

Food Establishment Plan Review Application

Renovation to Existing Establishment

Oak Bluffs Health Department

Name of Establishment: _____

Address of Establishment: _____

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a **complete application** when all the paperwork has been submitted to the Health Department.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date _____

**NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT**

For Office Use Only:

Complete Plan Review Application Accepted by Health Department Date:
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Reviewer's Signature

Oak Bluffs Health Department

Plan Review: Renovation of Existing Establishment Application

Name of Establishment _____

Business Phone # _____

Business Address _____

Mailing Address (if different) _____

Name & Title of Applicant _____

Address of Applicant _____

If corporation or partnership, give title, name & address of officers or partners:

Name	Title	Address & Telephone #
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Number of seats _____ Number of square feet _____

No. Of Staff (Maximum per shift) _____

EMERGENCY INFORMATION

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

NAME OF BUSINESS OR COMPANY _____

NAME OR OWNER AND/OR MANAGER _____

ADDRESS _____

TELEPHONE # (OFFICE) _____

TELEPHONE # (EVENING/ 24 HOUR) _____

1ST ALTERNATE CONTACT _____

HOME ADDRESS _____

HOME TELEPHONE # _____

PERSON IN CHARGE (PIC) _____

ALTERNATE PERSON IN CHARGE (PIC) _____

ALTERNATE PERSON IN CHARGE (PIC) _____

CERTIFIED FOOD PROTECTION MANAGER _____

Plan Review: Renovation of Existing Establishment Fee Schedule

Simple..... \$ 25.00 Complex.....\$ 75.00

Pursuant to MGL Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Federal ID: _____ **Or** **Social Security Number:** _____

Signature of Individual or Corporate Name: _____

I, _____ the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature _____

INFORMATION NEEDED BEFORE WORK CAN BEGIN

1. Completed Food Establishment Plan Review Application
2. Include the following items with the completed application:
 - _____ a) Floor plan (inside establishment) of proposed renovation/construction: Show location of all equipment to determine food flow.
 - _____ b) Site plan (outside establishment) of proposed renovation/construction: Show location of equipment, garbage storage, and grease storage.
 - _____ c) Manufacturer's Specification Sheet(s) for all new proposed equipment (indicate locations on floor plan)
 - _____ d) Certified Food Protection Manager Information
 - _____ e) Choke Saver Certificate/First Aid Training (for establishments with more than 25 seats)
 - _____ f) Menu, include all new proposed menu items
 - _____ g) Check for plan review fee (non-refundable) made out to "Town of Oak Bluffs"
3. Letter from Health Department approving the submitted application and plan. The letter will allow work to begin. No work can begin without this letter.

Please call Oak Bluffs Health Agent, with questions: 508-693-6280 Ext 116.

OAK BLUFFS HEALTH DEPARTMENT TOWN DEPARTMENTS

I, _____, the applicant for the following food establishment, acknowledge that I have visited each of the following departments and have notified each department that I am applying through the Health Department to renovate the existing food establishment. I agree to comply with all requirements of the Town of Oak Bluffs and of each entity below.

- **Police**
- **Fire**
- **Zoning**
- **Plumbing Inspector**
- **Wiring Inspector**
- **Building Inspector**

FOOD ESTABLISHMENT INFORMATION

Days & Hours of operation: _____

Meals to be served (circle all that apply): Breakfast Lunch Dinner

Number of food employees: _____

Name of Certified Food Protection Manager: _____

Name of person(s) trained in choke saver procedures (one per shift if over 25 seats):

Location (permanent structure or mobile): _____

Length of Permit (annual or seasonal with dates of season): _____

Food Operations (Check all that apply):

- _____ Retail Sale of Commercially Pre-packaged Non-PHF's
- _____ Retail Sale of Commercially Pre-packaged PHF's
- _____ Preparation of PHFs for eat in or take out (CFPM required)
- _____ Offers RTE PHFs in Bulk Quantities (CFPM required)
- _____ PHFs Cooked to Order or Served Raw or Under Cooked (Consumer Advisory required)
- _____ Preparation of Food/Single Meals for Catered Event (CFPM required)
- _____ Preparation of Non-PHF's (coffee, hot dogs)
- Use of a Process Requiring a Variance and/or HACCP Plan:
 - _____ Use of Un-pasteurized Shell Eggs Prepared for Highly Susceptible Population (variance & HACCP Plan needed)
 - _____ Use of food additives for preservation (i.e. Acidification of sushi) (variance & HACCP Plan needed)
 - _____ Smoking for Preservation (variance & HACCP Plan needed)
 - _____ Curing (variance & HACCP Plan needed)
 - _____ Custom Processing of Animals (variance & HACCP Plan needed)
 - _____ Molluscan Shellfish Tanks (variance & HACCP Plan needed)
 - _____ Reduced Oxygen Packaging with Barriers (ROP or Vacuum Packaging) (variance & HACCP Plan needed)
 - _____ Time as a Public Health Control (variance & HACCP Plan needed)
 - _____ Bare Hand Contact with RTEs (HACCP Plan needed)

Definitions:

PHF – potentially hazardous food (time/temperature controls required)

Non-PHF – non-potentially hazardous food (no time/temperature controls required)

RTE – ready-to-eat foods (ex. sandwiches, salads, muffins, French fries. etc. which need no further processing)

Highly Susceptible Population (HSP) - A group of persons who are more likely than other populations to experience food borne disease because they are immune-compromised, or older adults in a facility that provides health care or assisted living services, such as a hospital or nursing home, or children in day care or elementary school.

CFPM – Certified Food Protection Manager

Consumer Advisory – Written information concerning the safety of raw or undercooked food

HACCP Plan (Hazard Analysis Critical Control Point Plan) – Written document delineating HACCP principles in use

Variance – Written document issued by the Board of Health

SPECIFICATIONS (physical facility and equipment)

Applicant: Please Check Appropriate Boxes

A. Specify type of proposed change in menu, equipment changes, or renovation / construction to existing establishment. Use back page of this sheet if necessary.

B. Finish Schedule

Complete the following chart by: Providing the type of building material used in the construction of the floor covering, walls and ceiling for the kitchen area, ware wash area, food storage area, bathroom and dressing room.

- Here are some common type of building material: (i.e. quarry tile, stainless steel, 4 inch plastic covered molding, FRP (fiber-reinforced paneling).
- Note that ceiling, walls and floors must be finished to facilitate cleaning. All studs, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.

	Floor	Coving	Walls	Ceiling	Reviewers Comments	
					Acceptable	Not Acceptable
Kitchen Area						
Ware washing Area						
Food Storage Area						
Other Storage Area						
Bathrooms						
Dressing Rooms						

C. Insect and Rodent Harborage

	Yes	No	N/A	Reviewers Comments	
				Acceptable	Not Acceptable
Are all outside doors self-closing with rodent proof flashing?					
Are screen doors provided on outside doors for use in summer?					
Do all operable windows have minimum #16 mesh screening?					
Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?					
Are air curtains used? If yes, where? _____					
Describe method of keeping area around building free of unnecessary brush, litter, boxes or other harborage _____					

D. Garbage and Refuse

	Yes	No	N/A	Reviewers Comments	
				Acceptable	Not Acceptable
Do all containers have lids?					
Will refuse be stored inside? If so, where? _____					
Will any cans be stored outside? If so, where? _____					
Will a dumpster be used? Number _____ Size _____ Frequency of pick-up _____ Contractor _____ Describe the surface on which dumpster/compactor/cans are to be stored _____					

E. Plumbing

According to manufacturer specification, please describe back-siphonage protection of the following. If the item is not applicable please indicate with a N/A.

	Air Gap	Air Break	"P" Trap	Vacuum Breaker	Integral Trap	Condensate Pump	Grease Trap	Reviewers Comments	
								Acceptable	Not Acceptable
Water Closets									
Urinals									
Dishwasher									
Garbage Grinder									
Ice Machine									
Ice Storage Bin									
Sinks									
Mop Sink (Service/Janitorial)									
Handwash									
3 compartment									
2 compartment									
Water station									
Steam Table									
Dipper Wells									
Refrigerators/Freezers									
Walk-ins									
Produce/Dairy/Deli Cases									
Hose Connection									
Potato/ Vegetable Peeler									

Soap dispensers (wall mounted or individual free standing pump dispenser) location and number

Hand drying facilities (paper towels, air blower, etc.) location and number

Describe waste receptacles in each rest room

F. Water Supply

Is water supply public? () Private? ()
If private, has source been approved? Yes () No ()
Please attach a copy of written approval.
Is ice made on premises () or purchased commercially ()?
If on premises, are specifications of machines enclosed? Yes () No ()

Reviewer's Comments **Acceptable** **Not Acceptable**

G. Sewage Disposal

Is building connected to municipal sewer? Yes () No ()
If no, has private disposal system been approved? Yes () No ()
Please attach a written copy of approval.

Reviewer's Comments **Acceptable** **Not Acceptable**

H. Dressing Rooms

Are separate dressing rooms provided? Yes () No ()
Describe storage facilities for employees' personal belongings (i.e. purse, coat, boots umbrellas, etc.)

Reviewer's Comments **Acceptable** **Not Acceptable**

I. General

Describe storage method and storage location for the following:
Detergents _____ Sanitizers _____
Cleaning agents _____ First-aid supplies _____

Reviewer's Comments **Acceptable** **Not Acceptable**

J. Laundry/Linen Storage

Are laundry facilities located on premises? Yes () No ()
If yes, what will be laundered? _____
Is location physically separated from food preparation areas and warewashing?
Yes () No ()
Location of clean linen storage: _____
Location of dirty linen storage: _____

Reviewer's Comments **Acceptable** **Not Acceptable**

K. Exhaust Hoods

Hood Locations	Odor Supp. Device/Filters	Square Feet Length x Width = SF	Fire Protection	Air Capacity (cubic feet per minute/CFM)

Reviewer's Comments

Acceptable **Not Acceptable**

L. Sinks

Is a separate mop sink present? Yes () No ()
 If no, please describe facility for cleaning of mops and other equipment.
 Is a separate three compartment sink present with grease trap? Yes() No ()
 Is a separate food preparation sink present? Yes() No ()
 Is a separate handwash sink present in the food preparation area? Yes () No ()

Reviewer's Comments

Acceptable **Not Acceptable**

M. Dishwashing Facilities

Will sinks or dishwasher be used for warewashing?
 Dishwasher ()
 Three Compartment Sink ()
 Both ()
 Grease Trap (required with 2 or 3-bay sinks): Location _____

If dishwasher, type:
 Hot Water ()
 Chemical ()

If hot water:
 Temperature of wash water _____
 Temperature of final rinse _____
 Is heater booster provided? Yes () No ()

If chemical:
 Type of chemical _____
 Automatic feed Yes () No ()

If three compartment sink:
Does the largest pot and pan fit in each compartment? Yes () No ()
Are there drain boards on both ends? Yes () No ()
What type of sanitizer is used? Chlorine () Iodine () Quaternary Ammonium ()

Please make certain the corresponding test kits are available at the pre-opening inspection.

Reviewer's Comments

Acceptable **Not Acceptable**

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 nullify this approval.

Signature(s) _____

Date _____

Owner(s) or responsible representative(s) _____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law, or regulations 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 will be necessary to determine if it complies with the local and state laws governing food service establishment.

