



TOWN OF MIDDLETON
Health Department
195 North Main Street, Middleton, MA 01949

(978) 777-1869

fax: (978) 774-0718



Public Health

Establishment: _____
Address: _____
Phone: _____ CELL: _____
EMAIL: _____
Contact Name: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

****To be completed by the Operator and submitted to the Middleton Health Department****

PLAN REVIEW PROCESS AND TIMELINE

CONTACT:

HEALTH DEPT (HD): For preliminary
CONSULTATION. RECOMMEND: On-Site review

OBTAIN:

HD, Zoning, Building, Fire, Clerk, & other department:
REQUIREMENTS and APPLICATIONS

SUBMIT:

Plan Review **by the Operator to HD**

HD Plan Review Approval

APPLY FOR PERMITS:

DEPARTMENT FINAL APPROVALS:

- DEPARTMENTS as noted above.

CONSTRUCTION BEGINS!

SCHEDULE HD: AFTER FINAL ELECTRICAL AND PLUMBING FINAL INSPECTION

- HD: PRE-OPENING INSPECTION: Call for process
 - AFTER PLUMBING, ELECTRICAL, FIRE FINAL Inspections
- Building DPT for FINAL OCCUPANCY

WELCOME TO MIDDLETON

Application links, Codes and Guidelines

On-Line permit Application:

<https://www.middletonma.gov/330/Licenses-Permits>

REQUIRED documents:

- Proposed Menu
- Plan with equipment and finish schedule
- Equipment specification sheets
- Food Safety Manager Certification
- Allergen Awareness Certification
- CPR Certification
- Employee Health Policy
- HACCP / Variance (Special Processes)
- Worker's Compensation Insurance

REQUIRED Contracts(s):

- Pest Control: Licensed pest control company
- Grease Trap Cleaner: (LICENSED BY MIDDLETON HD)
- Trash Hauler: (LICENSED BY MIDDLETON HD)
- Hood Duct Cleaning & Inspection Company

REQUIRED knowledge and compliance of:

- 2013 FDA Food Code
- Mass Food Code: (105 CMR 590.000)
- LOCAL / State Regulations and By Laws

REQUIRED PLAN REVIEW DOCUMENT SUBMISSION

Food Establishment Plan Review Application	CALCULATION SUBMISSIONS
Copy of Menu	Dry Storage calculations (Sq ft, shelving units)
Stamped Architectural Floor Plan	Refrigeration calculations: Walk-ins, reach-ins
(Min 11 x 17 - ¼ inch scale) MUST DEPICT:	Hot Water Heater capacity (KW, BTU, Gallons)
<ul style="list-style-type: none"> <li data-bbox="251 261 811 272">• Location of all equipment, sinks, grease traps, etc. <li data-bbox="251 272 811 283">• Equipment schedule <li data-bbox="251 283 811 283">• Finish schedule for: (Floors, Walls, Ceilings, coving) <li data-bbox="251 283 811 293">• Location of exterior dumpsters, grease / oil bins, etc. 	HACCP Plan, Written Policy and / or Variance For: <ul style="list-style-type: none"> <li data-bbox="936 261 1385 272">• Specialized Processes (ROP, Acidification (sushi), Fermentation etc.) <li data-bbox="936 272 1385 283">• TPHC (Variance and Written Plan)
Specification Sheets for ALL equipment	OTHER: _____

Establishment Name:		
Establishment Address:		
Mailing Address (if different):		
Establishment Tel.:		
Applicant Name & Title (please print clearly):		
Applicant Address:		
Applicant Tel.:	Cell:	24 hr. emergency number:
Email:		

Owner Name & Title (if different from applicant, please print clearly):		
Owner Address (if different from applicant):		
Owner Tel:	Cell:	24 hr. Emergency
Email:		

Establishment Owned By:

<input type="checkbox"/> Association	If a corporation or partnership, list name, title, home address of officers or partners:
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Other legal entity:	

Person directly responsible for daily operations (Owner, Manager, Person in Charge (PIC), Supervisor, etc.)

Name & Title:	
Address:	
Tel.:	Fax:
Emergency Tel. No. (24/7):	Cell:
Email:	
Days & Hours of Operation:	No. of Food Employees: _____
Person(s) Certified in Food Protection Management:	
Person(s) Certified in Allergen Awareness:	
Person(s) Trained in Anti-Choking Procedure (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an illness policy to exclude or restrict sick food workers or have infected cuts and lesions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an employee hygiene policy for handwashing, jewelry, eating, storage of personal items? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TYPE OF FOOD OPERATION (Check all that apply)

- Retail Food (Commercial Prepackaged Foods ONLY)
- Food Service
- Institution: (Nursing Home, School)
- Caterer
- Specialized Processes (Sushi, ROP, Fermentation, etc.)
- Time as a Public Health Control (TPHC)
- Residential Kitchen (Baked Goods ONLY)
- Residential Kitchen – Bed & Breakfast

ESTABLISHMENT DATA

Establishment: _____ sq. ft
No. of Seats: _____
Meals Per Day: _____
Of Deliveries: _____ per week
Dry Storage: _____ sq ft.
Walk-in Refr: _____ cu ft.
Refrigeration: _____ cu ft.
Hot Water Tank Size: _____ Gallons
_____ BTU KW

FOOD OPERATIONS (check all that apply):

Definitions:

TCS – Time/Temperature Control for Safety: Food requiring **Refrigeration and / or hot holding** to limit pathogen growth.

Non-TCS - No time/temperature control required. Shelf Stable Foods. No refrigeration or hot holding required.

RTE - Ready-to-Eat foods (ex. sandwiches, salad, muffins which require no further processing)

TYPE OF FOOD PREPARED / SOLD

- Pre-Packaged (COMMERCIAL) TCS's and / or Non-TCS foods
- TCS's for Hot and Cold Holding for Single Meal Service
- Reheat Commercially Processed Foods for Service – 4 Hr.
- TCS Cooked & Cooled or Hot Held over one Meal Period
- Offers Raw or Undercooked Food of Animal Origin
- Customer Self-Service (Buffets, salad / food bars)
- TCS / NON-TCS for Highly Susceptible Population
- Special Process Requiring Variance and / or HACCP Plan (Sushi, Fermentation)
- Time as a Public Health Control (TPHC)
- Vacuum Packaging (Kryovac) / Cook Chill / Sous Vide
- Juice Manufactured & Packaged for Retail Sale
- Prepares Food/Single Meals for Catered Events

RISK FACTORS

Risk Factor 1:

Risk Factor 2:

Risk Factor 3:

Risk Factor 4

RISK FACTOR	TYPE OF RISK	EXAMPLES

Food Receiving Review

- What type of time/temperature control for safety (TCS) food will be received:

FOOD	FRESH	FROZEN	READY TO EAT TCS	SHELF STABLE	SUSHI GRADE	TEMPERATURE
Meats, Pork, Roasts, Chicken						
Ground TCS Foods						
Seafood:						
• Fish, Cod, Salmon						
• Oysters, clams, scallops						
Eggs						
Produce						
Dairy						
Other:						

Food Preparation Review

1. How will time/temperature control for safety (TCS) food be thawed? List food items that apply.

Thawing Method	Food less than 1" thick	Food more than 1" thick
Refrigeration (Walk-in coolers, etc.)		
Running water (less than 70°F)		
Microwave as part of cooking process		
Cook from frozen		
Other: (Please describe):		

2. Cooking and reheating TCS foods: List all cooking or reheating equipment and mark all applicable boxes for the listed equipment.

Equipment Name	Cooking	Reheating	New	Used	NSF / UL Certified or Equivalent

3. Hot and cold holding of TCS food: List all hot or cold holding equipment and mark all applicable boxes for listed equipment.

Equipment Name	Hot Hold	Cold Hold	New	Used	NSF / UL Certified or Equivalent

4. Will time as a public health control be used instead of hot or cold holding? YES NO
If YES:

- o SUBMITT: Written plan for approval
list the types of foods involved:

5. Cooling TCS food: List foods that will be cooled using each of the following methods. Hot TCS foods must be cooled from 135°F to 70°F in 2 hours or less and within a total of 6 hours from 135°F to 41°F or less. If prepared from room temperature or pre-chilled ingredients (i.e., tuna salad) then the foods must be cooled from 70°F to 41°F within 4 hours.

Cooling Method	Food Items
Ice bath	
Shallow pans under refrigeration	
Volume Reduction (e.g., quartering a large roast)	
Rapid chill equipment (e.g., blast chillers)	
Ice paddles	
Other (describe method as well as listing foods)	

6. Bare hand contact: How will employees avoid bare hand contact with ready-to-eat foods? Check all that apply.

Disposable Gloves Deli Tissue
 Suitable Utensils Other: Describe: _____

7. Will produce for food preparation be cleaned on-site?

YES NO

If YES, describe which sink(s) will be used for food preparation:

8. Date marking: When TCS food is ready-to-eat and will be kept under refrigeration for more than 24 hours after preparation/opening, a date marking system must be utilized. Note: The day of preparation counts as Day 1.

Will the establishment have food items that must be date marked? YES NO

If YES, list the foods or types of foods involved.

Sinks & Warewashing Facilities

1. Dishwashing methods, mark all that apply. Dishmachine 3-Compartment Sink(s)

- 3-compartment sinks must accommodate immersion of the largest item needing cleaning. What is the largest item that will have to be washed in a sink and its size?. Dish machines are **OPTIONAL**
- Drain boards are **REQUIRED** on 3-compartment sinks for air drying wares

Dishwashing Sinks	Length (inches)	Width (inches)	Depth (inches)	DRAIN BOARDS Y/N
Compartment sink, sizes				

- List dish machine / glasswasher and sanitizer (e.g., chemical, or high temperature).

Dishmachine/Glasswasher	AREA	SANITIZER (High Temp Chemical)	Sanitizer type (Quat / Chlorine)	Test Strips / High Temperature Measuring Device
1 st Unit				
2 nd Unit				
3 rd Unit				

2. What type of mop, service, janitorial sink will be provided: (Floor, sink type, or designated basin)

- Ensure location of this sink is indicated on the equipment plan.
- Mops **MUST** be hung to air dry: Where will mops be stored and hung:

General

1. Will employee dressing rooms be provided? YES NO

If NO, describe how and where personal belonging will be stored.

2. Will laundry be done on-site? YES NO

If YES, mark which of the following will be used on-site. Washer Dryer

Describe what will be laundered on-site.

Room Finish Schedule

(See Fixed Food Establishment Plan Review Manual Part 10)

Describe the floor, coving, wall, and ceiling materials that will be used in each of the listed areas. See plan review manual

Area	Floor	Coving*	Wall	Ceiling
Preparation				
Cooking				
Dishwashing				
Dry Storage				
Dressing Room				
Walk-in Cooler				
Walk-in Freezer				
Garbage Room				
Janitor Closet/Mop Sink Room				
Trash Room				

*List the material that will be used to provide a smooth, rounded and cleanable surface where the floor and wall joins.

Water Supply

- Mark the water supply type: Municipal Existing Well New Well

Sewage Disposal

- Mark the sewage disposal type: Municipal Existing Septic

Insect and Rodent Control

(See Fixed Food Establishment Plan Review Manual Part 13)

- Will outside doors be self-closing? YES NO
- Will the facility have a drive-thru or walk-up window? YES NO

If YES, describe the method of pest entrance prevention (e.g., self-closing unit, air curtains, other effective means, etc.)

- Will openings around pipes, electrical conduits, chases, and other wall perforations be sealed? YES NO

Solid Waste/Refuse Storage

(See Fixed Food Establishment Plan Review Manual Part 17)

- Outside Solid Waste/Refuse Storage

- A. What type of storage will be used? Compactor* Dumpster* Cans
 - B. Describe the type of surface that will be under the container.

- C. What is the anticipated minimum pick-up frequency?

*Remember to show details on site plan, including unit location and slope of surface under the unit.

- Inside Storage

- A. Describe any inside solid waste storage (garbage, boxes, etc.).

- B. Describe the location where damaged merchandise or unacceptable products to be returned will be stored.

- C. Describe how and where waste grease from equipment such as fryers will be handled and stored.

D. Describe how and where redeemables/returnables/recyclables will be stored.

E. Mark the types of materials that will be recycled.

Glass Metal Paper Cardboard Plastic: