemicals in solution.

Smooth means:

(a) A food-contact surface having a surface free of pits and inclusions with a cleanability equal to or exceeding that of (100 grit) number 3 stainless steel;

(b) A nonfood-contact surface of equipment having a surface equal to that of commercial grade hot-rolled steel free of visible scale; and

(c) A floor, wall, or ceiling having an even or level surface with no roughness or projections that render it difficult to clean.

Vacuum Breaker See **Backflow Preventer**

QUESTIONS TO CONSIDER:

1. Will the menu offer food that requires extensive preparation (washing, cutting, mixing, etc.)?

   The number and placement of hand sinks becomes more important with more complex food preparation. A culinary sink is needed for washing fruits and vegetables and for other preparation.

2. What hours will the food service be open?
   lunch and dinner?... 24 hours per day?

   Increased equipment capacity and storage space should be considered for establishments with extended hours of operation. Highly durable floor, wall and ceiling finishes should be considered.

3. How much food will be cooked and immediately served, or prepared in advance for later service?

   Preparing food in advance requires more refrigeration space for thawing foods, cooling hot foods, and storing of cold foods.

4. How often will supplies be delivered?

   The delivery frequency is important in determining the amount of refrigerated, frozen and dry food storage space.

5. What is the maximum number of employees working on one shift?

   The number of employees is necessary to determine work/aisle space and the number of lockers to provide.

6. Have you or any of your employees been trained in food safety or Hazard Analysis Critical Control Point (HACCP) concepts?

   Training in both food safety principles and HACCP principles provides you and your employees with insight into the numerous hazards encountered in a food establishment.

PLAN REVIEW REQUIREMENTS

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

____ **Site Plan.** Show location of business in building; location of building on site including alleys, streets, and location of any outside equipment (dumpsters, well, septic system – if applicable).

____ **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, on an 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).

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____ 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 the 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;

    (a) At least 220 lux (20-foot candles):
    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.

    Inside equipment such as reach-in and under-counter refrigerators.

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

    (b) 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.

13. A color-coded flow chart demonstrating flow patterns for:

    (a) food (receiving, storage, preparation, service)
    (b) food and dishes (portioning, transport, service);
    (c) dishes (clean, soiled, cleaning, storage);
    (d) utensil (storage, use, cleaning);
    (e) trash and garbage (service area, holding, storage);

14. Ventilation schedule for each room.
15. A mop sink or curbed cleaning facility with facilities for hanging wet mops.
16. Garbage can wash area/facility.
17. Cabinets for storing toxic chemicals.
18. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required.

City of Medford

Board of Health Department

Food Establishment Plan Review

May, 2025

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: _____
Business Owner's Email Address: _____
Owner's Telephone: _____

Applicant's Name *(if other than owner)*: _____
Title (owner, manager, architect, food consultant, etc.):
_____
Applicant's Mailing Address:
_____
Applicant's Email Address: _____
Applicant's Telephone: _____

If applicable, provide the 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.

CATEGORY	YES	NO
1. Thin meats, poultry fish, eggs (hamburger; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (roast beef; whole turkey, chicken, 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 41°F (5°C) and below? YES ( ) NO ( )
Provide the method used to calculate cold storage requirements.

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

If yes, how will cross-contamination be prevented?

_____
_____
_____

3.Does each refrigerator/freezer have a thermometer? YES ( ) NO ( )

Number of refrigeration units: _____

Number of freezer units: _____

4. Is there a bulk ice machine available? YES ( ) NO ( )

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen **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:

_____
_____
_____
_____

5. Will employees have paid sick leave YES (..) NO ( )

6. 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 ( )

7. 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. Provide an HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? YES ( ) NO ( )
    If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

    _____
    _____
    _____

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, REFUSE, AND RECYCLABLES

Inside

1. Do all containers have lids?	( )	( )	( )
2. Will refuse be stored inside? If so, where? _____ _____	( )	( )	( )
3. 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.

The City of Medford, in support of state law, mandates recycling. Your solid waste hauler must offer recycling services.

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Outside	**YES**	**NO**	**NA**
1. Will a dumpster be used for solid waste? Number _____ Size _____ Frequency of pickup _____ Hauler _____	( )	( )	( )
2. Will a compactor be used for solid waste? Number _____ Size _____ Frequency of pick up _____ Hauler _____	( )	( )	( )
3. Will garbage/trash cans be stored outside?	( )	( )	( )
4. Will a dumpster be used for recyclables? Number _____ Size _____ Frequency of pickup _____ Hauler _____	( )	( )	( )
5. If a dumpster is not used for recyclables specify the container type (barrel, cart, etc.) Type _____ Number ____Size _____ Frequency of pickup _____ Hauler _____			

6. Describe surface and location where dumpster/compactor/garbage/trash cans are to be stored

   _____
   _____
   _____

7. Is there an area to store returnable damaged YES ( ) NO ( ) N/A ( )

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

9. Describe the location of grease storage receptacle.

   _____
   _____

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

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice machines						
Ice storage bin						
Sinks **a. Mop** **b. Janitor** **c. Hand wash** **d. 3Compartment** **e. 2 Compartment** **f. 1 Compartment** **g. Water Station**						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Potato peeler						

.Beverage Dispenser w/carbonator						
.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 wastewater 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.

WATER SUPPLY

1. Is the water supply public ( ) or private ( ) ?

   If private, has source been approved? YES ( ) NO ( ) PENDING ( ) Please attach a copy of written approval and/or permit.

2. Is ice made on premises ( ) or purchased commercially ( ) ?

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

3. Describe provision for ice scoop storage:_____
   _____

4. Provide location of ice maker or bagging operation_____

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

6. Is the hot water generator sufficient for the needs of the establishment? YES ( ) NO ( )

7. 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)

8. Is there a water treatment device? YES ( ) NO ( )
   If yes, how will the device be inspected & serviced?
   _____
   _____

9. How are backflow prevention devices inspected & serviced?
   _____
   _____

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

SEWAGE DISPOSAL

1. Is building connected to a municipal sewer? YES ( ) NO ( )

2. If no, is private disposal system approved? YES ( ) NO ( ) PENDING ( )
   Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES ( ) NO ( )
   If so, where? _____
   Provide schedule for cleaning & maintenance_____

4. Grease Traps must be cleaned, at a minimum, every 90 days
   Number of Traps_____
   Frequency of pickup _____
   Hauler _____

.

DRESSING ROOMS

1. Are dressing rooms provided YES ( ) NO ( )

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

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES ( ) NO ( )
   Indicate location: _____
   _____

2. 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 ( )

3. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES (NO ( )

4. Will linens be laundered on site? YES ( ) NO ( )
   If yes, what will be laundered and where? _____
   _____
   If no, how will linens be cleaned? _____

   Is a laundry dryer available? YES ( ) NO ( )

5. Location of clean linen storage: _____
   _____

6. Location of dirty linen storage: _____
   _____

7. Are containers constructed of safe materials to store bulk food products? YES ( ) NO ( )
   Indicate type: _____
   _____

8. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

9. How is each listed ventilation hood system cleaned?

_____

_____

_____

SINKS

1. Is a mop sink present? YES ( ) NO ( )
   If no, please describe facility for cleaning of mops and other equipment.
   _____

   _____

2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( ) N/A ( )

DISHWASHING FACILITIES

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

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

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

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

5. 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?
   _____
   _____

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

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

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

HANDWASHING/TOILET FACILITIES

1. Is there a handwashing sink in each food preparation and warewashing area?
   YES ( ) NO ( )

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ( ) NO ( )

3. 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 ( )

4. Is hand cleanser available at all handwashing sinks? YES ( ) NO ( )

5. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?
   YES ( ) NO ( )

6. Are covered waste receptacles available in each restroom? YES ( ) NO ( )

7. Is hot and cold running water under pressure available at each handwashing sink?
   YES ( ) NO ( )

8. Are all toilet room doors self-closing? YES ( ) NO ( )

9. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )

10. If required, is a handwashing sign posted in each employee restroom? YES ( ) NO ( )

SMALL EQUIPMENT REQUIREMENTS

Please specify the number, location, and types of each of the following:

(a) Slicers _____

(b) Cutting boards _____

(c) Can openers _____

(d) Mixers_____

(e) Floor mats _____

(f) 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:

_____

_____

_____

_____

_____

_____

_____