



TOWN OF MEDFIELD Board of Health

TOWN HOUSE
459 MAIN STREET
MEDFIELD, MASSACHUSETTS 02052
Tel: 508-906-3006 Fax: 508-359-6182

RESIDENTIAL FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Applicant: _____

Applicant's mailing address: _____

Applicant's phone number: _____ Email: _____

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

Name of Food Business: _____

Name of Person in Charge: _____

Address of Food Business: _____

Days / Hours of Operation: _____ Phone: _____

I hereby certify that the information in this application is correct, and I fully understand that any deviation from the above without prior permission from the Medfield Board of Health may nullify final approval.

I hereby certify that I have received and read the following information which was provided with this application:

Residential Kitchens Questions and Answers (Food Protection Program / MDPH)
 Massachusetts Minimum Requirements for Packaged-Food Labeling (Food Protection Program/MDPH)
 105 CMR 500.015
 105 CMR 590.009(D)

Applicant signature

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.

List the foods to be prepared or distributed in/from the Residential Kitchen. Be advised that only non-potentially hazardous foods and foods which do not require refrigeration and/or a variance shall be prepared in or distributed from the Residential Kitchen for sale to the public. Indicate the source of the food or the location where the food items were purchased. Submit additional documents if necessary:

Please complete the following questions:

Food is prepared or cooked on site: Yes No (If yes, describe the equipment being used to cook the food)

Describe where the food and the ingredients will be stored. Ingredients shall be stored separately from "private use" foods.

Describe measures to protect food from contamination during preparation, storage, display, and transportation.

Check type of methods used to avoid bare hand contact with Ready to Eat foods:

Disposable gloves Utensils Food Grade Paper

Other: _____

Check which will be used for cleaning and sanitizing food contact surfaces (pots, pans, cutting boards, utensils, and dishes); will the largest pot, pan, or cutting board fit?

Dishwasher (requires temperature verification)

Three Compartment Sink or labels bins

Check type of chemical sanitizer used and type of testing device used to measure sanitizer concentration. Note: sponges are not permitted for cleaning food contact surfaces. Sanitizers must be labeled, contained in a bucket with a wiping cloth or spray bottle.

Chlorine Bleach, maintained between 50-100 ppm, chlorine test strips

Quaternary Ammonia, maintain according to manufacturer's specification (usually Between 200-400 ppm), Quat test strips

Describe means for storage and disposal of rubbish, garbage and grease:

Food Employees shall conform to employee health & hygiene requirements in 105 CMR 590.000

_____ (please initial)

The following must be submitted with this application to the Medfield Board of Health

- . Written clearance from the Zoning Dept stating that the intended business meets zoning requirements.
- . Copy of Person in Charge's Food Protection Manager certification
- . Copy of Person in Charge's Allergen Awareness Training certification
- . A sketch of the proposed kitchen, please include the following: food prep area, food storage area, Dishwasher location, refrigerator, hand wash sink, garbage/refuse container, and toilet facility.
- . Sample label for packaged food, labels must meet the requirements of 105 CMR 520.000.

Food Production cannot take place until all of the above has been submitted and approved.

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