



# TOWN OF SALISBURY

## BOARD OF HEALTH

JOHN W. MORRIS, DIRECTOR

JMORRIS@SALISBURYMA.GOV/RBERUBE@SALISBURYMA.GOV

SALISBURY TOWN HALL  
5 BEACH RD.  
SALISBURY, MA 01952

TEL: 978-462-7839  
FAX: 978-462-4176

**NEW FOOD SERVICE**  
**MAJOR FOOD ESTABLISHMENT RENOVATION**  
**PLAN REVIEW APPLICATION**

(30 Day Review Period & 30 day review period for each revision requested.),

Check One:

       **NEW FOOD**  
**\$150. due with this application**

Pick One: (separate application for Residential Kitchens)

       mobile food cart (ice cream)        mobile food service        retail        caterer        restaurant

       **MAJOR RENOVATIONS**  
**\$100. due with this application**

Major improvements involving building, plumbing & electrical permits to gut and/or rebuild or add additional areas.

**When your plan is approved, a separate permit fee will be assessed. The fee paid is for a plan review only.**

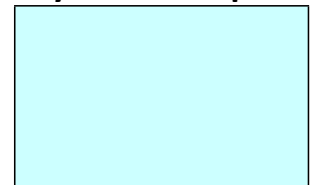
---

**Requirements of other City departments:**

(An operating permit will not be released until these departments have given approval.)

1. **Zoning Board / Planning Board**  
(Copy of acceptance for new business if applicable.)
2. **Town Manager's Office**  
(Common Victualer's License.)
3. **Fire Department**  
(Sprinkler permit / check if required.)
4. **Inspections Department**  
(Permits, if required, for any building renovation, plumbing/gas or electrical work performed.)

Received by Health Department



**OFFICE USE ONLY:**

DATE	STATUS	REVIEWER

## **DOCUMENTATION REQUIRED WITH THIS APPLICATION**

### **New Food & Major Renovations**

**Failure to submit the required documents will result in an incomplete application and will be returned. Upon re-submittal with all information required, an addition \$50. will be charged for the revised plan review.**

1. Proposed menu with proper consumer advisory notice and allergen notice printed on the menu.
2. Serv-Safe Certificates of all food handlers.
3. Choke-Saver Course Certifications for all establishments with 25 seats or more.
4. Allergen Awareness Training certificates.
5. Manufacturer specification sheets for each piece of equipment shown on the plan (appliances, etc.).
6. Manufacturer Specifications for ceiling tiles.
7. Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside facility (dumpster, walk-ins, etc.)
8. Plan drawn to scale of facility showing location of equipment, plumbing, electrical services and mechanical ventilation.
9. Plans shall be a minimum of 11x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1foot. This is to allow for ease in reading plans.
10. Information accompanying the plan shall include: the proposed menu, seating capacity & the projected daily meal volume for food service operations.
11. The plan shall show the location and when requested, the elevated drawings of all food service equipment. Each piece of equipment shall be clearly labeled on the plan with its' common name. All equipment must be numbered with specification sheets submitted.
12. Adequate rapid cooling, including ice baths and refrigeration and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
13. When menu dictates, separate food preparation sinks shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
14. Any HACCP plans for specialty operations.
15. Adequate hand washing facilities used for no other purpose shall be designated for each toilet facility and in the immediate area of food preparation.
16. The plan layout shall contain room size, aisle space, space between and behind equipment and the placement of the equipment on the floor.
17. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.

18. The plan and specifications shall also include: entrances, exits, loading/unloading areas and docks; complete finish schedules for each room to include floors, walls, ceilings and covered junction bases; plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention, wastewater line connections; lighting schedule with protectors (food contact surfaces=50 foot candles (540 lux), all other areas=20 foot candles (220 lux), during periods of cleaning=10 foot candles (110 lux).
  19. Equipment schedule to include make & model numbers and National Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment.
  20. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that State & Local regulations are being complied with.
  21. A color coded flow chart demonstrating flow pattern for:
    - a. food (receiving, storage, preparation , service)
    - b. food and dishes (portioning, transport, service)
    - c. dishes (clean, soiled, cleaning, storage)
    - d. utensil (storage, use, cleaning)
    - e. trash & garbage (service area, holding, storage)
  22. Ventilation schedule for each room.
  23. A mop sink with facilities for hanging wet mops; Garbage can washing area/facility.
  24. Cabinets for storing toxic chemicals.
  25. Dressing rooms, locker areas, employee rest areas and/or coat rack as required.
  26. Site plan (plot plan).
  27. Dumpster location and specifications of dumpster area.
  28. If this is a mobile food operation, provide the address, phone number, and email for the base of operations.
  29. Caterers – include details of transport equipment used to maintain food temperatures if delivering meals.
  30. **REVIEW THE APPLICATION AND MAKE SURE IT IS FULLY COMPLETED BEFORE SUBMISSION (see below).**
- 

***Please check the required document list and make sure all information is included. Any missed information required will result in an inadequate plan submittal and will be sent back delaying the review process / business opening and will result in an additional \$50. fee assessed.***

***If there is a section of the application that does not apply to your particular operation, write “not applicable” or “N/A” and provide an explanation. It is strongly recommended that you provide a written narrative that details the proposed establishment and included operations. Photos may be submitted.***

**This statement must be read, signed and acknowledged.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 1: ESTABLISHMENT INFORMATION****FOOD ESTABLISHMENT INFORMATION**

Name of Establishment: _____			
Establishment Address: _____		City: _____	State: _____ Zip: _____
<b>OWNERSHIP INFORMATION</b>			
Name of Owner: _____			
Address: _____		City: _____	State: _____ Zip: _____
Email: _____		Tel. _____	
<b>APPLICANT INFORMATION (e.g., architect/engineer/consultant)</b>			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____		City: _____	State: _____ Zip: _____
Email: _____		Telephone: _____	
<b>FOOD OPERATION INFORMATION</b>			
<b>DAYS/HOURS OF OPERATION</b>  <input type="checkbox"/> SUN.: _____ <input type="checkbox"/> MON.: _____ <input type="checkbox"/> TUES.: _____ <input type="checkbox"/> WED.: _____ <input type="checkbox"/> THURS.: _____ <input type="checkbox"/> FRI.: _____ <input type="checkbox"/> SAT.: _____	<b>FOOD STORAGE AREAS</b>  <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Basement <input type="checkbox"/> Other: _____ _____	<b>TYPE OF SERVICE</b> (check all applicable)  <input type="checkbox"/> Mobile Vendor <input type="checkbox"/> Frozen Desserts <input type="checkbox"/> Specialized Processes <input type="checkbox"/> Sit Down Meals <input type="checkbox"/> Take-Out <input type="checkbox"/> Caterer <input type="checkbox"/> Other: _____ _____	<b>STAFF</b> Maximum # of Staff PER Shift  <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____  Maximum # of Meals PER Day  <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
Signature: _____		Date: _____	
Print Name: _____		Title: _____	

**MANAGEMENT INFORMATION.**

1. List the person directly responsible for day-to-day operations (i.e., owner, person in charge (PIC), supervisor, manager)

Name/Title: \_\_\_\_\_ Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

2. Water Supply: \_\_\_\_\_ city \_\_\_\_\_ well / Sewage Disposal: \_\_\_\_\_ city \_\_\_\_\_ well

3. Name of Person(s) In Charge (PIC) certified in food protection management. This is in accordance with 105CMR 590.003(A) and a copy of their certificate should be attached as referenced under documents required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Number of seats in establishment: \_\_\_\_\_. If 25 seats or more, provide name(s) of people who are trained in Anti-Choking procedures and attach copies of their certificates as referenced under documents required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of person(s) trained in Allergen Awareness and attach copies of their certificates as referenced under documents required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION II: FOOD PREPARATION OPERATIONS

### DEFINITIONS

- PHF = potentially hazardous food (time & temp. controls required)
- Non-PHF's = non-potentially hazardous food (no time & temp. controls required)
- RTE = ready-to-eat foods (sandwiches, salads & muffins that need no further processing)

### Check all that apply:

	Sale of commercially pre-packaged non-PHF		PHF cooked to order
	Hot PHF cooked & cooled or hot-held for more than a single meal service		Sale of commercially pre-packaged PHF
	Preparation of PHF for hot and cold holding for single meal service		PHF & RTE foods prepared for highly susceptible population facility
	Delivery of packaged PHF		Sale of raw animal foods intended to be prepared by consumer
	Vacuum packaging /cook chill		Reheating of commercially processed foods for service within 4 hours
	Preparation of non-PHF		Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
	Customer self-service or non-PHF and non-perishable foods only		Ice manufactured and packed for retail sale
	Offers raw or undercooked food of animal origin		Offers RTE, PHF foods in bulk quantities
	Retail sale of salvage, out-of-date or re-conditioned food		Juice manufactured and packaged for retail sale
			Prepares food / single meals for catered events or institutional food service

### Check categories of potentially hazardous foods (PHF) to be handled, prepared and served:

\_\_\_\_\_ thin meats \_\_\_\_\_ thick meats \_\_\_\_\_ poultry pieces \_\_\_\_\_ whole poultry \_\_\_\_\_ fish \_\_\_\_\_ eggs  
\_\_\_\_\_ cold processed foods (salads, sandwiches, vegetables) \_\_\_\_\_ hot processed foods (soups, stews, chowders, casseroles)  
\_\_\_\_\_ bakery goods (pies, custards, creams)  
\_\_\_\_\_ specialty operations which require HACCP plans - List: \_\_\_\_\_

### Please answer the following questions with either a YES or NO:

1. Are food supplies from inspected and approved sources? \_\_\_\_\_ Name of Source: \_\_\_\_\_
2. Is adequate and approved freezer & refrigeration available to store frozen food at 0°F and below, and refrigerated foods at 41°F and below? \_\_\_\_\_ Provide method used to calculate cold storage requirements: \_\_\_\_\_
3. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked ready-to-eat foods? \_\_\_\_\_  
If yes, how will cross-contamination be prevented? \_\_\_\_\_
4. Does each refrigerator / freezer have a thermometer? \_\_\_\_\_ # of refrigeration units \_\_\_\_\_ # of freezer units \_\_\_\_\_
5. Is there a bulk ice machine available? \_\_\_\_\_

**THAWING:** Please indicate by checking the appropriate boxes (more than one method may apply) to indicate how PHF in each category will be thawed.

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
<b>Refrigeration</b>					
<b>Running water less than 70°F</b>					
<b>Microwave as part of cooking process</b>					
<b>Cooked frozen (indicate weight)</b>					
<b>Other (describe):</b>					

**COOKING:** Will food thermometer (0-212 °F) be used to measure final cooking / reheating temperatures of PHF? \_\_\_\_\_

List types of cooking equipment:

---



---



---

Minimum cooking time and temperatures of product utilizing convention & conduction heating equipment.	
beef roasts	130 °F, 121 minutes
seafood	145 °F, 15 seconds
pork	155 °F, 15 seconds
eggs	145 °F, 15 seconds
comminuted meats (ground meat)	155 °F, 15 seconds
other PHF	145 °F, 15 seconds
reheated PHF	165 °F, 15 seconds

**HOT / COLD HOLDING:**

1. How will hot PHF be maintained at 140 °F and above during holding for service (indicate type and number of hot holding units)?

---

2. How will cold PHF be maintained at 41 °F and below during holding for service (indicate type and number of cold holding units)?

---

**COOLING:**

Please indicate by checking the appropriate boxes how PHF will be cooled to 41 °F with 6 hours, 140 °F to 70 °F in 2 hours and 70 °F to 41 °F in 4 hours:

	Thick Meats	Thin Meats	Cold Foods	Hot Foods	Baked Goods
shallow pans					
ice baths					
reduce volume					
rapid chill					
other, explain:					

**PREPARATION:**

Please list categories of food prepared more than 12 hours in advance of service:

\_\_\_\_\_

1. Will employees be trained in good food sanitation practices using a certified food service sanitation course?

\_\_\_(yes/no) List name of course: \_\_\_\_\_

2. Will disposable gloves and / or utensils and / or food grade paper be used to minimize handling of ready-to-eat foods? .

\_\_\_ (yes/no)

Explain: \_\_\_\_\_

3. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts and lesions?

\_\_\_(yes/no) Explain: \_\_\_\_\_

4. How will cooking equipment, cutting boards, countertops & other food contact services which cannot be submerged in sinks or put through a dishwasher be sanitized?\_\_\_\_\_chemical type\_\_\_\_\_concentration\_\_test kit

5. How will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled be- fore mixed and / or assembled?

\_\_\_\_\_

6. Will all products be washed prior to use?\_\_\_\_\_(yes/no)

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

\_\_\_\_\_

\_\_\_\_\_

Provide a HACCP plan for each specialty operation proposed and list below each operation:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### SECTION III: FINISH SCHEDULE

Applicant must fill in materials (i.e., quarry tile, stainless steel, 4" plastic covered molding, etc.)

**Provide either a sample or specification sheet for materials being used.**

	Floor	Coving	Walls	Ceiling
kitchen				
bar				
food storage				
other storage				
toilet rooms				
dressing rooms				
garbage & refuse storage				
mop service basin area				
other, explain:				

### SECTION IV: INSECT & HARBORAGE / REFUSE

**Please answer the following questions with either a YES or NO:**

1. Are all outside doors self-closing with rodent proof flashing? \_\_\_\_\_
2. Are screen doors provided on all outside entrances? \_\_\_\_\_
3. Do all operable windows have a minimum of #16 mesh screening? \_\_\_\_\_
4. Are all pipes and electrical conduit chases sealed? \_\_\_\_\_
5. Are the ventilation systems, exhausts and intakes protected? \_\_\_\_\_
6. Is the area surrounding the building clear of unnecessary brush, litter, boxes and other harborage? \_\_\_\_\_
7. Are air curtains used? \_\_\_\_\_, If yes, where: \_\_\_\_\_
8. Do all garbage containers have lids? \_\_\_\_\_
9. Will refuse be stored inside? \_\_\_\_\_ If yes, where: \_\_\_\_\_
10. Is there a can cleaning sink or area? \_\_\_\_\_
11. Will a compactor be used? \_\_\_\_\_ List size, frequency of pickup and contractor: \_\_\_\_\_
12. Will cans be stored outside? \_\_\_\_\_
13. Will a dumpster be used? \_\_\_\_\_  
List size, frequency of pickup & contractor: \_\_\_\_\_
14. Is there an area to store recycled containers? \_\_\_\_\_ If yes, where: \_\_\_\_\_
15. Describe the surface and location where dumpster / compactor / cans are to be stored:  
\_\_\_\_\_
16. Type and location of grease disposal: \_\_\_\_\_



**SECTION V: PLUMBING / SINKS / RESTROOMS**

		Air Gap	Air	Break Integral	"P" Trap	Vacuum Breaker	Compensate Pump
	<b>water closets</b>						
	<b>urinals</b>						
	<b>dishwasher</b>						
	<b>garbage grinder</b>						
	<b>ice machines</b>						
	<b>ice storage bin</b>						
	<b>Sinks</b> <b>mop</b> <b>janitor</b> <b>hand wash</b> <b>compartment</b> <b>compartment</b> <b>compartment</b> <b>lavatory</b> <b>water station</b>						
	<b>steam tables</b>						
	<b>dipper wells</b>						
	<b>refrigeration conden- sate I drain lines</b>						
	<b>hose connection</b>						
	<b>potato peeler</b>						

1. Are floor drains provided? \_\_\_\_\_(yes or no)

2. Are dressing rooms provided? \_\_\_\_\_(yes or no)

3. Describe storage facilities for personal belongings of employees (i.e., purse, coats, etc.):

---

4. Is a separate mop sink present? \_\_\_\_\_(yes or no)

If yes, please describe facility for cleaning of mops & other equipment:

---

5. If the menu dictates, is a separate food preparation sink present? \_\_\_\_\_(yes or no)

6. Will a dishwasher be used for ware washing? \_\_\_\_\_(yes or no)

Dishwasher \_\_\_\_\_ 3 Compartment Sink \_\_\_\_\_(3 compartment sinks are a minimum requirement)What type of sanitization is used for the dishwasher?

Hot water (temp. provided) \_\_\_\_\_ Booster heater \_\_\_\_\_

Chemical type \_\_\_\_\_

7. Is ventilation provided? \_\_\_\_\_(yes or no)

8. Do all dish machines have templates with operation instructions? \_\_\_\_\_

9. Do all dish machines have temperature / pressure gauges as required that are accurately working? \_\_\_\_\_(yes or no)

10. Is hot water generator sufficient for the needs of the establishment? \_\_\_\_\_(yes or no)

11. Does the largest pot and pan fit into each compartment of the sink? \_\_\_\_\_ (yes or no)
12. Are there draining boards on both ends of the pot sink? \_\_\_\_\_  
How will pots & pans be air dried? \_\_\_\_\_
13. What type of sanitizer is used? \_\_\_\_\_  
(chlorine/ iodine / quaternary ammonium / hot water / other)
14. Are test papers and /or kits available for checking sanitizer concentration? \_\_\_\_\_(yes or no)
15. Is there a hand washing sink in each food preparation and ware washing area? \_\_\_\_\_(yes or no)
16. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet?  
\_\_\_\_\_ (yes or no)
17. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? \_\_\_\_\_(yes or no)
18. Are soap dispensers (wall mounted, individual free standing pump dispensers) available at all hand washing facilities?  
\_\_\_\_\_ (yes or no)
19. Are fingernail scrub brushes available at all hand washing sinks? \_\_\_\_\_(yes or no)
20. Are hand drying facilities (paper towels, air blower, etc.) available at all hand washing sinks? \_\_\_\_\_(yes or no)
21. Are covered waste receptacles available in each restroom? \_\_\_\_\_(yes or no)
22. Is hot and cold running water under pressure available at each hand washing sink? \_\_\_\_\_(yes or no)
23. Are toilet room doors self-closing? \_\_\_\_\_(yes or no)
24. Are all toilet rooms equipped with adequate ventilation? \_\_\_\_\_(yes or no)
25. Is a hand washing sign posted in each employee restroom? \_\_\_\_\_(yes or no)

#### SECTION VI: GENERAL

1. Are insecticides stored separately from cleaning and sanitizing agents, and if so, list location? \_\_\_\_\_(yes or no)  
\_\_\_\_\_
2. Are all toxics for use on premises and retail sale including personal medications stored away from food storage areas?  
\_\_\_\_\_ (yes or no)
3. Are all containers of toxics including sanitizing spray bottles clearly labeled? \_\_\_\_\_(yes or no)
4. Are laundry facilities located on site and what is laundered? \_\_\_\_\_(yes or no) \_\_\_\_\_
5. Is a laundry dryer available? \_\_\_\_\_(yes or no)
6. List location of clean linen storage: \_\_\_\_\_
7. List location of dirty linen storage: \_\_\_\_\_
9. Are food grade containers being used to store bulk food products? \_\_\_\_\_(yes or no)

Indicate all areas where exhaust hoods are installed:

Location	Filters and/or Extraction Device	Sq. Ft.	Fire Protection	Air Capacity CFM	Air Makeup CFM

**DRY GOODS STORAGE**

1. Is the projected frequency of deliveries specified? \_\_\_\_\_ (yes or no)
2. Is appropriate dry goods storage space provided for based upon menu meals and frequency of deliveries? \_\_\_\_\_ (yes or no)

**SMALL EQUIPMENT REGULATIONS**

Please specify the number and types of each of the following:

	How Many	Type
Slicers		
Cutting Boards		
Can Openers		
Mixers		
Floor Mats		
Other		

---

*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 105CMR 590.000., and all other applicable laws including Salisbury local rules and regulations. I have been instructed by the Health Department on how to obtain copies of 105CMR 590.000 and the Federal Food Code. In addition, I hereby certify that the above information is correct and I fully understand any deviation from the above without prior permission from this Health Regulatory Office may nullify this approval:*

**Signature(s):** \_\_\_\_\_ **Please Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**Owner's Responsible Representative – SIGN & PRINT NAME**

**Date**

## REGULATORY HEALTH AUTHORITY COMPLIANCE REVIEW CHECKLIST

I. Finish Schedule		Satisfactory	Unsatisfactory	N/A	Insufficient Info.
	kitchen				
	ware washing				
	food storage				
	other storage				
	toilet rooms				
	dressing rooms				
	mop bar service				
2.	Insect / Rodent Harborage				
3.	Garbage & Refuse				
4.	Plumbing				
5.	Water Supply				
6.	Sewage Disposal				
7.	Dressing Rooms				
8.	Separate Toxic Storage				
9.	Laundry Facilities				
10.	Linen Storage				
11.	Exhaust Hoods				
12.	Hand Sinks				
13.	Dishwashing & Pot Sinks				
14.	Lighting				
15.	Ventilation				
16.	Grease Traps				
17.	Employee Restrooms				
	location number				
	soap				
	hand drying				

Review Comments:

---



---

Health Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pre-Opening Walk-thru Comments

---



---

Health Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Permit: \_\_\_\_\_yes\_\_\_\_\_no      Date: \_\_\_\_\_

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation 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 establishments.

---

**Office Hours:**

**Monday- 8:30 am – 6:00 pm**

**Tuesday -Thursday- 8:30 am – 4:00 pm**

**Friday-8:30 am – 1:00 pm**