BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

PLAN REVIEW PACKET

Enclosed in this packet:

- Plan Review Application — $200.00
  (Must be returned **30 days before** construction or planned opening date)
- Food Establishment Plan Review Guide — www.fda.gov
  (This guide will help you to plan accordingly)
- Certified Food Operator (CFO) Training Required Certificate — www.mass.gov
- Food establishment permit application — $$$ (varies)
  (Must be submitted at least **30 days before** planned opening date)
  - Workers Compensation Insurance Affidavit
  - Include Menu (see menu guideline)
- Fee Schedule — fees/late fees/re-inspect. fees
- F.O.G. (Fats, Oils & Grease) — see our website for Regs. www.foxboroughma.gov Click on: Health Department

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BHP-_____
DATE REC'D_____
CHECK#_____

PLANNED OPENING DATE:_____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

____NEW ____REMODEL ____CONVERSION

($200 Plan Review Fee – Make Check Payable to the Town of Foxborough)
ABSOLUTELY NO REFUNDS

Name of Establishment:_____

Category: Restaurant____, Institution____, Daycare____, Retail Market_____,

Other_____.

Address:_____

Phone if available:_____

Name of Owner:_____

Mailing Address:_____

Telephone:_____

Applicant's Name:_____

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

Mailing Address:_____

Telephone:_____

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

_____	Governing Board of Council	_____	Plumbing
_____	Zoning	_____	Electric
_____	Planning	_____	Police
_____	Building	_____	Fire
_____	Conservation	_____	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: _____

Maximum Meals to be Served:
(approximate number)

Breakfast	_____
Lunch	_____
Dinner	_____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

Type of Service:
(check all that apply)

Sit Down Meals	_____
Take Out	_____
Caterer	_____
Mobile Vendor	_____
Other	_____

Please 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 drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule

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 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;
        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 handwashing, warewashing, 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.
    e. 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).

f. 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:
   - 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);

g. Ventilation schedule for each room;
h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
i. Garbage can washing area/facility;
j. Cabinets for storing toxic chemicals;
k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
l. Completed Section 1;
m. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF'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, 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:

1. Are all food supplies from inspected and approved sources? **YES / NO**
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 _____, and
   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 potentially hazardous foods (PHF's) 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:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? **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 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)

2. List types of cooking equipment.

_____

_____

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.

_____

_____

COOLING:

Please indicate by checking the appropriate boxes how PHF's 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.

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 PHF's 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:

   _____

   _____

   _____

   _____

   Will employees have paid sick leave? **YES / NO**

5. 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**

6. 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 PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

   _____

   _____

9. Provide a 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?

    _____

    _____

A. FINISH SCHEDULE

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				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.	YES	NO	N/A
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? _____ ( ) ( ) ( )

C. GARBAGE AND REFUSE

Inside

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? ( ) ( ) ( )

Outside

11. Will a dumpster be used? ( ) ( ) ( )

Number _____ Size _____

Frequency of pickup _____

Contractor _____

12. Will a compactor be used? ( ) ( ) ( )

Number _____ Size _____

Frequency of pick up _____

Contractor _____

13. Will garbage cans be stored outside? ( ) ( ) ( )

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

_____

_____

_____

15. Describe location of grease storage receptacle

_____

_____

_____

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

_____

_____

_____

Indicate what materials are required to be recycled;
( ) Glass
( ) Metal
( ) Paper
( ) Cardboard
( ) Plastic

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

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice Machines						
23. Ice Storage Bin						

24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
25. Steam Tables						
26. Dipper Wells						
27. Refrigeration Condensate/Drain Lines						
28. Hose Connection						
29. Potato Peeler						
30. Beverage Dispenser w/Carbonator						
31. 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.

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

_____

_____

E. WATER SUPPLY

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

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

Please attach copy of written approval and/or permit.

35. 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_____

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

_____

37. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

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

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

_____

_____

39. How are backflow prevention devices inspected & serviced?

_____

_____

F. <u>SEWAGE DISPOSAL</u>

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

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

Please attach copy of written approval and/or permit.

42. Are grease traps provided? **YES ( ) NO ( )**

If so, where?_____

Provide schedule for cleaning & maintenance_____

G. DRESSING ROOMS

43. Are dressing rooms provided? **YES ( ) NO ( )**

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

_____

_____

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? **YES ( ) NO ( )**

Indicate location:_____

_____

46. 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 ( )**

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

48. Will linens be laundered on site? **YES ( ) NO ( )**

If yes, what will be laundered and where?_____

_____

If no, how will linens be cleaned? _____

49. Is a laundry dryer available? **YES ( ) NO ( )**

50. Location of clean linen storage: _____

_____

51. Location of dirty linen storage: _____

_____

52. Are containers constructed of safe materials to store bulk food products? **YES ( ) NO ( )**

Indicate type: _____

53. Indicate all areas where exhaust hoods are installed:

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

54. How is each listed ventilation hood system cleaned

_____

I. SINKS

55. Is a mop sink present? **YES ( ) NO ( )**

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

_____

_____

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

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?

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

58. Dishwasher
    Type of sanitization used:
    Hot water (temp. provided) _____
    Booster heater _____
    Chemical type _____

    Is ventilation provided? **YES ( ) NO ( )**

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

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

61. 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?

    _____

    _____

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

63. What type of sanitizer is used?

Chlorine	( )
Iodine	( )
Quaternary	( )
Ammonium	( )
Hot Water	( )
Other	( )

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

K. HANDWASHING/TOILET FACILITIES

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

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

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

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

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

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

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

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

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

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

L. SMALL EQUIPMENT REQUIREMENTS

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

Slicers _____

Cutting boards_____

Can openers_____

Mixers_____

Floor mats_____

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)_____

Owner(s) or 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.

Food and Drug Administration *and* Conference for Food Protection

FOOD ESTABLISHMENT PLAN REVIEW GUIDE

2000

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(Full Document in PDF Format)

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REFERENCES

WEBSITE ↓

www.fda.gov

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 983-6770 - Fax

Massachusetts Food Protection Manager Certification Exam and Trainer Directory

This directory was compiled to assist individuals and retail food businesses to find optional training programs and/or examinations for compliance with the food protection management certification requirement in 105 CMR 590.003(A)(2). Trainers listed in this directory:

1) meet the recommended instructor qualification identified in the *Massachusetts Guideline for Food Protection Manager Training Programs,*
2) use one or more of the Food Protection Manager Certification exams recognized in Massachusetts. The exams are provided by one of the four accredited test development organizations listed below, and
3) include in their training, the provisions of 105 CMR 590.000 that are unique to Massachusetts.

When choosing a trainer, we strongly recommend that you contact as many trainers as possible and obtain the following information:

- Examination offered (see list below)
- Length of training/class schedules
- Cost of exam and/or training
- Educational background of the trainer
- Food safety experience of the trainer
- References from previous students

Nationally Accredited Exam Organizations Recognized in Massachusetts

Thomson Prometric (Formerly Experior Assessments)
1260 Energy Lane
St. Paul, MN 55108
800-786-3926

ServSafe
The Educational Foundation of the National Restaurant Association
250 South Wacker Drive, Suite 1400
Chicago, IL 60606-5834
800-765-2122

National Registry of Food Safety Professionals
1200 E. Hillcrest St., Suite 303
Orlando, FL 32803
800-446-0257

360training.com (Learn2Serve)
13801 Burnet Rd., Suite 100
Austin, TX 78727
888-360-8764

Note: All exams carry a five- year expiration date.

The Massachusetts Department of Public Health does not in any way endorse or recommend any of the individuals or organizations presented on this list nor does the Department preclude anyone not on the list from conducting food safety training. The Department does not evaluate trainers and does not guarantee the success of their programs. Please note that this is not a comprehensive list and, although it is periodically updated, there is no guarantee that all information is current. You may also contact industry and regulatory organizations as well as telephone directories for further listings. Please note that all exams recognized by the Department carry a five-year expiration date. Directory last updated on 12/12/12

BOARD OF HEALTH

TOWN OF FOXBOROUGH

MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

ABSOLUTELY NO REFUNDS
OR TRANSFER OF FUNDS

BHP-_____
DATE REC'D_____
CHECK#_____

PLANNED OPENING DATE:_____

FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening/renewal date)

1. Establishment Name:	
2. Establishment Address:	
3. Establishment Mailing Address (if different):	
4. Establishment Telephone No:	4a. **E-MAIL:**
5. Applicant Name & Title:	
6. Applicant Address:	
7. Applicant Telephone No:	24 Hour Emergency No:
8. **Owner Name** & Title (if different from applicant):	
9. Owner Address (if different from applicant):	
10. Establishment Owned By: ☐ An Association ☐ A corporation ☐ An individual ☐ A partnership ☐ Other legal entity_____	11.) If a corporation or partnership, give name, title, and home address of officers or partner. Name Title Home Address _____ _____
12.) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Mgr., etc.):	
NAME & TITLE:	
ADDRESS:	
TELEPHONE NO:	FAX:
EMERGENCY TELEPHONE NO:	
13.) District or Regional Supervisor (if applicable)	
NAME & TITLE:	
ADDRESS:	
TELEPHONE NO:	FAX:
14.) Pest Control Co.:	15.) Sewage Disposal Private or Public
Address:	Water Source Private or Public
Phone No:	16.) Days of Operation:
17.) # of Food Employees:	18.) Hours of Operation:
19.) *Name of Person In Charge-Certified in Food Protection Management:	
ATTACH COPY OF CERTIFICATION (ServSafe)	

THIS APPLICATION MUST BE FILLED OUT COMPLETELY

(2013)

20.) *Person Trained in Anti-Choking Procedures (If 25 Seats or More):	
Name:	Number of Seats:

21.) Establishment Type:	22) (Check All That Apply)	
❑ Food Service	❑ Caterer	❑ Residential Kitchen
❑ Food Service Institution	❑ Food Delivery	❑ Sale of Milk and Cream
❑ Retail	❑ Frozen Dessert Manufacturer	

PERMIT FEES: PAYMENT IS DUE WITH APPLICATION.
(Please make checks payable to the TOWN OF FOXBOROUGH.)

Mobile Applications and Temporary Food Applications please see our website: www.foxboroughma.gov
Click on "Departments" click on "Health Department" click on "Applications & Fee Schedule"

Food Service (Restaurant)	
(1 – 100 seats)	$ 50.00
(101 – 200 seats)	$ 250.00
(201 – 500 seats)	$ 500.00
(501 – 1,000 seats)	$ 800.00
(1001+ seats)	$1,000.00
Bakery	$ 100.00
Catering	$ 100.00
Frozen Dessert	$ 50.00
Limited Food, Limited Retail and Retail Food	$ 50.00
Residential Kitchen	$ 50.00
Supermarket	$ 800.00

23.) Food Operations (check all that apply)

Definitions: PHF – potentially hazardous food (time/temp. controls required.)
Non-PHFs-non-potentially hazardous food(no time/temps. Req.)
RTE – ready-to-eat foods (Ex.: sandwiches, salads, muffins which need no further processing)

❑ Sale of Commercially Pre-Packaged Non-PHFs	❑ PHF Cooked To Order	❑ Hot PHF Cooked and Cooled Or Hot Held for More Than a Single Meal Service
❑ Sale of Commercially Pre-Packaged PHFs	❑ Preparation of PHFs for Hot and Cold Holding for Single Meal Service	❑ PHF and RTE Foods Prepared for Highly Susceptible Population Fac.
❑ Delivery of Packaged PHFs	❑ Sale of Raw Animal Foods Intended to be Prepared by Consumer.	❑ Vacuum Packaging/Cook Chill
❑ Reheating of commercially Processed Foods For Service Within 4 Hours.	❑ Customer Self-Service	❑ **Use of Process Requiring A Variance and/or HACCP Plan (Yearly BOH approval required)**
❑ Customer Self-Service of Non-PHF and Non-Perishable Foods Only.	❑ Ice Manufactured and Packaged for Retail Sale.	❑ Offers Raw or Undercooked Food of Animal Origin.
❑ Preparation of Non-PHFs	❑ Juice Manufactured and Packaged for Retail Sale.	❑ Prepares Food/Single Meals for Catered Events or Institutional Food Service.
❑ Offers RTE PHF in Bulk Quantities	❑ Retail Sale of Salvage, Out of Date or Reconditioned Food.	
❑ **PLEASE ENCLOSE YOUR MENU**	❑ **CONSUMER ADVISORY PROVIDED.**	

24.) **Fats, Oils, and Grease (FOG) Management**	
Please list the number of grease interceptors servicing your establishment._____	Do you have yellow grease (used fry oil) disposal container/s____Yes ____No Size/s:_____
Please provide information on the contractor who services these grease interceptors: Company Name:_____ Address:_____ Phone Number:	Please provide information on the contractor who services the yellow grease container/s: Company Name:_____ Address:_____ Phone Number:
List staff/owners with Foxborough FOG Certification Training (Please attach a copy of the certification with this application):_____	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. **BOTH COPIES MUST BE KEPT ON SITE AT ALL TIMES.**

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required by law.

25.) **Social Security Number or Federal ID Number**_____

26.) **Signature of Individual or Corporate Name**_____ **Date**_____

*This is a checklist for your convenience.

THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH THIS APPLICATION. IF ALL FORMS ARE NOT RETURNED, YOUR APPLICATION AND CHECK WILL BE MAILED BACK TO YOU AND YOUR PERMIT REQUEST WILL BE REJECTED.

LATE FEES ($200) WILL APPLY IF NOT PAID WITHIN 30 DAYS OF RENEWAL DATE
(PERMITTING PERIOD: JANUARY 1ST – DECEMBER 31st - PAPERWORK SHOULD BE RECEIVED NO LATER THAN NOVEMBER 30TH OF EACH PERMITTING SEASON)

- ❑ **SERVSAFE CERTIFICATION**
- ❑ **ALLERGY AWARENESS CERTIFICATE**
- ❑ **WORKERS' COMPENSATION FORM (THESE ARE ONLY GOOD FOR 1 YEAR).**
- ❑ **ANTI-CHOKING CERTIFICATION (CPR) (if 25 seats or more)**
- ❑ **MENU LISTING**

  Consumer Advisory Language: (Your Menu must list a disclosure or reminder statement or both. See Food Code 3-603.11) Asterisk which items are applicable on your menu).

  Allergen Awareness (See 590.009(G) for further information.) Menu must list these exact words:
  Before placing your order, please inform your server if a person in your party has a food allergy.

- ❑ **FOG Certification (If Applicable)**

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #**_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an ***employee*** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An ***employer*** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 5-26-05

PART 1 - MENU

The menu is an integral part of the Plan Review Process. The menu or a listing of all of the food and beverage items to be offered at the food service establishment must be submitted by the applicant to the regulatory authority with the submission of all other Plan Review application documents.

As with the inspection process, the plan review process should focus on the food and what will happen to the food. The source and quantity of food to be served should be reviewed along with the preparation and post-preparation operations and the proposed storage practices.

Food preparation processes should be evaluated to determine the types and volumes of foods to be prepared. Special attention should be given to the review of complex food processes which will involve:

- multiple ingredients being assembled or mixed
- potentially hazardous foods
- foods which will be prepared or held for several hours prior to service
- foods requiring cooling and reheating
- multiple step processing (passing through the critical temperature zone, 140°F to 41°F more than once).

The style of food service should also be reviewed. The style of food service may be cook-to-order (cook-serve), self-service (buffet or salad bar), service of pre-packaged foods, service of large volumes of food, food preparation requiring multiple steps and handling, etc.

A suggested system of menu evaluation involves the review of categories of foods and their required preparation, i.e.:

- all food needs to come from an inspected and approved source
- thin meats such as poultry, fish, eggs (hamburgers, sliced meats, & fillets)
- thick meats and whole poultry (roast beef, whole turkey, whole chickens, & hams)
- cold processed foods (salad, sandwiches, vegetables)
- hot processed foods (soups, stews, casseroles)
- bakery goods

This system is useful since the critical control points for each process remain the same regardless of the individual menu ingredients.

The menu for a food service establishment dictates the space and equipment requirements for the safe preparation and service of various food items. The menu will determine if the proposed receiving and delivery areas, storage area, preparation and handling areas, and thawing, cooking, and reheating areas are available and adequate to handle the types and volumes of foods being served.

When looking at the menu, evaluate the flow patterns for the preparation of the foods to be served to be sure that the lay-out of the facility provides an adequate separation of raw ingredients from ready-to-eat foods, that the traffic patterns are not crossing paths with waste items and other sources of contamination.

With proper understanding of the menu, the plans for food service establishments can be reviewed to assure that the food items proposed can be protected during the service operation.

BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Foxborough, Massachusetts

2012 Fee Schedule

All licenses are good from January 1st thru December 31st unless otherwise stated.
All checks are to be made payable to the TOWN OF FOXBOROUGH.

STATE HOUSING CODE

Hotel, Motel, Trailer Coach Park License	$ 10
Motel/Hotel Inspection Fee	
0- 50 units	$ 200
51- 200 units	$ 300
201- 500 units	$ 500
501-1,000 units	$ 800
1,001+ units	$1,000
Hotel/Motel Re-inspection Fee (Per Unit)	$ 100
Subsequent Re-inspections	$ 50
Conditions deemed to endanger, or to impair health and safety (410.750)	$ 150
Subsequent Re-inspections for (410.750)	$ 150

These fees must be paid prior to scheduling the Board of Health going out and doing the re-inspection.

Recreational Camps for Children – Camp Fee	$ 10
Camp Inspection Fee	$ 60
Camp Fee Paperwork Review	$ 180
TOTAL	**$ 250**

Food Vendors requesting licensure within the 30 days of application, State and/or Local requirement, the LATE FEE will be set at $200 flat fee in addition to the License fee.

FOG Fees (See FOG Permit Application)

FOOD SERVICE ESTABLISHMENTS

1-100 seats	$ 50
101-200 seats	$ 250
201-500 seats	$ 500
501-1000 seats	$ 800
1001+ seats	$1,000
Catering	$ 100
Manufacture of FROZEN DESSERT	$ 50
Limited Food, Limited Retail and Retail Food	$ 50
Bakery	$ 100
Supermarket	$ 800
Residential Kitchen	$ 50

Mobile Food Service, Canteen		
(4) Mobile Units or Less	$ 100	
(5) Mobile Units or More of the following:		
Mobile Beverage	$ 150	
Mobile Food Service Food	$ 300	
Vending	$ 250	
Pantry	$ 250	
Concession Stand	$ 350	
Temporary Food Service Permit (maximum 14 days) within a permanent structure	$ 50	
Funeral Directors License (5/1-4/30)	$ 25	
Transport or Pump Offal	$ 100	
Each truck greater than 1,000 gal.		
Transport or Pump Offal	$ 50	
Each truck 1,000 gal. or less		
Non-pump Transport Trucks	$ 50	
Installers License	$ 100	
Disposal Works Construction	$ 200	
Disposal Works Repair	$ 200	
Septic Component	$ 50	
Percolation Tests	$ 200	
Reperc	$ 100	
Review of Title V Inspection Report	$ 25	per report
Fee – Not having approved/stamped design plan on work site	**$ 100**	
PLAN REVIEW/Site Inspection Fee To include: restaurants and other food services, motels, hotels, pools/spas, health clubs, tanning, massage, camps and unspecified items requiring plan review or site inspections.	$ 200	
Swimming Pool/Spa (each)	$100	
Stable License	$ 10	
Tanning Booths (1/1 – 12/31)	$100	
Private Well	$100	
Body Art Establishment	$500	
Body Art Practitioner	$100	
Ice Rinks, electric ice surfacing equipment	$ 50	
Tobacco Sales Permit	$100	
Application Fee for Hearing Notices	$ 50	
Re-Inspection Fee (All Categories)	**$100**	
LATE FEES (All Categories) Food Vendors requesting licensure within the 30 days of application, State and/or Local requirement, the LATE FEE will be set at a $200 flat fee in addition to the License fee.	**$200**	
Founders Day Late Fee Starting 2014	$ 25	
Re-inspection Fee payment not paid within 14 calendar days of violation notice	$ 50	

FOXBOROUGH BOARD OF HEALTH

Paul Steeves, Clerk _____

(Fee schedule approved on 10/24/2011 and will go into effect on January 1, 2012.)

(updated 2013)

BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Fats, Oils, & Grease
FOG PERMIT APPLICATION

PERMIT 1/1 – 12/31

ABSOLUTELY NO REFUNDS
OR TRANSFER OF FUNDS

BHP-_____
CHECK#_____
DATE REC'D_____

NAME OF BUSINESS: _____

EMAIL: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different) _____

PHONE: _____

OWNER OF BUSINESS: _____

***FEE SCHEDULE*:**

- $50.00 per year for establishments with 3 grease interceptors/traps or less and/or 1 yellow grease collection container.
- An additional $50.00 per year for each grease interceptor/trap over 3 to a maximum charge of $200.00 per year.
- Any establishment that generates FOG and does not have FOG containment will be assessed a fee of $50.00 per year.
- FOG Plan Review Fee of $50.00 for all new food service establishments and renovations on existing food service establishments.
- Exemptions:
    1. Seasonal mobile food service units
    2. Non-profit, clubs, and religious organizations approved by the Board of Health

I THE UNDERSIGNED HAVE OBTAINED AND REVIEWED THE FOXBOROUGH BOARD OF HEALTH FATS, OILS, AND GREASE (FOG) REGULATIONS APPROVED AND ADOPTED ON APRIL 4, 2011.

I THE UNDERSIGNED CERTIFY UNDER THE PENALITIES OF PERJURY THAT THE APPLICANT HAS FILED ALL STATE AND LOCAL TAX RETURNS AND PAID ALL STATE AND LOCAL TAXES AS REQUIRED BY LAW (MGL CH. 62c Sec. 49A)

_____ _____
NAME/TITLE OF APPLICANT DATE

(Jan. 2012)