



Board of Health

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Public Health
Prevent. Promote. Protect.

Food Establishment Plan Review Application

Date: _____ New Remodel Conversion Turnkey

Type of Food Operation: Restaurant Retail Market Institution

Daycare Residential Kitchen Other (Specify) _____

Name of Establishment: _____

Establishment Address: _____

Phone # _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone # _____ Email: _____

Applicant's Name: _____

Title: Owner Manager Contractor Architect Other

Applicant's Mailing Address: _____

Applicant's Phone #: _____ Email: _____

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

Number of Seats (Authorized by Common Victualer): _____

Area of Facility (Ft²): _____ Number of Floors: _____

Maximum # of Meals to be served (Approximate): _____

Breakfast: _____ Lunch: _____ Dinner: _____

Type of Service: Sit Down Take Out Caterer

Projected Start Date of Project: _____

Projected Completion Date of Project: _____

Type of Service (Check all that apply):

Sit Down Meals Take Out Caterer

Single Use Utensils Multi Use Utensils

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

Proposed Menu or complete list of food and beverages to be offered (Including seasonal, off site, and banquet menus)

Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical, and mechanical services

Equipment schedule including location, plumbing, drain and electrical connections

Manufacturer specification sheets for each piece of equipment to be used in the establishment

Site plan showing location of food establishment, location of building on site including alleys, streets, and location of any outside equipment or facilities (dumpsters, well, septic system if applicable)

FOOD SUPPLY

Food Sources: _____

How often will refrigerated foods be delivered?_ _____

How often will frozen foods be delivered? _____

How often will dry goods be delivered?_ _____

Provide the amount of space (cubic feet) allocated for:

Refrigerator Storage:_____

Freezer Storage:_____

Dry Storage:_____

Identify the location and containers that will be used to store bulk food products (rice, sugar, etc)____.

List all foods that will be cooked and cooled:_____

List all foods that will be cooked, cooled and reheated: _____

List all foods that will be hot held prior to service: _____

Hot holding for service of PHF foods (maintained at 140°F or above): Indicate

Type of unit(s):_____ Number of unit(s):_____

Location:_____

Cold holding for service of PHF foods (Maintained at 41°F or below): Indicate

Type of unit(s): _____ Number of unit(s): _____

Location: _____

Will Special Processing methods of foods such as Reduced Oxygen Packaging, Use of Additives to Render a Food Non-PHF, Curing and Smoking for Preservation, Cook Chill, Sous Vide, Live Molluscan Shellfish Tank, Sprouted Seeds, Fermenting to be used?

YES NO If yes please explain: _____

Will a HACCP plan be submitted? YES NO

Will a request for a Variance be submitted? YES NO

Explain the Handling/ Preparation Procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked, etc (prep table, sink, counter etc)
- When food will be handled / prepared (time of day and frequency/ day)

Ready to Eat Foods (e.g. salads, cold sandwiches, raw molluscan shellfish):

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

PEST CONTROL

YES NO N/A

Will all outside doors be self closing/rodent proof

Will screens be provided on all entrances left open to the outside?

Will all openable windows have mesh screening (minimum #16 mesh)?

Will air curtains be used?

If yes where? _____

WATER SUPPLY

What is the capacity and location of the water heater?

Will an ice machine be installed? YES NO

If so where? _____

WARE & DISHWASHING

Will the largest pot & pan fit into each compartment of the 3-compartment sink?

YES NO

Describe the location & type of device used for air drying clean equipment: _____

What type of sanitizer(s) will be used for : Food Contact Surfaces _____

Dish Machine _____ Glass Machine_ _____

Will dressing rooms/lockers be provided? YES NO if no, where will employees store personal items? _____

Identify the location for the storage of poisonous/toxic materials: _____

Identify how grease will be disposed: _____

Identify the location of grease storage containers: _____

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4” Plastic Coved Molding, etc.) will be used in the following areas.

AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Room				
Dressing Room				
Garbage &Refuse Disposal				
Mop/Service Sink				
Warewashing Area				
Walk in Refrigerators/ Freezer				
Other				

REFUSE:

Will refuse / garbage be stored inside? YES NO If yes, where? _____

Identify how and where garbage cans and floor mats will be cleaned: _____

Will a dumpster be used? YES NO Number _____
Size _____

Will garbage cans be stored outside? YES NO
Provide a copy of your recycle(Cardboard /Food Waste) plan

Describe the surface and location where dumpster / garbage/ Recycle cans will be stored outside the establishment: _____

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 New Bedford Health Department may nullify final approval.

Signature: _____ Title: _____

Print Name: _____ 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 pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with Local and State Laws governing Food Service Establishments. Prior to opening the applicant must also complete an application for a food service permit along with applicable fees to the Fairhaven Health Department.

***NOTE* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

FOR OFFICIAL USE ONLY

Date Submitted: _____

Fee Received: \$ _____

Check #: _____

Person receiving fee: _____ Copy to Applicant

Risk Level: 1 2 3 4A 4B 5

Plan Review Approved

**Affix Official BOH Stamp
In Box Above**

Plan Review Denied Reason _____

Supervisory Inspector Signature: _____

Date: _____

Establishment Name
FOOD EMPLOYEE HEALTH POLICY

PURPOSE

The purpose of the Food Employee Illness Reporting Policy is to ensure that all food employees notify the Owner/General Manager, or other “person-in-charge” (PIC) when you experience any of the conditions listed so that appropriate steps are taken to preclude transmission of foodborne illness or communicable diseases.

POLICY

The _____ is committed to ensuring the health, safety and well being of our employees and customers and complying with all health department regulations. All food employees shall report if they are experiencing any of the following symptoms to their PIC:

- Diarrhea
- Fever
- Vomiting
- Jaundice
- Sore throat with fever
- Lesions (such as boils and infected wounds, regardless of size) containing pus on the fingers, hand or any exposed body part

Food employees should also notify their PIC whenever diagnosed by a healthcare provider as being ill with any of the following diseases that can be transmitted through food or person-to-person by casual contact such as:

- Salmonellosis
- Shigellosis
- Escherichia coli
- Hepatitis A virus, or
- Norovirus

In addition to the above conditions, food employees shall notify their PIC if they have been exposed to the following high-risk conditions:

- Exposure to or suspicion of causing any confirmed outbreak involving the above illnesses
- A member of their household is diagnosed with any of the above illnesses
- A member of their household is attending or working in a setting that is experiencing a confirmed outbreak of the above illnesses

FOOD EMPLOYEE RESPONSIBILITY

All food employees shall follow the reporting requirements specified above involving symptoms, diagnosis and high risk conditions specified. All food employees subject to the required work restrictions or exclusions that are imposed upon them as specified in Massachusetts law, the regulatory authority or PIC, shall comply with these requirements as well as follow good hygienic practices at all times.

PIC RESPONSIBILITY

The PIC shall take appropriate action as specified in the Massachusetts Federal Food Code to exclude, restrict and/or monitor food employees who have reported any of the aforementioned conditions. The PIC shall ensure these actions are followed and only release the ill food employee once evidence, as specified in the food code, is presented demonstrating the person is free of the disease causing agent or the condition has otherwise resolved.

The PIC shall cooperate with the regulatory authority during all aspects of an outbreak investigation and adhere to all recommendations provided to stop the outbreak from continuing. The PIC will ensure that all food employees who have been conditionally employed, or who are employed, complete the food employee health questionnaire and sign the form acknowledging their awareness of this policy. The PIC will continue to promote and reinforce awareness of this policy to all food employees on a regular basis to ensure it is being followed.

CERTIFICATION REQUIREMENT(S)

- ServeSafe <https://www.servsafe.com/ServSafe-Manager/Get-Certified>
- Allergen Awareness <https://www.servsafe.com/access/ss/Catalog/ProductList/56>
- Anti-choking (only required if your establishment seats 25 or more)
 - Anti-choking can be obtained by completing a CPR course that will give you a certificate at the end. Please note that some CPR courses do not give you a certificate. It is important that you complete the course that will provide you with a certificate.
 - *Below are a few contacts in which you can obtain an anti-choking certificate:*
 - Wayne Perry (508) 965-6633 – he will come to your establishment
 - Daniel C. Shea, MPH of M.S. Consulting (508) 243-0858
 - New Bedford Health Department (508) 991-6199
 - American Red Cross
<https://www.redcross.org/take-a-class/cpr/cpr-training/cpr-certification>
 - American Heart Association
http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp

By signing, you are stating you have read the policy in full, understand and comply with the certification(s) required of your establishment.

Signature: _____ Title: _____

Date: _____ Name of Establishment: _____

SAMPLE

VOMIT AND DIARRHEA POLICY
for
(Name of Establishment)
(Address of Establishment)

Why Do We Have This Policy?

Vomiting and diarrhea can be symptoms of several very contagious diseases and it is the responsibility of food service management to protect both employees and customers from transmission of these diseases. The most important ways of accomplishing these tasks are:

- Ensuring that employees understand the importance of frequent handwashing and that they know where and how to wash their hands;
- Ensuring that employees understand their responsibility to report all disease symptoms such as vomiting, diarrhea, jaundice, fever and sore throat; diagnosis of diseases; and exposure to others who are sick to the Person in Charge;
- Ensuring that employees are trained and do not handle food that is ready to eat with their bare hands;
- Ensuring that all employees understand the importance of following all regular cleaning and sanitizing procedures on a daily basis and special cleaning and sanitizing procedures such as this one.

New employees will be trained in all of the above-mentioned procedures within the first week of hiring. Reminder trainings will be done for all food service staff on an ANNUAL basis.

Vomit & Diarrhea Clean-Up Kit

A vomit and diarrhea clean-up kit is stored in a labeled bin in _____

Contents of Clean-Up Kit:

1. Personal Protective Equipment (PPE)
 - a. Disposable gloves, nitrile or non-latex
 - b. Face and eye shields (clean and sanitize after use)
 - c. Disposable shoe covers
 - d. Disposable aprons
 - e. Masks
 - f. Hair covers
2. Paper towels
3. Absorbent material: baking soda, Red Z powder or kitty litter
4. Scoop or scraper, preferably disposable
5. Large plastic bags with twist ties
6. Caution tape for closing off areas

Buckets, wiping cloths detergent and sanitizers will also be needed and are available in various locations throughout the food service area. The Person in Charge is responsible for refilling the clean-up kit after use. Extra supplies will be on hand. All supplies will be purchased or ordered at the time of the incident so that the kit is ready for use as soon as possible after the incident.

When A Vomiting or Diarrhea Incident Occurs

1. Remove the following from the area if no contact with vomit or diarrhea:
 - a. Employees and/or customers
 - b. Packaged food or food in closed containers
 - c. Portable equipment, linens and open single-use and single-service articles

For diarrhea, the immediate area that is visible soiled should be the area of clean-up concentration. For vomiting, since particles can be in the air, an area of 25 feet in all directions should be considered the clean-up area. This is very important when considering which employees or customers need to be removed; the food; and open single-use

and single-service articles that need to be discarded; the linens that will need to be washed; and the equipment that will need to be cleaned and sanitized.

2. If vomiting occurred, completely close off area around the spill for 25 feet in all directions. Use caution tape from the Clean-Up Kit.

Some small food service establishments will have to close during the clean-up of a vomiting incident, either by an employee or a customer. In the case of closure, the Regulatory Authority should be called immediately to report the incident. A sign can be put at the entrance stating that the food service establishment will be closed until a time judged to be sufficient to accomplish the required clean-up.

- a. _____, due to its small size, will close after a vomiting incident until clean-up is finished.
 - b. _____, will determine what areas will need to be cleaned and sanitized, but will remain open with limited service, unless the incident occurs in the only food prep area.
3. A trained employee should put on Personal Protective Equipment (gloves last).

All employees are trained in this clean-up procedure. If staffing allows, cooks should not be the first choice for carrying out the clean-up.

4. Sprinkle _____ on vomit/fecal matter to soak up liquid. Using the scraper or scoop from the Clean-up Kit, and paper towels, carefully wipe up vomit/fecal matter and discard in a plastic trash bag. Then remove and discard gloves.

If staffing allows, a separate employee, wearing gloves and a mask, can hold the trash bag open by folding the top back over their hands so that the top of the bag is not contaminated in the process of discarding the paper towels, gloves, etc.

5. Wash hands and put on new disposable gloves and wash the area involved with detergent and warm water.

All surfaces within the incident area, plus all doorknobs, railings, wall corners or other places that you know are frequently touched should then be washed with soap and water. All restrooms should be cleaned also, even if they were not known to be affected by the incident. They are often used by employees and customers when they are not feeling well and the infectious germs will be there even if they cannot be seen.

All areas washed as described above will then be sanitized.

6. Sanitize hard or porous surfaces with chlorine bleach solution allowing the area to remain wet for no less than 5 minutes; follow policy directions for other surfaces or when using other sanitizers.

Bleach concentrations:

5.25% Sodium Hypochlorite Or 6% dish machine sanitizer	1 2/3 cup bleach per gall of water (1 part bleach to 10 parts water)	5000PPM
8.25% concentrated Sodium Hypochlorite	1 cup bleach per gallon of water (1 part bleach to 16 parts water)	5000 PPM

Sanitizer to be used in this establishment will be _____ and will be left wet on hard surfaces for _____ minutes before drying with paper towels.

Ammonium chloride sanitizers are ineffective against Norovirus so if those are the standard sanitizers used in a food service establishment, then chlorine bleach (or some other commercial product approved by the EPA to kill Norovirus) must be kept on hand for use during a vomit/diarrhea incident.

Bleach is available in several different concentrations so food service establishments need to be aware of the concentration they have available. Once opened, a bottle of bleach maintains its strength for 30 days so **PUT THE DATE ON THE BOTTLE WHEN YOU OPEN IT**. Discard after 30 days.

Remember that bleach will discolor many items such as carpets, flooring, etc. Test a small area if there is any reason to believe that there will be a problem. Steam cleaning of carpets and upholstery is recommended once the vomit/diarrhea has been removed. Linens should be washed in hot water and dried in a hot dryer.

Open windows or increase ventilation as much as possible during the clean-up.

Make sure that all high-touch areas and restrooms are sanitized before areas are re-opened.

7. When totally finished cleaning up, dispose of all paper towels and PPE in the plastic bag. Tie the bag closed and double bag it before putting it in your regular trash.
8. Rinse food contact surfaces with clean water to remove chlorine residue left on the surface because you used 5000 PPM to kill the infectious agents and re-sanitize with your usual 100 PPM sanitizer.

Re-opening Establishment or Cleaned Areas

When the above-described clean-up procedure has been completed, the areas may be re-opened. Establishments that closed for clean-up should call the Regulatory Authority and report that they are ready to re-open. The Regulatory Authority may or may not want to actually visit the establishment prior to re-opening.

Establishments should anticipate that some customers may request some kind of compensation. Management should discuss that with employees as part of the training on this procedure. The decision concerning compensation is entirely up to the establishment management.

Monitoring Employees for Illness

After incidents involving diarrhea and particularly vomiting, all employees, particularly those involved in the clean-up, will be monitored for signs of illness for several days. The Person in Charge will remind employees to report symptoms of any illness.

Incident Report

It is advisable for the Person in Charge to complete an incident report describing the date and time of the incident; which employees were in charge of the clean-up; an overall description of the area of the incident; how it was cleaned and sanitized; and the other areas of the establishment cleaned and sanitized. It should also state what food was discarded. This report should be kept in the establishment files in case there are any future questions about the incident.