



TOWN OF WATERTOWN

Board of Health

Administration Building

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Watertown, MA 02472

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Director of Public Health

Fees: New Establishment: \$100.00 Minor Renovations, Change of Equipment, or Menu: \$ 50.00 Major Renovations: \$50.00

Make Checks payable to: "Town of Watertown" No cash is accepted

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

___NEW ___REMODEL ___CONVERSION

Date: _____

Name of Establishment: _____

Category: Restaurant ____, Institution ____, Daycare ____, Retail Market ____, Other ____.

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Email: _____

Applicant's Name: _____

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

Mailing Address: _____

Telephone: _____ Email: _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Licensing Board

_____ Plumbing

_____ Zoning

_____ Police

_____ Building

_____ Fire

_____ Electric

_____ Other

Hours of Operation: Sun _____ Thurs _____
Mon _____ Fri _____
Tues _____ Sat _____
Wed _____

Number of Seats: _____

Number of Staff:
(Maximum per shift) _____

Total Square Feet of Facility: _____

Number of Floors on which
operations are conducted _____

Breakfast _____

Maximum Meals to be Served:
(approximate number) Lunch _____

Dinner _____

Projected Date for Start of
Project: _____

Projected Date for Completion
of Project: _____

Type of Service:
(check all that apply)

Sit Down Meals _____

Mobile Vendor _____

Take Out _____

Caterer _____

Frozen Dessert _____

Bakery _____

Seasonal Food _____

Other _____

Enclose the following documents:

- Proposed Menu (including seasonal, off-site and banquet menus)
- Manufacturer Specification sheets for each piece of equipment shown on the plan
- Site plan showing 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)
- Plan (floor and elevations shown) drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule

CONTENTS AND FORMAT OF FLOOR 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.
 - a. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
 - b. Show the location and 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.
 - c. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
 - d. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
 - e. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
 - f. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
 - g. 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.
 - h. Include and provide specifications for:
 - i. Entrances, exits, loading/unloading areas and docks;
 - ii. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - iii. 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;
 - iv. Lighting schedule with protectors;

1. At least 110 lux (10 foot candles) at a distance of 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;
 2. 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 a distance of 75 cm (30 inches) above the floor in areas used for hand washing, ware washing, and equipment and utensil storage, and in toilet rooms; and
 3. 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.
- i. 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).
 - j. 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;
 - k. 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);
 - l. Ventilation schedule for each room;
 - m. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
 - n. Garbage can washing area/facility;
 - o. Cabinets for storing toxic chemicals;
 - p. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
2. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Time/Temperature Control for Safety Foods (TCS) 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 _____		

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

7. Are all food supplies from inspected and approved sources? YES / NO
8. What are the projected frequencies of deliveries for frozen foods _____, Refrigerated foods _____, and Dry goods _____.
9. Provide information on the amount of space (in cubic feet) allocated for:
 Dry storage _____, Refrigerated Storage _____, and
 Frozen storage _____.
10. Describe how will dry goods be stored off the floor? _____

COLD STORAGE:

11. 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
12. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

a. If yes, how will cross-contamination be prevented? _____

13. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: _____ Number of freezer units: _____

14. Is there a bulk ice machine available? YES / NO

THAWING FROZEN TIME/TEMPERATURE CONTROL FOR SAFETY FOOD:

Please indicate by checking the appropriate boxes how frozen Time/Temperature Control for Safety Foods (TCS) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN 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:

16. Will food product thermometers be used to measure final cooking/reheating temperatures of TCS foods? YES / NO

1. 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 PHF's	145°F (15 sec)

eggs:

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 PHF's 165°F (15 sec)

17. List types of cooking equipment. _____

HOT / COLD HOLDING:

18. How will hot TCS foods be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units. _____

19. How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units. _____

COOLING:

20. 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). Also, indicate where the cooling will take place.

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:

21. How will TCS foods 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. _____

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

PREPARATION:

23. Please list the categories of foods prepared more than 12 hours in advance of service. _____

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

25. 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, describe how will ready-to-eat foods be cooled to 41°F? _____

26. Will all produce be washed on-site prior to use? YES / NO

27. Is there a separate sink designated for washing produce? YES / NO

- If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses. _____

28. Describe the procedure used for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F - 135°F) during preparation. _____

29. 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? Please describe process:

- Chemical sanitizer type: _____
- Concentration: _____
- Test kits available: YES / NO

30. Will the facility be serving food to a highly susceptible population? YES / NO

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

FINISH SCHEDULE

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

Kitchen	FLOOR	COVING	WALLS	CEILING
----------------	--------------	---------------	--------------	----------------

Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware washing Area				
Walk-in Refrigerators and Freezers				

INSECT AND RODENT CONTROL

Applicant must check the appropriate boxes.

- | | YES | NO | NA |
|--|--------------------------|--------------------------|--------------------------|
| 36. Will all outside doors be self-closing and rodent proof? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Are screen doors provided on all entrances left open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 38. Do all openable windows have a minimum #16 mesh screening? () () ()
- 39. Is the placement of electrocution devices identified on the plan? () () ()
- 40. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? () () ()
- 41. Is area around building clear of unnecessary brush, litter, boxes and other harborage? () () ()
- 42. Will air curtains be used? If yes, where? _____ () () ()

GARBAGE AND REFUSE

Inside

- 43. Do all containers have lids? () () ()
- 44. Will refuse be stored inside? () () ()
- 45. If so, where? _____
- 46. Is there an area designated for garbage can or floor mat cleaning? () () ()

Outside

- 47. Will a dumpster be used? () () ()
 Number _____ Size _____ Frequency of pickup _____
 Contractor _____
- 48. Will a compactor be used?
 Number _____ Size _____ Frequency of pick up _____ () () ()
 Contractor _____
- 49. Will garbage cans be stored outside? () () ()
- 50. Describe surface and location where dumpster/compactor/garbage cans are to be stored _____

- 51. Describe location of grease storage receptacle _____

52. Is there an area to store recycled containers? () () ()

Indicate what materials are required to be recycled;

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Glass | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Paper | <input type="checkbox"/> Cardboard |
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Other |

53. Is there any area to store returnable damaged goods? () () ()

PLUMBING CONNECTIONS

Applicant must check the appropriate boxes.

	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. 3 Compartment 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 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.

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

WATER SUPPLY

55. Is water supply public () or private ()?

56. If private, has source been approved? YES () NO () PENDING ()

2. Please attach copy of written approval and/or permit.

57. 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 _____

58. What is the capacity of the hot water generator? _____

59. Is the hot water generator sufficient for the needs of the establishment?

60. Is there a water treatment device? YES () NO ()

- If yes, how will the device be inspected & serviced? _____

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

SEWAGE DISPOSAL

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

63. If no, is private disposal system approved? YES () NO () PENDING ()

- Please attach copy of written approval and/or permit.

64. Are grease traps provided? YES () NO ()

- If so, where? _____

- Provide schedule for cleaning & maintenance of grease traps _____

DRESSING ROOMS

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

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

GENERAL

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

68. 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 ()

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

70. Will linens be laundered on site? YES () NO ()
 • If yes, what will be laundered and where? _____

 • If no, how will linens be cleaned? _____

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

72. Location of clean linen storage: _____

73. Location of dirty linen storage: _____

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

EXHAUST HOODS

75. Indicate all areas where exhaust hoods are installed:

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

76. How is each listed ventilation hood system cleaned and what is the frequency? _____

SINKS

77. Is a mop sink present? YES () NO ()

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

78. If the menu dictates, is a food preparation sink present? YES () NO ()

DISHWASHING FACILITIES

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

- Dishwasher ()
- Two compartment sink ()
- Three compartment sink ()

80. Dishwasher

- Type of sanitization used:
 - i. Hot water (temp. provided) _____
 - ii. Booster heater _____
 - iii. Chemical type _____
- Is ventilation provided? YES () NO ()

81. Do all dish machines have templates with operating instructions? YES () NO ()

82. Do all dish machines have temperature/pressure gauges as required that are accurately working?

YES () NO ()

83. Does the largest pot and pan fit into each compartment of the three compartment sink?

YES () NO ()

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

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

85. What type of sanitizer is used?

- Chlorine
- Iodine
- Quaternary ammonium
- Hot Water
- Other

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

HANDWASHING / TOILET FACILITIES

87. Is there a hand washing sink in each food preparation and ware washing area? YES () NO ()

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

89. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()

90. Is hand cleanser available at all hand washing sinks? YES () NO ()

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

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

93. Is hot and cold running water under pressure available at each hand washing sink? YES () NO ()

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

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

96. Is a hand washing sign posted in each employee restroom? YES () NO ()

SMALL EQUIPMENT REQUIREMENTS

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

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Other _____

FROZEN DESSERT OR SOFT SERVE ICE CREAM MANUFACTURER

98. Will the establishment manufacture frozen dessert or soft serve ice cream? YES / NO

- If so, is frozen dessert / ice cream mix pasteurized? YES / NO
- If so, will monthly bacteriological lab reports from a certified lab for the frozen dessert or soft serve ice cream products manufactured at the facility be submitted to the Health Department? YES / NO

PERSON IN CHARGE

99. Will food employees be trained in good food sanitation practices? YES / NO

- Method of training: _____
- Numbers of employees: _____
- Dates of completion: _____

100. Is there a written policy to inform employees in a verifiable manner of their responsibility to report all diseases that are transmissible through food? YES / NO

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

102. Is there a written procedure for responding to and cleaning up of vomiting and diarrheal events? YES / NO

HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP) REQUIREMENT

103. Provide a HACCP Plan and written documentation for:

- Time Only as a Public Health Control
- Juice packaged in the food establishment

VARIANCE REQUIREMENT

104. Food establishment shall obtain a variance from Health Department before. Provide variance request, HACCP plan, and supporting documentation before conducting:

- Smoking food
- Curing food
- Using food additives such as vinegar to render a food so that it is not time/temperature control for safety food.
- Packaging food using a reduced oxygen packaging method except where the growth of and toxin formation by *Clostridium botulinum* and the *Listeria monocytogenes* are controlled as specified under Food Code § 3-502.12
- Operating a molluscan shellfish life-support systems display tank use to store or display shellfish that are offered for human consumption
- Custom processing animals that are for personal use as food and not for sale or service in a food establishment
- Preparing food by another method that is determined by the regulatory authority to require a variance
- Sprouting seeds or beans

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 Watertown Health Department may nullify final approval.

Signature(s) _____

Owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by the Watertown 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 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.