



Town of Arlington
Department of Health and Human Services
Office of the Board of Health
27 Maple Street
Arlington, MA 02476

Tel: (781) 316-3170
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POLICY REGARDING PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

When a plan is required as designated in the 1999 FDA Food Code, Section 8-201.11, sub-sections A-C, said plan shall be reviewed and signed by a Registered Sanitarian (REHS/RS) or NEHA Certified Professional in Food Safety (CP-FS) prior to submission to the Office of the Board of Health for approval. The aforementioned signature shall attest to the proper and sanitary design of the proposed food establishment and compliance with section 8-201.12, sub-sections A through F of the 1999 FDA Food Code.

Failure to submit plans that have been signed by a currently and validly credentialed professional as described above may result in denial of approval of said plans. Proof of registration or certification must accompany the Plan Review Application.

This policy shall take effect on January 1, 2013.

STATEMENT OF PURPOSE

As authorized by the 1999 FDA Food Code, Section 8-102.10, sub-sections A and B, the Board of Health has adopted this requirement to further safeguard public health by ensuring food is safe and unadulterated through the proper and sanitary design of new and remodeled food establishments. The proper and sanitary design of a food establishment is necessary for long-term sustained compliance with the Food Code and prevention of the transmission of foodborne disease.

Whereas persons with REHS/RS and/or CP-FS credentials have a verified combination of relevant credible experience and/or a related academic degree, and have met specified food safety knowledge standards as defined by a nationally recognized organization, they are in a position to design plans for safely conducting a food operation, which will support a comprehensive and uniform plan review process.

DIRECTORY OF PERSONS QUALIFIED TO CERTIFY PLAN REVIEW APPLICATION

The listing below was compiled as a convenience to provide assistance complying with the Arlington Board of Health Policy requiring all Plan Review Applications for Food Establishments be reviewed and signed by a person possessing an RS/REHS or CP-FS. This listing is in no way comprehensive and does not preclude any person with the necessary credentials from satisfying the requirement. The Board of Health does not in any way endorse or recommend any of the individuals or organizations listed below, nor does the Board evaluate the services or guarantee the success of the services offered by those listed below. Although the listing is periodically updated, there is no guarantee all information is current. *Updated May 23, 2016.*

Berger Food Safety Consulting
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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

These guidelines are not final requirements. The Board of Health may require additional information based on the type of operation and menu.

_____NEW _____REMODEL _____CHANGE OF TYPE OF SERVICE

Plan Review Fee: \$150.00 (checks made payable to: Town of Arlington)

PROJECTED CONSTRUCTION DATE_____

PROJECTED OPENING DATE_____

ESTABLISHMENT NAME_____

ADDRESS_____

CONTACT PERSON/ TITLE_____

CONTACT NUMBER_____

CONTACT ADDRESS_____

Please be advised this Office requires **30-days to review a completed Plan Review Application**. This Office will issue a letter indicating approval or denial of the Plan Review Application. No work shall begin in an establishment without written approval from this Office. **This Office may return or deny incomplete Plan Review Applications.** No application will be accepted without the required fee.

PLAN REVIEW STEPS:

- Submit Plan Review Application and plan review fee
- Wait for approval/denial letter from this Office
- Once plans have been approved- construction/renovations can begin in establishment
- Once construction is completed, contact this Office for a pre-operational inspection- No food is permitted in the establishment until approved by this Office.
- Upon successful pre-operational inspection- complete the permit application and pay annual permit fee depending on category number (determined by this Office)
- Once annual permit fee is paid, a permit will be issued. Permits expire December 31st of each year.

Questions regarding this application can be directed to:

Natasha Waden
 Health Compliance Officer
 781-316-3170

Name of Establishment _____

Address: _____ Phone# _____

Name of Owner: _____

Telephone: (____) _____ Email _____

Applicant's Name and Title:

Mailing Address: _____

Telephone:(____) _____

Type of service: _____ Sit down Meals
(Check all that apply) _____ Take Out
_____ Caterer
_____ Mobile Vendor
_____ Retail (packaged food)
_____ Other

Primary language (s) spoken in establishment _____

Name(s) of Certified Food Manager: _____
(Attach copy of certificate) Effective February 1, 2010 certified manager must also have allergen awareness certificate.

Number of floors on which operations are conducted _____

Is a scale used to weigh food for resale? YES / NO

Number of seats: _____ **Total square ft. of establishment:** _____

Number of staff: _____ (Max per shift)

Hours of operation:

_____ **Sun** _____ **Mon** _____ **Tue**

_____ **Wed** _____ **Thurs** _____ **Fri** _____ **Sat**

Approximate number of meals to be served:

_____ **Breakfast** _____ **Lunch** _____ **Dinner** _____ **Other**

The following documents must be included for this application to be considered complete:

- A \$150.00 non-refundable plan review fee made payable to the Town of Arlington.
- Proposed Menu (including seasonal, off-site, and banquet menus)
- Menu must include consumer advisory if establishment is serving raw, undercooked foods of animal origin or foods that are not otherwise processed to eliminate disease-causing organisms.

Consumer Advisory Example:

Menu	
*Hamburger	*Sirloin Steak
*Eggs	*Sushi
*These items may be served raw or undercooked. Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness.	

- Effective October 1, 2010- food establishment cooking, serving or preparing food intended for immediate consumption either on or off the premises must include the following Allergen Awareness Statement on the menu and menu board: “Before placing your order, please inform your server if a person in your party has a food allergy”.
- 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, etc)
- Floor plan drawn to scale of the food establishment showing the location of equipment, plumbing, electrical services and mechanical ventilation.
 - Plans must be a minimum of 11 x 14 inches in size
 - Drawn to a minimum of ¼ inch= 1 foot.
 - Show location of all food equipment
 - Each piece of equipment must be clearly labeled with its common name.
 - Include all areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this plan review.
- Adequate number of clearly designated hand washing lavatories for each toilet fixture and in food preparation areas.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.

I have submitted plans/applications to the following authorities on the following dates:

_____ Board of Selectmen
_____ Zoning
_____ Planning
_____ Building
_____ Plumbing

_____ Electric
_____ Police
_____ Fire
_____ Other

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

CATEGORY	YES	NO
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)		
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, rice, noodles, gravy, chowders, casseroles)		
Bakery goods (pies, custards, cream fillings & toppings)		
Other- specify		

CIRCLE/ANSWER THE FOLLOWING QUESTIONS:

1. Are all food supplies from inspected and approved sources? **YES / NO**

Provide name of food supplier(s): _____

2. What are the projected frequencies 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 _____
Frozen Storage _____

4. How will dry goods be stored off the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration space available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? **YES / NO**

Number of refrigeration units: _____
Number of freezer units: _____

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**

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

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.

THAWING	*THICK FROZEN FOODS	* THIN FROZEN FOODS
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

COOKING:

1. Will food thermometers be used to measure final cooking/reheating temperatures of PHF's? YES / NO

2. What style of temperature measuring device will be used: _____

3. When will food product thermometers be calibrated _____

4. What method will be used for calibration: _____

5. List 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 the type and number of hot holding units. _____

2. How will cold PHF's be maintained at 41°F or below during holding for service? Indicate the type and number of cold holding units. _____

COOLING:

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?

PREPARATION:

1. List foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food safety practices? YES / NO
Number (s) of employees: _____
Dates of completion: _____

3. How will this establishment prevent bare-hand contact with ready-to-eat foods?

EFFECTIVE OCTOBER 1, 2010

4. Will the Allergen Awareness poster be displayed in the employee work area? YES / NO
Poster can be found at: <http://www.foodallergy.org/page/restaurant-poster>.

5. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Describe briefly:

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 location planned for washing produce? YES / NO

Describe: _____

8. Describe the procedure for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F- 140°F) during preparation.

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, etc.) will be used in the following areas:

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food storage				
Other storage				
Bathrooms				
Dressing rooms				
Ware washing				
Walk-in refrigerators & freezers				
Other- describe				

INSECT AND RODENT CONTROL

Please check the appropriate boxes and answer questions as necessary.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?			
2. Are all screen doors provided on all entrances left open to the outside?			
3. Do all openable windows have a minimum of #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 exhausts and intakes protected?			
6. Is the area around the building clear of unnecessary brush, liter, boxes and other harborage?			
7. Will air curtains be used? If yes, where? _____			

Provide the name of pest control company to be used at this establishment: _____

GARBAGE AND REFUSE

INSIDE	YES	NO	NA
1. Do all containers have lids?			
2. Will refuse be stored inside? If so, where _____			
3. Is there an area designated for garbage can or floor mat cleaning?			
OUTSIDE			
4. Will a dumpster be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____			
5. Will garbage cans be stored outside?			

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored

7. Describe the location of grease storage receptacles

8. Is there an area to store recycled containers? _____

Indicate what materials are required to be recycled:

() Glass () Metal () Paper () Cardboard () Plastic

9. Is there an area to store returnable damaged goods? YES / NO

PLUMBING CONNECTIONS

	Air Gap	Air Break	Integral Trap	“P” Trap	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machine						
Ice Storage Bin						
Mop Sink						
Janitor Sink						
Hand Wash Sink						
3 Compartment Sink						
2 Compartment Sink						
1 Compartment Sink						
Water station						
Steam tables						
Dipper wells						
Refrigeration Condensate/ Drain lines						
Hose Connection						
Potato Peeler						
Beverage Dispenser w/ Carbonator						
Other						

1. Are easily cleanable floor drains provided? If so, indicate location(s):

WATER SUPPLY

- 1. Is water supply public () or private ()?
- 2. If private, has source been approved? YES / NO
Please attach copy of written approval and/or permit.
- 3. Is ice made on premises () or purchased commercially ()?
If made on premise, are specifications for the ice machine provided? YES / NO
Describe location for ice scoop storage: _____

SEWAGE DISPOSAL

- 1. Is the building connected to municipal sewer? YES / NO
- 2. If no, is private disposal system approved? YES / NO
Please attach copy of written approval and/or permit.
- 3. Are grease traps provided? YES / NO
If so, where? _____
Provide a schedule for cleaning & maintenance _____
Location for grease storage after cleaning _____
Name of offal hauler _____

DRESSING ROOMS

- 1. Are dressing rooms provided? YES / NO
- 2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.): _____

GENERAL

- 1. Are insecticides stored separately from cleaning & sanitizing agents? YES / NO
Indicate location: _____
- 2. Are all toxics for use on the premise or for retail sale (including personal medications), stored away from food preparation and storage areas? YES / NO
- 3. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES / NO
- 4. Will linens be laundered on site? YES / NO
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

5. Is a laundry dryer provided? YES / NO

6. Location of clean linen storage: _____

7. Location of dirty linen storage: _____

8. Are food-grade containers provided to store bulk food products? YES / NO

Indicate type _____

9. Indicate all areas where exhaust hoods are installed:

Location	Filters &/or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

10. How is each listed ventilation hood system cleaned? _____

11. Provide name of professional ventilation cleaning company who will inspect and clean ventilation system at least every 6 months:

SINKS

1. Is a mop sink present? YES / NO

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

3. If the menu dictates, is a food preparation sink present? YES / NO

DISHWASHING FACILITIES

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

Dishwasher ()

Three compartment sink ()

2. Type of sanitation used in dishwasher?

Hot water (temp. provided) _____

Booster heater _____

Chemical type _____

- | | |
|--|----------|
| 3. Is ventilation provided? | YES / NO |
| 4. Do all dishwashers have template with operating instructions? | YES / NO |
| 5. Do all dishwashers have accurate temperature / pressure gauges as required? | YES / NO |
| 6. Does the largest pot and pan fit into each compartment of the pot sink?
If no, what is the procedure for manual cleaning and sanitizing? | YES/ NO |
| <hr/> | |
| 7. Are there drain boards on both ends of the pot sink? | YES / NO |
| 8. What type of sanitizer is used for food contact surfaces? | |
| Chlorine () Hot Water () | |
| Iodine () Other () | |
| Quaternary ammonium () | |
| 9. Are test papers and/or kits available for checking sanitizer concentration? | YES / NO |

HAND WASHING / TOILET FACILITIES

- | | |
|--|----------|
| 1. Is there a hand washing sink in each food preparation and ware-washing area? | YES / NO |
| 2. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? | YES / NO |
| 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? | YES / NO |
| 4. Is a hand cleanser available at all hand-washing sinks? | YES / NO |
| 5. Are hand-drying facilities (paper towels, air blowers, etc.) available at all hand-washing sinks? | YES / NO |
| 6. Are covered waste receptacles available in each restroom? | YES / NO |
| 7. Is hot and cold running water under pressure available at each hand-washing sink? | YES / NO |
| 8. Are all bathroom doors self- closing? | YES / NO |
| 9. Are all bathrooms equipped with adequate ventilation? | YES / NO |
| 10. Is a hand washing sign posted at all hand washing sinks? | YES / NO |

SMALL EQUIPMENT REQUIREMENTS

1. Specify the number, location, and types of each of the following:

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 the Office may void Plan Review Application approval.

Owner

Consultant

Date

Date

Please attach contact information and proof of a current REHS/RS or CP-FS credential for consultant reviewing Plan Review Application as necessitated by the enclosed policy.

Approval of this Plan Review Application by the Arlington Board of Health does not indicate compliance with any other local, State or Federal code, law, or regulation that may be required. Further, it does not constitute endorsement or acceptance of the completed establishment as constructed and equipped. A pre-operational inspection of the establishment will be conducted prior to operation to determine compliance with local and State laws governing food service establishments. **Pre-operational inspections must be scheduled at least 7 days in advance.**