



TOWN OF RANDOLPH - BOARD OF HEALTH

NEW or REMODELED FOOD ESTABLISHMENT HANDOUT
New, Remodeling or Change of Use

PLAN REVIEW WORKSHEET – FOOD ESTABLISHMENTS

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PLAN REVIEW – WHAT YOU NEED TO DO FIRST

Prior to your plan review you must:

1. Submit floor plans
2. Submit a full menu
3. Submit manufacturer's specification sheet for each piece of equipment
4. Submit a check for the appropriate Food Service Permits (amount varies upon completion)
5. Complete a Food Establishment Application (attached)
6. Have Food Manager and Allergy Awareness certificates (5yr exp)
7. Arrange for a time to review your plans with the Health Agent.

PERMITS NEEDED TO OPERATE A FOOD ESTABLISHMENT

Types of Food Permits

- Food Service: Where any food product is heated, opened, sliced or prepared in any way.
- Frozen Dessert: Machine and mix used to generate a semi-solid food product or slush (also requires monthly testing – standard plate bacteria count and coliform count by a certified laboratory). Laboratory test results must be sent to the Board of Health.
- Retail: Products are packaged by a licensed manufacturer and remains intact until opened by consumer.
- Catering: Preparation and transportation of meals intended for individual portion service or a company preparing food in a location other than their permitted establishment.
- Bakery: Preparation of baked goods.
- Mobile: Self-propelled vehicle-mounted food establishment or push cart.

Other Town Permits

- Building Dept: Building and Zoning regulations (if establishment is permitted use-building, gas and electrical permits).
- Plumbing Inspector: Located at the Board of Health office
- Code Compliance: Sign permits. (See Building Department)
- Board of Selectmen: Common Victual (seating) and Alcohol licenses.
- Town Clerk: Local business certificate registration (a/k/a doing business as)
- Planning Board: Site Planning and/or Special permitting
- Conservation: Site Planning and wetlands protection permitting
- Fire Dept.: Fire Suppression systems, detectors and fuel supply
- Police Dept. Public Safety

I have submitted plans/applications to the following (please note date of submittal on applicable line):

_____ Board of Selectmen	_____ Plumbing/Gas
_____ Zoning	_____ Electrical
_____ Planning	_____ Police
_____ Building	_____ Fire
_____ Other	_____ Conservation

RANDOLPH BOARD OF HEALTH

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TEL. (781) 961-0924

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NEW FOOD ESTABLISHMENT PLAN AND SPECIFICATION APPLICATION

_____ New _____ Remodel _____ Change or additional use

Name of Establishment: _____

Address: _____ Telephone/Cell #: _____

Name of Owner: _____

Mailing Address: _____

Telephone/Cell #: _____

Applicant's Name: _____

Mailing Address: _____

Telephone/Cell#: _____

Title (owner, manager, operator, etc): _____

Meals to be served (approximate number): No. of Seats: _____

_____ Breakfast No. of Staff: _____

_____ Lunch (maximum per shift)

_____ Dinner

_____ Number of Floors Square Feet: _____

Please enclose the following documents:

- _____ Proposed Menu (including off-site and banquet menus)
- _____ Manufacturer's Specification sheets for each piece of equipment, new or used ("cut" sheets)
- _____ Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpsters, well, septic system – if applicable)
- _____ Floor Plan layout drawn to scale (1/4 inch = 1 foot) of facility showing location of equipment. *

Please make certain the following information is available on plans or attached on additional documents:

- Details of lighting – location, type and of shielding
- Details of ventilation – mechanical or natural, CFM
- Location and size of all grease traps, also known as "interceptors", (inside and outside)
- Location of employee and/or patron restrooms including lavatories, water closets and urinals
- Location of employee dressing rooms and/or lockers
- Note that ceiling, walls and floors must be suitably finished to facilitate cleaning. All stud, joists and unfinished wood must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing

**Floor Plans may be hand-drawn and do not need to be prepared by an engineer or architect. Location of all food equipment, counters, tables, chairs, sinks and bathrooms must be shown at minimum.*

SPECIFICATIONS

A. Finish Schedule

Indicate type of materials to be used (i.e. quarry tile, stainless steel, 4 inch plastic covered molding, etc)

	Floor	Walls	Ceiling
Kitchen			
Bar			
Ware Washing			
Food Storage			
Other Storage			
Toilet Rooms			
Dressing Rooms			
Garbage & Refuse Storage			
Mop Service Basin Area			
Walk-In Refrigerators and Freezers			

B. Insect and Rodent Control

Applicant: Please check appropriate boxes

	Yes	No	N/A
1. Are all outside doors self-closing with rodent proof flashing?			
2. Are screen doors provided on outside doors for use in summer?			
3. Do all operable windows have minimum #16 mesh screening?			
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?			
5. Are air curtains used? If yes, where? _____			

	Yes	No	N/A
6. Describe method of keeping area around building free of unnecessary brush, litter, boxes or other material that may harbor rodents or pests? _____ _____ _____ _____			

C. Garbage and Refuse Inside

	Yes	No	N/A
7. Do all containers have lids?			
8. Will refuse be stored inside? If so, where? _____			
9. Is there a can cleaning sink or area?			
Outside			
10. Will a dumpster be used? Number _____ Size _____ Frequency of pick-up _____ Contractor _____ Note: Compactor may be required ***			
11. Will cans be stored outside?			

12. Describe the surface on which dumpster/compactor/cans are to be stored:

13. Describe the location of grease storage dumpsters, (if applicable):

D. Plumbing

According to manufacturer specification, please describe back-siphonage protection of the following (Examples: air gap; air break; “P” trap; Vacuum Breaker; Other – describe)

	Type	Description
14. Toilets		
15. Urinals		
16. Dishwasher		
17. Garbage Grinder		
18. Ice Machine		
19. Ice Storage Bin		
20. Sinks		
a. Mop Sink		
b. Janitor		
c. Hand wash		
d. 3 Compartment		
e. 2 Compartment		
f. 1 Compartment		
21. Steam Tables		
22. Dipper Wells		
23. Refrigeration condensate/ drain lines		
24. Hose Connection		
25. Beverage Dispenser with Carbonator		

26. Soap dispensers (wall mounted, individual free standing pump dispensers) location and number

27. Hand drying facilities (paper towels, air blower, etc) location and number

28. Describe waste receptacles in each restroom

E. Waste Supply

- 29. Is water supply public? _____ or private? _____
- 30. If private, has source been approved? Yes () No () Pending ()
Please attach copy of written approval
- 31. Is ice made on premises () or purchased commercially ()?
If on premises, are specifications of machine enclosed? Yes () No ()

F. Sewage Disposal

- 32. Is building connected to municipal sewer? Yes () No ()
- 33. If no, has private disposal system been approved? Yes () No () Pending ()
Please attach copy of written approval and/or permit

Grease traps (inside) _____ # gallons; outside _____ # gallons
Name of septage hauler contracted to pump grease trap: _____
(Required on a quarterly basis by state law and local regulation)

G. Dressing Rooms

- 34. Are separate dressing rooms provided?
- 35. Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, etc)

H. General

- 36. Describe facilities for (food) separation of storage of insecticides/rodenticides and detergents/sanitizers/cleaning agents/caustics/acids/polishes and first-aid supplies/personal medications.

Name of pest control company _____ Phone No. _____
Frequency of visits: _____

- 37. Are laundry facilities located on premises? Yes () No ()
If yes, what will be laundered _____

Is location physically separated from food preparation areas and ware washing? Yes () No ()

- 38. Location of clean linen storage: _____
- 39. Location of dirty linen storage: _____

I. Exhaust Hoods

Hood Locations	Filters &/or Extraction Devices	Square Feet	Fire protection	Air Capacity CFM

J. Sinks

40. Is a separate mop sink present? Yes () No ()

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

41. Is a separate food preparation sink present? Yes () No ()

42. Is a separate hand wash sink present in the food preparation area? Yes () No ()

K. Dishwashing Facilities

43. Will sinks or a dishwasher be used for ware washing?

Dishwasher ()

Three Compartment Sink ()

Both

()

44. If dishwasher, type:

Hot Water ()

Chemical ()

If hot water:

Temperature of wash water _____

Temperature of final rinse _____

Is heater booster proved? Yes () No ()

If chemical:

Type of chemical _____

Automatic Feed Yes () No ()

45. Three compartment sink:

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

Are there drain boards on both ends? Yes () No ()

What type of sanitizer is used?

Chlorine () Iodine () Quaternary ammonium ()

Please make certain the correct **sanitizer test kits** required for testing your sanitizer and **food and equipment thermometers** are available at the time of the pre-opening inspection.

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

Signature: _____

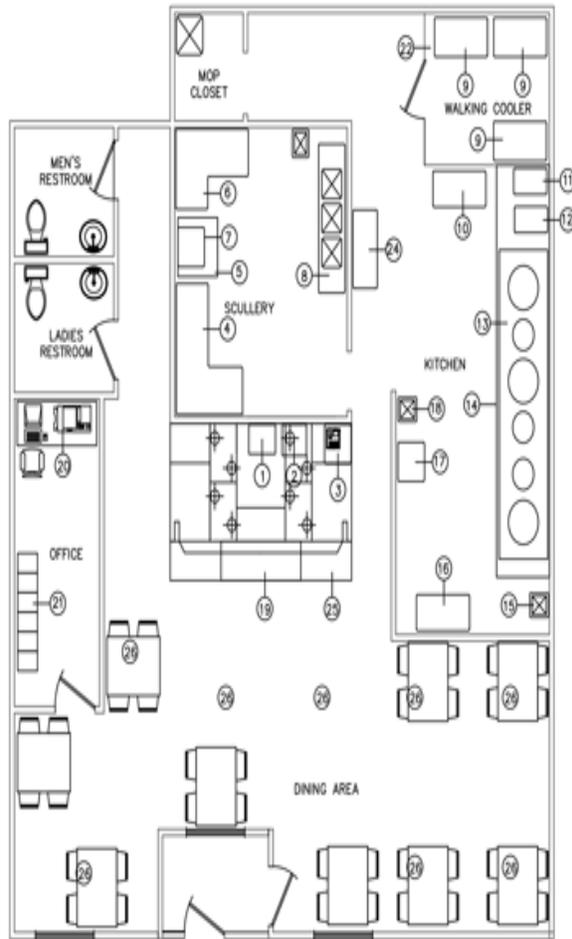
Date: _____

Operator(s) or responsible representative(s): _____

Approval of these plans and specifications by the Randolph Board of Health does not indicate compliance with any other code, law, or regulations that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

**UPON COMPLETION – CONTACT, HEALTH OFFICER
FOR APPOINTMENTS AT (781) 961-0924**

EXAMPLE PLAN



REVISIONS:

Design 3-11-2015

SCALE
As Shown

DATE:
Jan-2014

DRAWING

GENERAL NOTES:

These drawing shall be read with the specification

All dimensions and level shall be verified on site by the Contractor prior to commencing work.

Do not scale from drawing. Work to figured dimensions only.

Materials and workmanship shall comply with relevant current AS codes, the BCA and the accompanying specification.

EQUIPMENT PLAN

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