



*Board of Health
459 Main Street
Medfield, MA 02052
(508) 359-8505 x604*

RETAIL FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: _____

*Please **PRINT** all requested information*

This Retail 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
 - ☐ Change of Owner
-

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: _____

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

FOOD ESTABLISHMENT INFORMATION

Structure/ Building information:

Number of floors: _____

Square footage: _____

Please enclose the following documents:

- ☐ Site plan showing location of business in building, location of building on site, street and location of any facility (dumpsters, wells, septic systems).
- ☐ Manufacturer's specification sheets for each piece of equipment (cut sheets).

SPECIFICATIONS

A. Finish Schedule

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

Please write n/a if not applicable

	FLOOR	COVING	WALLS	CEILING
Food storage				
Restrooms				
Inside garbage/ refuse storage				
Walk-in refrigerators				
Walk-in freezers				

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 exhaust 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 so where? _____
☐ No

D. *Garbage and Refuse Outside*

1. Will a dumpster be used?
☐ Yes
 Number: _____
 Frequency of pick-up _____
 Contractor: _____
☐ No
2. Will cans be stored outside?
☐ Yes
☐ No

3. Describe the surface on which the dumpster/cans/containers are 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. 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
-

F. Sewage Disposal

1. Type of sewage disposal

- ☐ Municipal sewer
☐ Private disposal system

If private disposal, has the system been approved?

- ☐ Yes
☐ No
☐ Pending
-

- G. 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:

H. Employee restrooms

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

☐ Shared
☐ Employee only

2. Does the restroom have...?

☐ Hot and cold water
☐ Drying facilities (paper towel or air blower)
☐ Soap dispensers (wall mounted or individual pump dispensers)
☐ Trash receptacle
☐ Signage ("Employees must wash hands before returning to work")

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 specification 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: _____