



INSPECTIONAL SERVICES DEPARTMENT

FOOD ESTABLISHMENT PLAN REVIEW

NAME OF ESTABLISHMENT _____
ADDRESS _____
TYPE OF ESTABLISHMENT _____ BUSINESS OWNER _____
NEW _____ REMODELED _____ HOME ADDRESS _____
SEATING CAPACITY _____ EST. MEALS _____ TAKE OUT _____ TEL. NO. _____
BREAKFAST _____ LUNCH _____ DINNER _____ DAYS & HOURS OF OPERATION _____
CONSTRUCTION START DATE _____ BUSINESS OPENING DATE _____
STATE SANITARY CODE (105 CMR 590.000) PROVIDED YES _____ NO _____ PENDING _____
CERTIFIED FOOD MANAGER & ALLERGEN CERTIFICATIONS (FC 2-102.11) YES _____ NO _____ NAME _____
ZONING/OCCUPANCY/ CV APPROVALS (BUILDING & LICENSING DEPTS.) YES _____ NO _____ PENDING _____
USE ITEM (*MUST MEET BUILDING CODED REQUIREMENTS) 34 _____ 36A _____ 37 _____ OTHER _____
MENU PROVIDED FC 8-201.12 YES _____ NO _____ PENDING _____ N/A _____
CONSUMER ADVISORIES DEVELOPED FC 3-603.11 (FOR RAW AND UNDERCOOKED FOOD) YES _____ NO _____ N/A _____
RTE, HEAT & SERVE _____ COLD / HOT HOLD _____ COOK & SERVE _____ COOK & HOT / COLD HOLD _____
COOK, HOT HOLD, COOL, REHEAT _____ RAW RTE _____ SOUS VIDE or OTHER COOK PROCESS _____

PHYSICAL FACILITIES

OPEN AIR CAFÉ OUTER OPENINGS PROTECTED FC 6-202.15 YES _____ NO _____ N/A _____
ENCLOSED KITCHEN, NO ACCESS UNNECESSARY PERSONS FC 2-103.11 YES _____ NO _____ N/A _____
WINDOWS & DOORS SCREENED FC 6-202.15 YES _____ NO _____ AIR CONDITIONER _____
ARE FOOD PREP. AND WAREWASH AREAS LOCATED IN A BASEMENT (590.003) FC 3-305.12 YES _____ NO _____
ENVIRONMENTAL ENGINEER REPORT SUBMITTED YES _____ NO _____ PENDING _____ N/A _____
TYPE OF FINISH FLOOR MATERIAL FOOD PREP AREA FC 6-201.11 QUARRY TILE _____ CERAMIC TILE _____ VCT TILE _____ CONCRETE _____
TYPE OF FINISH WALL MATERIAL FOOD PREP. AREA FC 6-201.11 STAINLESS STEEL _____ CERAMIC TILE _____ FRP _____ SHEETROCK _____
TYPE OF FINISH CEILING MATERIAL FOOD AREA FC 6-201.11 SHEETROCK _____ VINYL FACED _____ FRP _____ METAL _____ ENCLOSED _____
LULIGHT FIXTURES SHIELDED FOOD PREP. AREA FC 6-202.11 YES _____ NO _____ N/A _____
EMPLOYEE TOILET FACILITIES PROVIDED FC 5-203.12 YES _____ NO _____ HOW MANY _____
CUSTOMER TOILET FACILITIES PROVIDED FC 5-203.12 YES _____ NO _____ HOW MANY _____ N/A _____
ROOMS PROPERLY VENTILATED FC 6-304.11& (BUILDING DEPT.) YES _____ NO _____
DRESSING ROOMS/LOCKERS PROVIDED FC 6-403.11 & 6-305.11 YES _____ NO _____ LOCATION _____
LOCATION FOOD STORAGE ROOMS FC 3-305-07 BASEMENT _____ 1ST FLR _____ 2ND FLR _____ OTHER _____
FINISHED FOOD STORAGE ROOM/ APPROVED STORAGE AREAS ELEVATED SHELVING PROVIDED FC 3-305.11, 305.12, 307.11 YES _____ NO _____

TYPE OF OUTSIDE RUBBISH AND GREASE CONTAINER(S) FC5-501.13-17 COMPACTER _____ DUMPSTER _____ VERMIN PROOF BARRELS _____
TYPE OF SURFACE LOCATED ON FC 5-501.115 CONCRETE _____ ASPHALT _____ OTHER _____

PLUMBING, HAND AND WARE WASH FACILITIES

SEPARATE HAND WASH SINK PROVIDED IN FOOD PREP. /WAREWASH /DISPENSING AREAS FC 5-203.11 YES _____ NO _____ HOW MANY _____ N/A _____
FOOD PREP SINK PROVIDED FC 3-302.15 YES _____ NO _____ HOW MANY _____ N/A _____
POT SINK PROVIDED WITH DRAINBOARDS FC 4-301.12 (THREE (3) COMPARTMENTS REQUIRED) YES _____ NO _____ HOW MANY _____ N/A _____

ADEQUATE STORAGE FOR CLEAN / SOILED EQUIPMENT YES ___ NO ___ N/A ___ (Sink compartment. size)

APPROVED BACKFLOW PREVENTER INSTALLED FC 5-203.14 YES ___ NO ___ N/A ___

NSF APPROVED SEALED COLD PLATE FOR BAR SINKS FC 4-204.16 YES ___ NO ___ N/A ___

MOP SINK PROVIDED /SEPARATED OR ENCLOSED FC 5-203.13 YES ___ NO ___ HOW MANY ___

ADEQUATE SEWAGE DISPOSAL, FLOOR DRAINS, DUMP STATIONS etc. YES ___ NO ___

CHEMICAL STORAGE FC 7-201.11 LOCATION _____ (rev.)

COMMERCIAL DISHWASHER PROVIDED FC 4-501 HIGH TEMP ___ CHEMICAL ___ N/A ___

MANUFACTURER _____ Irreversible thermometer /test strips

LOW SANITIZER, DETERGENT ALARM INSTALLED FC 4-204.117 YES ___ NO ___ N/A ___

APPROVED BACKFLOW PREVENTER INSTALLED FC 5-203.14 YES ___ NO ___ N/A ___

ADEQUATE STORAGE EQUIPMENT, UTENSILS, LINENS PROVIDED FC 4-903.11 YES ___ NO ___

ALL PAPER, SINGLE SERVICE ITEMS WITH STORAGE FC 4-903.11 & .12 YES ___ NO ___ N/A ___

KITCHEN FACILITIES/EQUIPMENT

NATIONAL SANITATION FOUNDATION APPROVED FC 4-205.10 & FC 4-201.11 YES ___ NO ___

INSTALLED SO ADJACENT AREA MAY BE CLEANED UNDER, BEHIND AND BETWEEN COOKING EQUIPMENT FC 4-402.11 & .12 YES ___ NO ___ N/A ___

WALK IN REFRIGERATOR UNIT PROVIDED FC 4-301.11

VOLUME REQUIRED=#OF MEALS x .085+60%

(SIZE L x W x H) (FT 3) (HOW MANY)

(REFRIGERATION CONSULTANT)

41° F/ NSF #7 APPROVED REFRIGERATION FC 3-501.16 YES ___ NO ___

WALK IN FREEZER UNIT PROVIDED FC 4-301.11

VOLUME REQUIRED=#OF MEALS x .085+60%

(SIZE L x W x H) (FT 3) (HOW MANY)

ICE MAKER FC 4-301.11 & 3-501.15

(SIZE L x W x H) (CAPACITY lbs.)

OTHER REFRIGERATION UNITS PROVIDED

VOLUME REQUIRED= # OF MEALS x .085 FC4-301.11

(TOTAL FT 3) (HOW MANY)

(REFRIGERATION CONSULTANT)

41° F/NSF #7 APPROVED REFRIGERATION FC 3-501.16 YES ___ NO ___

OTHER FREEZER UNITS PROVIDED

(TOTAL FT 3) (HOW MANY)

BLAST CHILLER PROVIDED FC 3-501.15

(PROCEDURE FOR COOLING TCS FOODS STATED IF NO ICE / BLAST CHILLER)

TOTAL (FT 3) (HOW MANY)

*TYPE OF COOKING EQUIPMENT PROVIDED FC 4-301.11

STOVE _____ CONVECTION OVEN _____

GRILL _____ MICROWAVE OVEN _____

*MUST MEET VENTILATION REQUIREMENTS PER BFD AND FC 4-301.14 & 6-202.12

FRYER _____ PIZZA OVEN _____

BROILER _____ ROTISSERIE _____ SMOKER _____

RICE COOKER _____ STEAM KETTLE _____

COFFEE BREWERS _____ OTHER _____

N/A _____

STEAM TABLE(S) PROVIDED FC 4-301.11 YES ___ NO ___ HOW MANY ___ N/A ___ # HOT FOODS _____

OTHER HOT HOLDING EQUIPMENT PROVIDED _____ (TYPE) _____ (HOW MANY)

FOOD AND EQUIPMENT THERMOMETERS PROVIDED FC 4-302.12 YES ___ NO ___

SELF-SERVE SALAD BAR, BUFFET, BULK FOOD PROTECTED FC 3-306.11 YES ___ NO ___

ALLERGEN REQUIREMENTS

SNEEZE GUARD PROVIDED FOR SERVICE AND SALAD BAR(S) **3-306.11** YES ____ NO ____ N/A ____

PROPER SIGNAGE PROVIDED/INGREDIENTS / ALLERGENS POSTED YES ____ NO ____

ANTI CHOKING TRAINED YES ____ NO ____

APPROVED SELF-CLOSING BULK FOOD CONTAINERS YES ____ NO ____ N/A ____

STATEMENT: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE TO THE PLANS OR THE ABOVE INFORMATION WITHOUT PERMISSION FROM THE DIVISION OF HEALTH INSPECTIONS MAY NULLIFY THIS APPROVAL.

SIGNATURE: _____ **PRINT NAME / TITLE:** _____

PRELIMINARY REVIEW BY: _____ **DATE** _____
TITLE: _____

FINAL APPROVAL BY: _____ **DATE** _____
TITLE _____

CONDITIONS: *Must meet all building and fire code regulations and all other licensing requirements prior to operating.
