



Board of Health
459 Main Street, Medfield, MA 02052

FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: _____

Please PRINT all requested information

This Food Establishment Plan and specification review is a result of a:

Check all that apply:

- New construction project
- Remodel project
- Conversion project
- New operation that is being added

Name of Establishment: _____

Establishment address: _____

Establishment phone number: _____

Hours of operation: Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

Months of operation: _____

Name of Owner:

Owner's mailing address:

Owner's phone number:

Name of Applicant: _____

Applicant's mailing address: _____

Applicant's phone number: _____ Email: _____

Title/Relationship to establishment (i.e.: owner, manager, et.): _____

FOOD ESTABLISHMENT INFORMATION

Meals to be served (approximate number):

Breakfast: _____

Lunch: _____

Dinner: _____

Structural / Building information:

Number of floors: _____

Square footage: _____

Customer capacity information (if applicable):

Number of seats: _____

Number of booths: _____

Please enclose the following documents:

- Site plan showing location of business in building, location of building on site, streets and location of any facility (dumpsters, wells, septic systems).
- Manufacturer's specification sheets for each piece of equipment (cut sheets).
- Proposed menu (including off-site and banquet menus).

SPECIFICATIONS

A. Finish Schedule

Indicate type of materials to be used (i.e.: quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, durable grade of plastic)

[please write n/a if not applicable]

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Warewashing area				
Food storage				
Other Storage:	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
Storage area #1 Location: _____				
Storage area #2 Location: _____				
Storage area #3 Location: _____				
Toilet rooms				
Dressing rooms				
Inside garbage/Refuse storage				
Mop service basin area				
Walk-in refrigerators				
Walk-in freezers				
Customer areas				

B. Insect and Rodent Harborage

1. Are all outside doors self-closing with rodent and insect proof flashing?
 Yes
 No
2. Are screen doors provided on outside doors for use in warm weather?
 Yes
 No
 Not applicable
3. Do all operable windows have a minimum of 16 mesh to the inch screening?
 Yes
 No
 Not applicable
4. Are all pipes, electrical conduit cases, ventilation system exhausts and intakes sealed and/or covered/protected?
 Yes
 No
 Not applicable

C. Garbage and Refuse Inside

1. What kind of refuse containers will be used inside?

2. Will refuse be stored inside?

Yes

If yes, where? _____

No

D. Garbage and Refuse Outside

1. Will a dumpster be used?

Yes Number: _____

Frequency of pick-up: _____

Contractor: _____

Contractor Contact Number: _____

No

2. Will cans be stored outside?

Yes

No

3. Describe the surface on which the dumpster/cans/compactor is to be stored?
Please note: All outside refuse storage containers must be in an enclosed area and stored on or above a smooth surface that is made of a nonabsorbent material that is in good repair.

Description: _____

E. Plumbing: please contact the Plumbing Inspector with regard to any and all plumbing code issues.

1. Are there grease traps provided at all warewashing and food preparation sinks?
 Yes
 No
2. Grease Trap Maintenance?

Description: _____

Contractor Contact Info: _____

F. Handwashing Stations

1. Soap dispensers (wall mounted or individual pump dispensers) location of each:
(a) _____ (d) _____
(b) _____ (e) _____
(c) _____ (f) _____

2. Hand drying facilities (paper towels or air blower) location of each:
(a) _____ (d) _____
(b) _____ (e) _____
(c) _____ (f) _____

3. Hot and cold water confirmed at each hand wash station?

Yes
 No

If no, indicate location and problem: _____

G. Water Supply

1. Type of water supply:

- Public
- Private

If private, has source been approved?

- Yes: please attach copy of written approval
- No
- Pending

2. Ice production:

- purchased commercially
- on premises

If produced on premises by machine; are specifications enclosed?

- Yes
- No

H. Sewage Disposal

1. Type of sewage disposal:

- municipal sewer
- private disposal system

2. Has private disposal system been approved?

- Yes
- No
- Pending
- N/A

I. Employee restrooms and dressing rooms

1. Will employees share restrooms with costumers or will employees have their own restrooms?

- Shared
- Employees only

2. Describe storage area for employees' personal belongings (coats, purses, etc.):

J. Storage and Laundry

1. Describe storage facilities that are made available for the separate storage of all toxics, chemicals and cleaning supplies:

2. Are laundry facilities located on the premises?

No
 Yes

If yes, what will be laundered? _____

Is location physically separated from food preparation and warewashing areas?

Yes
 No

3. Location of clean linen storage: _____

4. Location of soiled linen storage: _____

K. Exhaust Systems

1. Please list and indicate purpose of all ventilation systems, both general and smoke/grease filter type:

(a) _____
(b) _____
(c) _____
(d) _____

L. Sinks

1. Is a separate mop sink present?

Yes
 No

If no, please describe facility for cleaning of mops and other cleaning equipment?

2. Is a separate food preparation sink made available?

Yes
 No

3. Is a separate hand wash sink present in the food preparation area?

- Yes
- No

M. *Dishwashing Facilities*

1. Is there a three (3) compartment sink (mandatory) provided for warewashing?

- Yes
- No

2. Three compartment sink information:

Does the largest pot/pan fit in each sink? Yes No

Are there drain boards on each end? Yes No

What type of sanitizer is used?

- Chlorine/Bleach
- Quaternary ammonium compound (QAC)
- Iodine

Are the appropriate test strips on-hand? Yes No

3. If a Dishwasher is to be used in addition to a three compartment sink, please indicate the type of sanitizing cycle used:

- High temperature final rinse

Temperature of wash water: _____

Temperature of final rinse: _____

Heat Booster provided: Yes No

- Automatically dispensed chemical sanitizer

Type of chemical sanitizer used: _____

Proper test strips on-hand: Yes No

- No dishwasher

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 Medfield Board of Health may nullify this approval.

Applicant's signature: _____

Applicant's printed name: _____

Date: _____

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 establishments.

BOARD OF HEALTH USE ONLY	
REVIEWED BY:	_____
TITLE:	_____
DATE:	_____