



Hanaanka Codsashada ee Codsiga Oggolaanshiyaha Aas-aaska Cuntada

Qaybta 1 - Codsiga Oggolaanshiyaha

Shaqsi ahaan ama oonlayn adiga oo kusoo gudbinaya iimayl

⇒ **Aas-aasid kasta waxa uu u baahanyahay Oggolaanshiyaha aas-aasida cunto iyo in la baaro kahor inta aadan dadwaynaha siinin cuntada.**

Waxa aad u baahan doonto:	Talaabooyinka:
<input type="checkbox"/> Codsiga Oggolaanshiyaha Aas-aasida Cuntada <input type="checkbox"/> Cadaynta Caymiska Shaqaalaha <input type="checkbox"/> Aqoonsiga Canshuurta Fadaraalka (Lanbarka EIN) <input type="checkbox"/> Shahaadada Ilaalinta Cuntada ee Maamulha (CFPM)	<ol style="list-style-type: none"> 1. Hubi in aad soo aruuriso aadna dhameystirto dhamaan walxaha, dukumiintiyada, iyo macluumaadka la liis gareeyay. Waad la imaan kartaa ballanta walxahaaga ama iimayl kusoo dir waqti hore. 2. Ballan ka qabso ISD Health adiga oo wacaya 617-635-5326 ama iimayl u diraya ISDHealth@boston.gov

Qaybta 2 aad - Dib u eegista Qorshaha

Shaqsi ahaan, kali ah balantan

⇒ **Marka laga imaado baaritaanka iyo ogolaanshiyaha cuntada, waxa aad u baahan doontaa qorshe dib u eegis haddii mid kamid ah kuwaan soo socda uu run yahay:**

- In la dhisay maqaayad cusub
- Dhisitaan, dib u habayn, ama bedelka qaab dhismeedka dhisme horay u jiray
- Isbedelka qalab ama buug cusub

Waxa aad u baahan doonto:	Talaabooyinka:
<input type="checkbox"/> Warqada Dib u eegista <input type="checkbox"/> Qorshaha 2 nuqul oo ah qorshaha dabaqa (loo sawiray cabir ahaan) <input type="checkbox"/> Gaar ahaanshiyaha qalabka (NSF/UL ama u dhigma) <input type="checkbox"/> Buuga <input type="checkbox"/> Lacag bixinta	<ol style="list-style-type: none"> 1. Hubi in aad soo aruuriso aadna dhameystirto dhamaan walxaha, dukumiintiyada, iyo macluumaadka la liis gareeyay 2. Kaga qabso balan ISD Health adiga oo isticmaalaya taleefoon ama iimayl 3. La imoow xiliga ballanta lagu qabtay dhamaan dukumiintiyada la liis gareeyey iyaga oo daabacan ahna ku dhamaystiran waxaa intaas dheer in aad bixiso qidmadaha ku khuseeya 4. Inta lagu gudo jiro Dib u eegista Qorshahaaga, shaqaale ayaa dulmar ku samayn doona waxyaabaha gaarkau ah aas-aaska ganacsigaaga iyo buugaaga 5. Kadib dib u eegista qorshahaaga, la imoow qorshayaashaada oo shaabadaysan Dhismaha ISD si ay dib u eegis ugu sameeyaan ayna u hagaan ogolaanshiyaha dheeraadka ah ee loo baahanyahay



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Qaybta 3 aad - Baaritaanka Furitaanka

Shaqsiga ahaan, kali ah balantan

⇒ Inta aadan u furin dadwaynaha waxa aad u baahan doontaa inaad ku baasto baaritaanka furniinka. Marka laga imaado baaritaanka furitaanka, aas-aasida cuntada waxaa baaritaan lagu sameeyaa 1-3 jeer sanadkiiba.

Waxa aad u baahan doonto:	Talaabooyinka:
<ul style="list-style-type: none"><input type="checkbox"/> Dhammaan qidmadaha waa la bixiyay<input type="checkbox"/> Shahaadada xasaasiyada<input type="checkbox"/> Shahaadada Degitaanka (CO)<input type="checkbox"/> Shahaadada Baaritaanka (CI)<input type="checkbox"/> Shatiga Cunte bixiye La aqoonsanyahay (CV) (iHadii ay khusayso)	<ol style="list-style-type: none">1. Uga qabso balan baaritaanka furitaankaaga ISD Health adiga oo soo wacaya 617-635-5326 ama iimayl u diraya ISDHealth@boston.gov2. Xiliga baaritaankaaga, wax kasta waa in ay diyaar kuu ahaadaan si aad ugu billoowdo shaqada ganacsigaaga. Waa in aad u diyaar garoowdaa si dhamaystiran si marka baaruhu kaa boxo aad u biloowdo in aad u adeegto macmiilkaaga ugu horeeya.

Ma u baahantahay caawimaad?

Kala soo xiriir ISD Health su'aalo kasta ama walaacyo kasta oo aad qabto adiga oo ku gudbinaya taleefoon ama iimayl.

Shaqaale ayaa la kulmi doona ganacsatada, waxa uu la dulmari doonaa hanaankooda xaaladaha khaaska ah, waxa uuna ka caawin doonaa in ay fahmaan waxyaaba ay u baahan doonaan.

Taleefoonka: (617) 635-5326

Fakiska: (617) 635-5388

Iimaylka: ISDHealth@boston.gov

Qaybta Baaritaanada Caafimaadka ee

1010 Massachusetts Ave.

Boston, MA 02118

Saacadaha Xaafiiska: Isniinta ilaa Jimcaha, 8 a.m. - 4 p.m.



Ogolaanshaha Meherad Cunto

Isticmaalka Guddiga Caafimaadka kaliya				
Taariikhda La Helay	Taariikhda La Kormeeray	ANSIXIYAY	Lambarka Ruqsadda # ee La Bixiyay	KHARASH

1 Magaca Ganacsiga: <i>(Tani waa magaca loogu soo bandhigo dadweynaha bannaanka meheraddaada - tusaale ahaan. "McDonalds", ma aha "McDonalds Corp")</i>	
2 Cinwaanka Ganacsiga: <i>(Tani waa cinwaanka jireed ee meheraddaada oo loogu soo bandhigo dadweynaha)</i>	
3 Cinwaanka Boostada Ganacsiga: <i>(Haddii uu ka duwan yahay kan kor ku xusan)</i>	
4 Lambarka Taleefanka Ganacsiga: <i>(Lambarka dadweynaha ee macaamiisha)</i>	
5 Magaca Codsadaha & Jagadiisa:	
6 Cinwaanka Codsadaha:	
7 Lambarka Taleefanka ee Codsadaha:	
8 iimayl-ka Codsadaha:	
9 Lahaanshaha Meheradda: <input type="checkbox"/> Urur <input type="checkbox"/> Shirkad <input type="checkbox"/> Qof Keliya <input type="checkbox"/> Shuraako <input type="checkbox"/> Hay'ad Sharciyeed Kale	Haddii ay tahay <u>Shirkad</u> ama <u>Shuraako</u>, liis garee magaca, jagada, iyo cinwaanka guriga ee masuuliyiinta ama shuraakada: Magaca Jagada Cinwaan _____ _____ _____
10 Milkiilaha Ganacsiga iyo Jagadiisa: <i>(Magaca Shirkadda)</i>	
11 Cinwaanka Milkiilaha Ganacsiga: <i>(Cinwaanka Shirkadda)</i>	
12 Qofka Si Toos ah Mas'uulka ah Hawlaha Maalinlaha ah <i>(Mulkiile. Qofka Mas'uulka ah Kormeeraka. Maareeye, etc)</i>	
Magaca & Jagada:	
Cinwaan:	
Lambarka Taleefanka:	
Lambarka Taleefanka Degdega ah:	
13 Kormeere Degmo ama Gobol <i>(haddii khuseeyo)</i>	
Magaca & Jagada:	
Cinwaan:	
Lambarka Taleefanka:	

14 Isha Biyaha & Nidaamka Sifeeynta Saxarada:	
15 Shirkadda Ka Saarista Qashinka / Shirkadda Nadiifinta (Dufanka)	
16 Maalmaha iyo Saacadaha Shaqada:	
<input type="checkbox"/> Saacadaha Axadda: _____ <input type="checkbox"/> Isniin Saacadaha: _____ <input type="checkbox"/> Talaado Saacadaha: _____ <input type="checkbox"/> Arbacada Saacadaha: _____ <input type="checkbox"/> Khamiis Saacadaha: _____ <input type="checkbox"/> Jimcaha Saacadaha: _____ <input type="checkbox"/> Sabti Saacadaha: _____	
17 Tirada Shaqaalaha Cuntada:	
18 Magaca Qofka Mas'uulka ah ee Shahaada ku leh Maareeyaha Ilaalinta Cuntada: <i>Fadlan lifaaq nuqul ka mid ah shahaadada</i>	
19 Ma haysaa qof tababaran ku leh nidaamyada ka-hortagga ku dhegganida cuntada? <i>(Haddii ay jiraan 25 kursi ama ka badan)</i>	<input type="checkbox"/> Haa <input type="checkbox"/> Maya
20 Nooca Meheradda <i>(Sax dhammaan inta ku habboon)</i>	
<input type="checkbox"/> Tafaariiq sq.feet _____ <input type="checkbox"/> Adeegga Cuntada # Tirada kursiyada _____ <input type="checkbox"/> Adeegga Cuntada Qaadashada <input type="checkbox"/> Adeegga Cuntada - Hay'ad <p style="text-align: center;">Cuntooyinka/Maalin _____ Sariiraha _____</p> <input type="checkbox"/> Qandaraaslaha Cuntada <i>(Shaqaalaha adeegaya cuntada – kaliya ma aha keenista waaweyn qadarka weyn ee cuntada)</i>	<input type="checkbox"/> Gaarsiinta Cuntada <input type="checkbox"/> Cunto La Qaadi Karo <i>(Tusaale: gaari riixitaan)</i> <input type="checkbox"/> Cunto oo Lagu Socdo <i>(Tusaale: Tusaale: gaari cuntada ama taayir)</i> <input type="checkbox"/> Dubista Rootiga <input type="checkbox"/> Soo-saare Macmacaan Barafaysan <input type="checkbox"/> Ku kale- Sharax: _____ _____ _____

TCS - Xakamaynta Waqtiga/Heerkulka ee Badbaadada

Cuntooyinka TCS waa in laga ilaaliyaa aagga khatarta heerkulka (41°F - 135°F). Cuntooyinka TCS ee ugu caansan waxaa ka mid ah: hilibka, ukunaha, kalluunka iyo shellfish-ka, caanaha, kareemka ama custard-ka, khudradda la kariyey, cuntooyinka baradhada, dhirta hodanka ku ah borotiinka, qumbaha cusub, caleemaha la jarjaray, toonta jarjaran ee saliidda ku jirta, canabka la jarjaray, iyo yaanyo.

Aan-TCS ahayn - Ma jirto xakameyn waqti/heerkul oo loo baahan yahay

Cuntooyinka Aan TCS ahayn ma taageeraan koritaanka bakteeriyada keenta cudurada. Cuntooyinka Aan TCS ahayn ee ugu caansan waxaa ka mid ah: alaabta qallalan, cereal qallalan, cuntooyinka la qalajiyey, buskudka, nacinaca, popcorn-ka, chips-ka baradhada, iyo cabbitaannada la sifeeyey ee dufanaysan (canned sodas).

RTA - Cuntooyinka-diyaar- u ah in- la cuno

Cuntooyinka RTE ee aan u baahnayn in la karsado ama dib loo kululeeyo ka hor inta aan la adeegayn. Cuntooyinka RTE waxaa ka mid ah: sandwich-yada, salad-yada, iyo muffins-ka.

1010 Massachusetts Ave, dabaqa 4aad, Boston MA 02118

Tel: (617) 635-5326 Faks: (617) 635-5388 iimayl: ISDHealth@boston.gov Shabakadda Internetka: www.boston.gov

21 Ma iibisaa cuntooyinka TCS ee la kariyey marka la dalbado?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
22 Cuntada ma ku keentaan 1 saac gudaheed kadib diyaarinteeda?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
23 Ma diyaarsa cuntada TCS loogu talagalay in kulul iyo qabow lagu hayo cuntada hal adeeg?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
24 Ma diyaarsa cuntada TCS kulul oo la kariyey oo la qaboojiyey ama kulul lagu hayey loogu talagalay	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
25 Ma dib u kululeysaa cuntooyinka si ganacsi ahaan loo farsameeyey si loogu adeego 4 saacadood gudaheed?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
26 Ma diyaarsa cunto aan TCS ahayn?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
27 Ma iibisaa cunto hore loo baakadeeyey si ganacsi ahaan? Hubi dhammaan inta ku habboon:	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
28 Ma soo saartaa oo baakadaysaa barafka si loogu iibiyo tafaariiq ahaan?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
29 Ma soo saartaa oo baakadaysaa casiirka si loogu iibiyo tafaariiq ahaan?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
30 Ma iibisaa cuntooyinka xoolaha cayriin <u>ee loogu talagalay in ay macaamiishu diyaariyaan?</u>	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
31 Ma u <u>adeegtaa</u> cunto cayriin ama aan si buuxda loo karin oo asal ahaan xoolaha ka timid?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
32 Ma diyaarinaysaa cuntooyin ama cuntooyin hal-mar ah oo loogu talagalay munaasabado la adeegayo ama adeeg cunto oo hay'adeed?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
33 Ma diyaarinaysaa cunto loogu talagalay xarun ay degan yihiin dad si fudud u nugal cudurrada?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
34 Ma sameysaa iib tafaariiq ah oo cunto dib loo soo celiyey, dhacay, ama dib loo hagaajiyey?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
35 Ma bixisaa adeeg is-adeeg ah oo macaamiishu ay iskood isu adeegaan? Hubi dhammaan inta ku habboon: <input type="checkbox"/> TCS	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
36 Ma isticmaashaa hannaan u baahan oggolaansho gaar ah iyo/ama qorshaha HACCP?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya
37 Ma baakadeysaa cuntada adigoo adeegsanaya vacuum goobta ama ma karsataa/ qaboojisaa alaabo goobta lagu sameeyo?	<input type="checkbox"/> Haa	<input type="checkbox"/> Maya

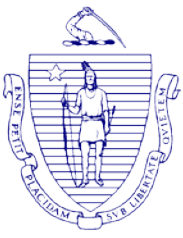
Aniga, hoos ku saxiixan, waxaan caddeynayaa in macluumaadka lagu bixiyey codsigan uu sax yahay, sidoo kale waxaan xaqiijinayaa in hawlaha meheradda cuntadu ay u hoggaansami doonaan 105 CMR 590.000 iyo dhammaan sharciyada kale ee khuseeya. Guddiga Caafimaadka ayaa igu wargeliyey sida loo helo nuqullo ka mid ah 105 CMR 590.000 iyo Xeerka Cuntada ee Federaalka ee 2013 iyo dheeraadka 2015.

Saxiixa Codsadaha: _____

Iyada oo loo eegayo MGL Ch 62C, sec. 49A, waxaan shahaadeeyaa anigoo qaadaya mas'uuliyadda xeer jebinta in, sida ugu fiican ee aan ogahay oo aan aaminsanahay, aan gudbiyey dhammaan canshuur celinta gobolka iyo inaan bixiyey canshuuraha gobolka ee sharciga ka dalbanayo.

Aqoonsiga Federaalka / Lambarka EIN: _____

Saxiixa Qofka ama Magaca Shirkadda: _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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 § 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 (check 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia