



Board of Health

127 ELM STREET

MILLBURY, MASSACHUSETTS 01527

TELEPHONE (508) 865-4721

Facsimile (508) 865-0878

Millburyboh@townofmillbury.net



Dear Prospective Entrepreneur,

Congratulations on your decision to consider a new business venture!

It is our goal and responsibility is to work in concert with the business community to achieve the highest level of health and safety for all Millbury residents and visitors. Working towards that goal, we are a resource that you can use to ensure that your new business operates and complies within Chapter X of the State Sanitary Code.

Our Plan Review Process will assist you in meeting the design requirements within the Food Code. By design, the review process will also help to identify standards of sanitation that you will implement to comply with Massachusetts regulations. Within reason and advanced notice, public health professionals within this office may provide on-site educational support to help you meet the minimum requirements for health and safety conditions.

It is very important that you familiarize yourself with this information and continue to enforce principles contained within this document as your business grows. If you have questions or require any clarification, please contact the Millbury Board of Health at (508)865-4721 or visit the Town of Millbury website.

We wish you the best of luck and success in your business.

Sincerely,

Millbury Board of Health

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Board of Health Plan Review Fee: \$250.00

Please return this completed application along with required documentation from section II to include lists and drawings.
Millbury Board of Health will schedule a consultation review.

SECTION I

DATE: _____

☐ NEW ☐ REMODEL ☐ FACILITY CONVERSION ☐ TRANSFER OF OWNERSHIP

Establishment's Name: _____

Indicate Category and Type of Establishment (*please check only one*):

Food Service Establishment:

- ☐ Bakery
- ☐ Bar
- ☐ Bed & Breakfast
- ☐ Caterer
- ☐ Commissary
- ☐ Convenience Store
- ☐ Delicatessen
- ☐ Institution
- ☐ Meat Market
- ☐ Mobile:
 - ☐ Fully self-contained
 - ☐ Non self-contained
- ☐ Push cart
- ☐ Restaurant
- ☐ Restricted Menu
- ☐ Seafood Market
- ☐ Seasonal
- ☐ Snack Bar
- ☐ Temporary
- ☐ Warehouse

Establishment's physical location: _____ City _____ State _____

Applicant's Name: _____ Telephone #: _____ Email: _____

Applicant's Mailing Address: _____

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

Number of Seats: _____ Number of Staff: _____ (Maximum per shift) Total Square Feet of Establishment: _____

Projected start date of Construction/Remodel: _____

Projected completion date of Construction/Remodel: _____

Type of Service: (check all that apply) ☐ Sit down meals ☐ Take-out
☐ Home delivery ☐ Other (describe): _____

SECTION II

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

Please enclose the following documents:

1. **Provide plans** that are accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish list/drawings for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing list/drawing 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 list/drawing with protectors;
 - (1) At least bright enough to be able to see clearly into all areas, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (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 30 inches above the floor in areas used for hand washing, dish-washing, and equipment and utensil storage, and in toilet rooms; and
 - e. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence of compliance with state and local regulations;
 - f. Ventilation list/drawing;
 - g. A mop sink(s) or curbed cleaning area with an area for hanging wet mops;
 - h. Garbage can washing area/facility;
 - i. Cabinets for storing toxic chemicals
2. **Provide proposed menu**, seating capacity, and projected daily meal volume for food service operations.
3. **Provide 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*).
4. **Provide manufacturer specification sheets** for each piece of equipment shown on the plan. 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, indicating location of sneeze guards. Indicate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods. **Food Equipment list/drawing including make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program such as NSF (when applicable).**
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 show adequate hand wash sinks for each toilet fixture and in the immediate area of food preparation.
7. Show the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.

SECTION III

OPERATING PROCEDURES FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be (*handled*) prepared and served.

CATEGORY

- | | | |
|---|------------------------------|-----------------------------|
| 1. Thin meats, poultry, fish, eggs (<i>hamburger; sliced meats; fillets</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Thick meats, whole poultry (<i>roast beef; whole turkey, chicken, ham</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Cold processed foods (<i>salads, sandwiches, vegetables</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Hot processed foods (<i>soups, stews, rice/noodles, gravy, chowders, casseroles</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Bakery goods (<i>pies, custards, cream fillings & toppings</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Other: _____ | | |

PLEASE ANSWER ALL QUESTIONS THAT APPLY

FOOD SUPPLIES

- | | | |
|---|------------------------------|-----------------------------|
| Are all food supplies from approved sources? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are only non-potentially hazardous foods/prepackaged foods? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

COLD STORAGE

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is adequate and approved freezer and refrigeration available to store frozen foods, and refrigerated foods at 41°F (5°C) and below? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Will raw meats, poultry or seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods?
If yes, how will cross-contamination be prevented? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does each refrigerator/freezer have a thermometer?
Refrigerator cubic feet: _____ Freezer cubic feet: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is there an ice machine/maker available? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. Mark all methods that apply.

THAWING METHOD

- ☐ Refrigeration
- ☐ Running Water Less than 70° F
- ☐ Microwave (as part of cooking process)
- ☐ Cooked from Frozen state
- ☐ Other (describe) _____

HOT/COLD HOLDING

1. How will hot PHF's 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 PHF's be maintained at 41°F (5°C) or below during holding for service?

Indicate type and number of cold holding units.

☐ ☐ ☐ ☐ ☐

REHEATING

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated rapidly and within 2 hours 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.

PREPARATION

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

2. How will bare-hand contact of ready-to-eat foods be minimized?

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

Yes ☐

No ☐

PLEASE ATTACH A COPY OF YOUR POLICY

4. Will all produce be washed on-site prior to use?

Yes ☐

No ☐

Is there a planned location used for washing produce?

Yes ☐

No ☐

Describe _____

5. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation. 7.6.2.9 B(7)

6. Will the establishment be serving food to a highly susceptible population?

Yes ☐

No ☐

SECTION IV PHYSICAL FACILITY

FINISH MATERIALS

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

AREA	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Garbage Storage				
Mop Service Basin Area				
Ware Washing Area				
Walk-in Refrigerators & Freezers				

INSECT AND RODENT CONTROL (Please check appropriate boxes)

1. Will all outside doors be self-closing and rodent proof? Yes ☐ No ☐ NA ☐
2. Are screen doors provided on all entrances left open to the outside? Yes ☐ No ☐ NA ☐
3. Do all operational windows have a minimum 16 mesh screening? Yes ☐ No ☐ NA ☐
4. Is area around building clear of unnecessary brush, litter, boxes and other harborage? Yes ☐ No ☐ NA ☐
5. Will air curtains be used? Yes ☐ No ☐ NA ☐

If yes, where? _____

GARBAGE

Inside

6. Do all containers have lids? Yes ☐ No ☐ NA ☐
7. Will garbage be stored inside? Yes ☐ No ☐ NA ☐
- If yes, where? _____
8. Is there an area designated for garbage can or floor mat cleaning? Yes ☐ No ☐ NA ☐

Outside

9. Will a dumpster be used? Yes ☐ No ☐ NA ☐
- Number _____ Size _____
- Frequency of pick-up _____ Contractor _____

10. Will garbage cans be stored outside? Yes ☐ No ☐ NA ☐

11. Describe surface and location where dumpster/ cans are to be.

12. Describe of grease storage receptacle stored and provide name, address, and phone number of the pick-up service.

13. Is there any area to store returnable damaged goods? Yes ☐ No ☐ NA ☐

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	* "P" TRAP	*INTEGRAL TRAP	*VACUUM BREAKER	CONDENSATE PUMP
14. Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ice Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Ice storage bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hand wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 3-Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 2-Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Steam tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Dipper wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Refrigeration condensate/ drain lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Hose Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Potato peeler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Beverage Dispenser w/carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

25. Are floor drains provided & easily cleanable? ☐ YES ☐ NO

If yes, indicate location: _____

WATER SUPPLY

26. Is water supply public ☐ or private ☐ ?

27. If private, has source been approved?

YES ☐ NO ☐ PENDING ☐

Please attach a copy of written approval, permit or testing results.

28. Is ice made on premises ☐ or purchased commercially ☐ ?

YES ☐ NO ☐

If made on premises, are specifications for the ice machine provided?

Describe provision for ice scoop storage: _____

29. Is there a water treatment device?

YES ☐ NO ☐

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

30. How is backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

31. Is building connected to a municipal sewer?

YES ☐ NO ☐

32. If no, is private disposal system approved?

YES ☐ NO ☐ PENDING ☐

Please attach a copy of approved permit/system.

33. Are grease traps provided?

YES ☐ NO ☐ NA ☐

If yes, where? _____ Indicate size _____

GENERAL

34. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?

YES ☐ NO ☐

Indicate location: _____

- Are insecticides/rodenticides approved for use in food service establishments?

YES ☐ NO ☐

35. 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 ☐

36. Are all containers of toxics including sanitizing spray bottles clearly labeled?

YES ☐ NO ☐

37. Will linens be laundered on site?

YES ☐ NO ☐ NA ☐

If yes, what will be laundered and where? _____

38. Indicate all areas where exhaust hoods are installed:

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

SINKS

39. Is a mop sink present?

YES ☐ NO ☐

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

40. If the menu dictates, is a food preparation sink present?

YES ☐ NO ☐

DISHWASHING FACILITIES

41. Will sinks or a dish machine be used for ware washing?

- ☐ Dish machine ☐ three compartment sink

42. Dish machine

Type of sanitization used Hot water

☐ (provide temperature) _____

☐ Chemical type) _____

43. Do all dish machines have templates with operating instructions?

YES ☐ NO ☐

44. Do all dish machines have accurately working temperature/pressure gauges?

YES ☐ NO ☐

45. Is the hot water heater sufficient for the needs of the establishment?

YES ☐ NO ☐

46. What type of sanitizer is used?

- ☐ Chlorine ☐ Iodine ☐ Quarternary ammonium

47. Are test papers/kits available for checking sanitizer concentration?

YES ☐ NO ☐

HAND WASHING / TOILET FACILITIES

48. Is there a hand washing sink in each food preparation and ware washing area?
49. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?
50. Is hand cleanser available at all hand washing sinks?
51. Are hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks?
52. Are waste receptacles available in each restroom?
53. Is hot and cold running water under pressure available at each hand washing sink?
54. Are all toilet room doors self-closing?
55. Are all toilet rooms equipped with adequate ventilation?
56. Is a hand washing sign posted in each employee restroom?

YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐

DRY GOODS STORAGE

57. Is the projected frequency of deliveries specified?
58. Is adequate storage space provided for based upon menu, meals and frequency of deliveries?
59. How will dry goods be stored off the floor?

YES ☐ NO ☐
YES ☐ NO ☐
YES ☐ NO ☐

SMALL EQUIPMENT REQUIREMENTS

60. Please specify the number and types of each of the following:

Slicers

Cutting boards

Can openers

Mixers

Floor mats

Other

*** APPLICANT'S SIGNATURE PAGE ***

COMMENTS:

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 Town of Millbury Board of Health may nullify final approval.

Signature(s) _____
Applicant(s) or responsible representative(s)

Date: _____

Title

Applicant(s) or responsible representative(s)

Date: _____

Title

REVIEWER'S APPROVAL

COMMENTS:

☐ APPROVED

☐ DENIED

☐ REASON(S):

Approval of these plans and specifications by the Town of Millbury 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-operational inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with Massachusetts Chapter X (105 CMR 590.000) of the State Sanitary Code and the 1999 FDA food code.