

Board of Health
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APPLICATION FOR A PLAN REVIEW

1) Establishment Name:

2) Establishment Address:

GUIDELINES FOR OPENING A NEW FOOD ESTABLISHMENT OR RENOVATING AN EXISTING ESTABLISHMENT

Welcome, we are pleased that you have chosen to start or renovate your food establishment in Winchester. We have developed this packet of information to guide you through the Plan Review process which is required by the state regulations which govern all establishments in Massachusetts which prepare and/or sell food (105 CMR 590.00).

The plan review application should be approved before renovation work is undertaken or equipment installed. The purpose of receiving prior approval of plans is to:

- Prevent costly errors to food establishment operators resulting from additional money being spent on changes in construction, equipment or from delays in opening;
- Prevent misunderstandings between the operator and the Health Department as to what is expected;
- Prevent food borne illnesses resulting from inadequate or poorly designed facilities/equipment;
- Ensure compliance with applicable ordinances, regulations and laws.

Please note that you may need permits from other Departments.

- Please contact the Building Department zoning questions, building, plumbing and electrical permits.
- Contact the Fire Department for information about ventilation hoods and fire protection.
- Contact the Town Manager's office for information about Common Victualler and liquor permits.

These processes may be done concurrently. Demolition work can begin once appropriate permits are received from the Building Department. **However, no construction work can begin until a Plan Review Approval is issued by the Health Department.**

Should you have any questions while filling out the Plan Review application or during the process, please do not hesitate to call the Health Department. *A final note, please do not advertise or schedule a "Grand Opening" unless you are confident all final approvals from all Town Departments will be done by that time.*

Materials to be submitted for the Plan Review

1. _____ **Plan Review Application Fee:** Payable to the Town of Winchester:
\$50 Simple Renovation
\$100 New or Major Renovation

2. _____ **Site plan**
Showing building on-site and location of business in building; include alleys, streets; and location of any outside equipment (dumpsters, walk-in coolers, loading docks); show receiving area

3. _____ **Floor Plan**
Drawn to scale of food establishment showing location of all equipment, plumbing, electrical services and mechanical ventilation; label work stations.

4. _____ **Specifications for all Equipment**
Including notation of ANSI or National Sanitation Foundation (NSF) certification

5. _____ **Proposed Menu (s)**

6. _____ **Number of Person(s) Food Safety Manager Certified** (attach copy of certificate(s))

7. _____ **Number of Person(s) Trained/Certified in Anti-Choking Procedures**
(Requires One Person Certified per Shift for establishments with 25 Seats or More)

8. _____ **Environmental Reports:**
Copy of asbestos containing building materials report and/or 21 E environmental report, if applicable

I have submitted plans/applications to the following authorities:

| DATE | DEPARTMENT | DATE | DEPARTMENT |
|-------------|---------------------------------------|-------------|------------------------------------|
| | Zoning/Building | | Fire Prevention |
| | Planning | | Police |
| | Other | | Town Manager (Liquor/Common Vict): |
| | Town Clerk: (Business Certificate) | | |

| *Menu(s) | Breakfast | Lunch | Dinner |
|---|-----------|--------------------------------------|--------|
| Alcohol Service for On-Premises Consumption | Retail | No Open Food or Beverage | |
| | Retail | Limited Food Handling or Bev Station | |
| | Retail | Malt Beverage/Wine | |
| Caterer: | | | |
| Base of Operations: | | | |
| Mobile Vendor: | | | |
| Commissary: | | | |
| Other: | | | |

*Consumer Advisory Required on TCSs That May be Served Raw or Undercooked

| Hours of Operation: | Sun | Thurs |
|----------------------------|------|-------|
| | Mon | Fri |
| | Tues | Sat |
| | Wed | |

| | |
|---|--|
| Number of Seats: | |
| Number of Staff (Maximum per shift): | |
| Total Facility Square Feet: | |
| Number of Floors: | |
| Projected Date for Start of Project: | |
| Projected Date for Completion of Project: | |

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

A detailed floor plan is required. Each piece of equipment must be clearly labeled on the plan. Designate clearly on the plan: equipment and work stations for

Food Preparation; Cooking; Cooling; Hot and Cold Holding; Food Storage

It may be helpful to include a coded 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)

The series of questions below have been designed, in-part, to engage the operator in planning for carrying out the goals of the organization in a safe and efficient manner, while meeting applicable food codes.

TIME/TEMPERATURE FOOD SAFETY:

Time as a Public Health Control requires written procedures. Otherwise, TCSs (Temperature Control for Safety) foods shall be held hot >135° F or above or held cold <41° F or lower. Designate clearly on the plan the work station and equipment for adequate hot and cold holding of TCS foods including: rapid cooling (ice baths and refrigeration), and re-heating (stove, oven, microwave) and hot-holding (steam table; hot-cabinet).

REFRIGERATION:

All units must have a thermometer inside and capable of maintaining food temperatures at 41° F or lower; freezers 0° F or lower.

Summary of Reach-in Cooler and Walk-in Cooler space in gross cubic feet (cu ft)

Summary of Reach-in Freezer and Walk-in Freezer space in gross cu ft

Determine refrigerated storage needs through calculation: (Vol. per meal (Cu. Ft.) x No. of meals divided by .40 then divide by the height of the unit for a total in square feet. Example: Meat storage = .030 cu ft/meal x 1000 meals divided by .40 = 75 cu ft divided by refrigerator height of 6 feet = 12.5 sq ft needed. See FDA Plan Review Guide, Section III, Part 2 for additional calculations.

DRY STORAGE:

Comprehensive dry storage specifications, i.e. depths of shelves in feet, clearance between shelves in feet, total linear feet of shelving, storeroom floor area in sq ft

HOT WATER:

Summary of hot water supply requirements, including size of hot water heater.

FOOD PREPARATION REVIEW:

Check categories of TCS (Time/Temperature Control for Safety) foods to be handled, prepared and served. (Skip this section for Retail Operations that have only unopened commercially packaged food and no beverage station. Resume application at "Cleaning/Sanitizing").

| | Yes | No |
|---|-----|----|
| Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets): | | |
| Thick meats, whole poultry (roasts, whole turkey, chicken or ham): | | |
| Cold processed foods (salad, sandwiches, vegetables): | | |
| Hot processed foods (soups, stews, rice/pasta, gravy, casserole): | | |
| Bakery goods (pies, custards, cream fillings & toppings): | | |
| Other: | | |

| | Yes | No |
|---|-----|----|
| Will raw meats, poultry and seafood be stored in the same refrigerators with cooked/ready-to-eat foods? | | |
| Will raw meats, poultry and seafood be stored in the same in same freezers with cooked/ready-to-eat foods | | |
| If yes, how will cross-contamination be prevented? | | |

REHEATING: Explain how TCSs that are prepared in advanced (cooked, cooled, and reheated) are reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate how the food will be held hot (135°F minimum) and indicate type and number of units used for reheating foods and hot holding:

COOLING: Please list categories of foods prepared more than 12 hours in advance of service:

Please indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Indicate on the floor plan where the cooling will take place.

| COOLING METHOD | THICK MEATS | THIN MEATS | SOUPS/ GRAVY | RICE/ NOODLES | READY TO EAT | OTHER |
|-----------------------|-------------|------------|--------------|---------------|--------------|-------|
| Shallow Pans | | | | | | |
| Ice Baths | | | | | | |
| Reduce Volume or Size | | | | | | |
| Rapid Chill | | | | | | |
| Other | | | | | | |

| <i>SINKS: Food Preparation and Hand Washing:</i> | | <i>Yes</i> | <i>No</i> |
|---|-----|-------------------|------------------|
| Is there a separate sink for food preparation/washing produce? | | | |
| If not, describe the procedure for separation of tasks. Describe cleaning & sanitizing of a multi-use sink between tasks. | | | |
| Task Separation | | | |
| Cleaning & Sanitizing | | | |
| Will all produce be washed on-site prior to use? | Yes | | No |
| Indicate the number of designated hand sinks and show location on plan. | | | |

CLEANING/SANITIZING:

How will sanitizing of cooking equipment, cutting boards, counter tops and other food contact surfaces be accomplished for those which cannot be submerged in sinks or put through a dishwasher?

| | |
|-----------------|--|
| Chemical Type: | |
| Concentration: | |
| Testing Device: | |

Note, sponges are not permitted for cleaning food contact surfaces; and sanitizers, bucket or spray bottle, must be labeled. Wiping cloths should be kept in fresh sanitizer solution.

EMPLOYEE TRAINING AND POLICIES:

| | Yes | No |
|--|-----|----|
| Will food employees be trained in good food sanitation practices? | | |
| Method of training (If sell/serve alcohol indicate relevant training methods): | | |

Please identify your Certified Food Safety Managers:

| Name | Title | Expiration Date |
|------|-------|-----------------|
| | | |
| | | |
| | | |

| | Yes | No |
|---|-----|----|
| Is there a policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Please describe or attach a written policy: | | |
| Would you like a copy of a "sick policy" guide sheet? | | |

Describe how bare hand contact with ready to eat foods will be avoided:

| | |
|-------------------|--|
| Disposable gloves | |
| Utensils | |
| Food grade paper | |
| Other | |

APPLICANT: Please check appropriate boxes.

| <i>Insect and Rodent Control:</i> | 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 open-able windows have a minimum #16 mesh screening? | | | |
| 4. Is the placement of insect 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? | | | |

| <i>Garbage & Refuse - Inside</i> | YES | NO | NA |
|--|------------|-----------|-----------|
| 8. Do all containers have lids? | | | |
| 9. Will refuse be stored inside? If so, where? | | | |
| 10. Is there an area designated for garbage can or floor mat cleaning? | | | |

| <i>Garbage & Refuse - Outside</i> | YES | NO | NA |
|---|------------|-----------|-----------|
| 11. Will a dumpster(s) be used? | | | |
| Number of dumpster(s) Size of dumpster(s) Frequency of pickup Contractor <i>*The contractor must hold a permit to operate in the Town of Winchester; this applies to both the construction phase as well as food service*</i> | | | |
| Will a compactor be used? | | | |
| Number compactors: Size of compactors: Frequency of pick up: Contractor: | | | |

****The Town of Winchester accepts recyclable materials from Winchester businesses at the Town Transfer Station with a permit.**

Will garbage cans be stored outside? YES NO

Describe surface and location where dumpster/compactor/garbage cans are to be stored:

Describe location of grease storage receptacle; Name of disposal company:

Is there an area to store recycled containers, describe?

| Indicate what materials will be recycled; | YES | NO | NA |
|---|-----|----|----|
| Glass | | | |
| Metal | | | |
| Paper | | | |
| Cardboard | | | |
| Plastic | | | |
| Florescent Light Tubes Containing Mercury Vapor | | | |
| Is there any area to store returnable damaged goods or recalled items pending credit? If no, then how will distressed/expired/recalled food items be segregated from other foods? | | | |

SEWAGE DISPOSAL

| | Yes | No |
|--|-----|----|
| Is building connected to a municipal sewer? | | |
| Are grease traps provided? | | |
| If so, where? | | |
| Provide schedule for cleaning & maintenance (write below or attach); | | |

SINKS:

Is a mop sink present? Y__N__

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

WATER SUPPLY:

Is water supply public? Y__N__

If private, has source been approved? Attach copy of approval/permit Y__N__

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

If made on premise, equipment specifications for the ice machine are required. Mark location of ice maker or bagging operation on the floor plan.

Describe provision for ice scoop storage: _____

DISHWASHING FACILITIES:

Check which will be used for warewashing; will largest pot/pan fit?

Dishwasher ()

Three compartment sink ()

Is ventilation provided? YES () NO ()

Dishwasher(s) Type of Sanitization Used:

| | | |
|---------------------------------|--|--|
| High Temperature | | |
| Hot water temp | | |
| Booster heater | | |
| Type of testing device | | |
| Chemical Sanitizer | | |
| Chemical Type and Concentration | | |
| Wash Temperature | | |
| Type of Testing Device | | |

**FINISH SCHEDULE:
MATERIALS OF FLOORS, WALLS, CEILINGS**

| | FLOOR | COVING | WALLS | CEILING | REMARKS |
|--|--------------|---------------|--------------|----------------|----------------|
| Kitchen | | | | | |
| Warewashing Area | | | | | |
| Walk-in Refrigerators and Freezers | | | | | |
| Bar | | | | | |
| Self-Service: Coffee Station Buffet/Salad Bar | | | | | |
| Food Storage | | | | | |
| Employee Belongings/Dressing Rooms | | | | | |
| Toilet Rooms | | | | | |
| Other Storage | | | | | |
| Garbage & Refuse Storage | | | | | |
| Mop Service Basin Area | | | | | |

PLUMBING CONNECTIONS:

The following plumbing fixtures require either a backflow preventor to prevent cross connections in the water supply or require an indirect waste connection. Your licensed plumber shall ensure the proper connections; we encourage you to provide your plumber with this check list.

| | <u>Back flow</u> | <u>Indirect waste</u> |
|--|------------------|-----------------------|
| Refrigeration condensate/ drain lines | | |
| Steam tables | | |
| Dipper wells | | |
| Carbonators | | |
| Potato peeler | | |
| Ice machines | | |
| Dishwasher | | |
| Garbage Grinder | | |
| Beverage Dispenser w/carbonator | | |
| Hose connection | | |
| Refrigeration condensate/ drain lines | | |
| Toilet | | |
| Urinals | | |
| Threaded water outlet(s) | | |
| Mop sink | | |
| Janitor sink | | |
| Hand wash sink | | |
| 3-Compartment sink | | |
| 2 -Compartment sink | | |
| 1 Compartment sink | | |
| Water Station | | |
| Other plumbing device, please specify: | | |

Note, other plumbing: Stove hood ventilation/fire preventions systems require annual compliance reporting to other departments, including Inspectional Services, Plumbing and Fire Prevention.

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, Winchester Health Department may nullify final approval.

Signature(s) _____ Title _____

Print Name: _____ Date: _____

Approval of these plans and specifications by this Regulatory Authority, Winchester Health Department, 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 pre-opening 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.

Please note: the Health Department has 30 days to approve or reject the Plan Review with comment.