



Food Establishment Plan Review Guide

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION IS TO BE COMPLETED BY THE OPERATOR AND SUBMITTED TO THE REGULATORY AUTHORITY – *at least 60 days in advance before commencement of any food establishment planned openings.*

TOWN OF NORTH ANDOVER, MA

Regulatory Authority
120 Main Street, North Andover, MA 01845

Date: _____

___ NEW - New construction, not yet built

___ REMODEL - partial or major renovation of existing establishment

___ CONVERSION – existing establishment that you are purchasing

Name of Establishment: _____

Corporate Name: _____

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

Establishment Address: _____

Phone: (at location if available) _____

E-mail Contacts: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name (if different than owner): _____

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

Mailing Address: _____

Telephone: _____

Date Received: BOH office use only _____

Date Review completed: _____ BOH office use only: Approved / Denied

Date Revised application Received: BOH office use only _____

Date Review completed: BOH office use only: Approved / Denied

Technical Assistance with the Permitting Process

The Town Planning Department offers the option of attending a Technical Review Committee (TRC) meeting to all applicants. As the applicant, I acknowledge that I have received an explanation and understand that the purpose of the TRC meeting is it to assist me in the various town processes needed to open my establishment.

If declined I understand that I have forfeited this opportunity to learn more about the North Andover permitting process.

I wish to **attend** or **decline** (circle one) participation in the TRC process. Date of TRC (BOH only) _____

General Information

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

- Number of Seats for customers: _____
- Number of Staff: _____
(Maximum per shift)
- Total Square Feet of Facility: _____
- Number of Floors on which operations are conducted _____

- Maximum Daily Meals to be Served: (approximate number)
- Breakfast _____
- Lunch _____
- Dinner _____

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 of each piece of equipment. Each must be clearly labeled on the plan with its common name. Each unit must be sequentially numbered and the numbers must correspond to the equipment specification sheets and an equipment schedule. All self-service hot and cold holding units must have sneeze guards.
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 hand washing lavatories for each toilet fixture and in the immediate area of food preparation, cooking and ware washing. (a hand sink should be located within 10 feet of each area for easy access for all food handlers)
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.
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 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.
- 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;
- g. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- h. Garbage can washing area/facility;
- i. Cabinets for storing toxic chemicals;
- j. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- k. Site plan (plot plan for new construction)

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

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 _____ | | |

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO
2. What are the projected frequencies (daily, weekly, etc) 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
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 Is ice packaged and sold for retail? 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.

Food Thawing Method	*Thick or Bulk Frozen	*Thin/Portioned Frozen
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.

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. Where raw meats, poultry and seafood are prepared in the same work area or using the same equipment as cooled/ready to eat foods, how will cross contamination be prevented?

10. Please list all PHF's you plan to serve which will/may not be cooked to the previously listed minimum temperatures. A proper "consumer advisory" warning notation must be printed on menu or menu boards.

11. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

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

If yes, List measures taken to comply with code requirements.

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?

A. FINISH SCHEDULE

Materials selected must be durable and appropriate to the area and its intended use. High moisture and food splash areas must be non-absorbent, smooth and easily cleanable. All openings must be tight fitting, properly sealed and without voids. Applicant must indicate which materials (i.e. quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas. (please be specific)

Kitchen	FLOOR	CURVED COVING	WALLS	CEILING
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				

Kitchen				
Garbage & Refuse Storage				
Mop Service Basin Area				
Ware washing Area				
Walk-in Refrigerators and Freezers				

B. INSECT & 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 operable 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?			
8. Do you have a plan to have a contract pest control company? If yes, list company name, describe frequency of inspection and type of service.			

C. GARBAGE AND REFUSE

<i>INSIDE</i>	YES	NO	N/A
9. Do all containers have lids?			
10. Will refuse be stored inside? If so, where?			
11. Is there an area designated for a garbage can or floor mat cleaning?			
<i>OUTSIDE</i>			
12. Will a dumpster be used? Number: _____ Size of: _____			
a. Number:			
b. Size of:			
c. Frequency of Pick-Up? Indicate days and how often			
13. Will a compactor be used?			
Number:			
Size:			
Frequency of Pick-Up			
14. Will garbage cans be stored outside?			
15. Describe surface and location where dumpster/compactor/garbage cans are to be stored.			
16. Describe location of grease storage receptacle			
17. Is there an area to store recycled containers?			
18. Is there any area to store returnable, damaged goods?			

D. PLUMBING CONNECTIONS

The FDA Food code and plumbing requirements do not replace or supersede the MA State Plumbing Code, which also must be fully met; instead, it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, if through improper design or installation, could result in contamination of food or water supply. Please indicate proposed properly installed equipment.

Equipment	Code Requirements	Confirmed by Operator please initial	Describe/ Comments
Dish Machine	Backflow prevention device		
	Indirect Waste		
Steam Jacketed Kettle	Backflow prevention device		
	Indirect Waste		
Steamer	Backflow prevention device		
	Indirect Waste		
Garbage Disposals or dish table troughs; Submerged inlets	Backflow prevention device		
At all hose connections	Backflow prevention device		
Garbage can washer	Backflow prevention device		
Carbonated beverage dispenser	Carbonated Backflow prevention device		

Refrigerator condensate/ drain lines	Indirect Waste		
Ice storage bins	Indirect Waste		
All sinks	Air Gap		
Ice Cream dipper wells	Air Gap		
Other			

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

E. WATER SUPPLY

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

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

Please attach copy of written approval and/or permit.

22. 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 _____

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

24. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water

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

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

26. How is backflow prevention devices inspected & serviced?

F. SEWAGE DISPOSAL

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

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

Please attach copy of written approval and/or permit.

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

If so - where? _____

Note: Grease Traps must have the following sign. The language in bold is specific; please do not change it in any way. If you have one or more interior grease traps please note the plumbing code 248 CMR 10.09 (m):

1. A laminated sign shall be stenciled on or in the immediate area of the grease trap or interceptor in letters one-inch high. The sign shall state the following in exact language:

IMPORTANT The grease trap/interceptor shall be inspected and thoroughly cleaned on a regular and frequent basis. Failure to do so could result in damage to the piping system, and the municipal or private drainage system(s).

G. DRESSING ROOMS

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

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

H. GENERAL

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

Indicate location: _____

33. 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 ()

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

Note: Material Safety Data Sheets (MSDS) are required to be kept for all chemicals on the premises. Where will the MSDS information be kept on display for easy access in an emergency?

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

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

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

37. Location of clean linen storage: _____

38. Location of dirty linen storage: _____

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

Indicate type: _____

40. Indicate all areas where exhaust hoods are installed:

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

41. How is each ventilation hood system that is listed cleaned?

I. SINKS

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

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

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

J. DISHWASHING FACILITIES

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

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

45. Dishwasher

Type of sanitization used:

- Hot water (temp. provided) _____
- Booster heater _____
- Chemical type _____

Is ventilation provided? YES () NO ()

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

47. Do dish machines have temperature/pressure gauges as required that are accurate? YES () NO ()

48. 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?

49. Are there drain boards on both ends of the pot sink?

YES () NO ()

50. What type of sanitizer is used?

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

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

K. HANDWASHING/TOILET FACILITIES

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

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

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

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

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

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

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

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

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

61. Are hand washing signs and instructions posted in each employee restroom? YES () NO ()

L. SMALL EQUIPMENT REQUIREMENTS

62. Please specify the number, location, and types of each of the following proposed for on site use:

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) _____

Print: _____

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 preconstruction inspection with equipment in place and a preopening inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Page Last Updated: 1/29/2013