



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Foxborough Health Department Plan Review Guidelines

Name of Establishment: _____

Address of Establishment: _____

Main Contact during Construction: _____

Main Contact Phone Number: _____

This food establishment Plan Review document has been developed for the purpose of assisting the food establishment Owner/Operator in planning, designing and building a facility that will satisfy Federal, State and Local Health Code requirements. It may also assist in ensuring a safe environment for food, staff and customers, as well as working towards an efficient, effective design that will meet the Operator's business needs.

A thorough review of plans helps to avoid future problems. This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead is meant to highlight some of the most common sanitation and health issues that may arise in development and design. The Massachusetts Department of Public Health adopted, with amendments, the State Sanitary Code – 105 CMR 590.000 and the 2013 FDA Food Code. Compliance with these Codes is required of all food establishments during all phases of development (from construction to operation) and we encourage the Applicant to use them as a reference when completing this application.

Reminder: In order to obtain a food permit, the applicant must ultimately satisfy not only these Board of Health Code requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc.

****I have submitted plans/applications to the following authorities
on the following dates (as applicable):**

_____ Board of Selectman	_____ Plumbing
_____ Zoning	_____ Electric
_____ Planning	_____ Police
_____ Building	_____ Fire
_____ Conservation	_____ Other

As detailed in the State Sanitary Code 105 CMR 590.008(B), the Board of Health shall deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty (30) day time period begins when a complete application and all required supplemental documents have been submitted to the Health Department. In the event a submittal is denied, the Department will contact you directly and inform you of all the items that must be addressed.

No renovation or construction work is to be done in the food establishment before approval from the Health Department.

At any time following the submittal of this Plan Review, the Owner/Agent must allow an agent of the Health Department to conduct spot inspections to monitor progress and/or evaluate construction details as it relates to the submitted documents.

Although not required until 30 days prior to the establishment opening, the Owner/Operator must be able to submit adequate documentation showing knowledge of food safety, allergy awareness, and choke saver (when certain food operations require these said documents).

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

Name: _____

Signature: _____

Date: _____



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Food Establishment – Plan Review Packet

***Non-refundable Fee: \$200 (Payable to: Town of Foxborough)**

***Fees must be submitted 30 days before construction. No application will be accepted without required fee.**

BHP#: _____

DATE: _____

FEE: _____

Initial Risk Level: _____

Plan Approval Date: _____

- Please check one: ☐ New (yet to be constructed)
☐ Remodel of an existing food establishment by current Owner
☐ Conversion (Existing Structure turned into Food Establishment)

- Type of Food Establishment: ☐ Restaurant ☐ Retail ☐ Other: _____

Projected Start Date: _____

Projected Completion Date: _____

- Name of Establishment: _____

- Establishment Address: _____

- Establishment Phone Number (if known): _____

- Name of Owner: _____

- Owner Mailing Address: _____

- Owner Phone Number: _____

- Applicant's Name and Title: _____

- Applicant's Address: _____

- Applicant's Phone Number: _____

- Establishment and/or Owner E-mail: 1. _____

2. _____

Establishment Information

- Hours of Operation:

Sunday: _____ Monday: _____ Tuesday: _____
Wednesday: _____ Thursday: _____ Friday: _____
Saturday: _____

- Number of Total Seats (include all outdoor seating as well): _____

- Number of Staff (max per shift): _____

- Total Square Feet of Facility: _____

- Food Sources, including dry goods, refrigerated, and frozen foods (Company Name(s)):

- Number of cold holding refrigeration units (reach-ins, walk-ins, lowboys, etc.): _____

Size (cu.ft.) of each refrigeration unit listed above: _____

- Number of freezer units (walk-ins, reach-ins): _____

Size (cu.ft.) of each freezer unit listed above: _____

- Number of deliveries per week for frozen foods: _____

- Number of deliveries per week for refrigerated foods: _____

- Approximate number of meals to be served per day:

Breakfast: _____ Lunch: _____ Dinner: _____

- List all raw proteins that will be handled during daily operations:

- What type of food temperature measuring device will be available for daily use (i.e. bimetal stem, digital, thermocouple, etc.)? _____

- Will any foods be cooked and then cooled for preparation in advance of service? Yes or No
If yes, list which food items and the cooling method(s) that will be used:

- Will there be any consumer self service areas located within the establishment? Yes or No
If yes, how will you comply with 3-306.13 and consumer protection?

- Will an ice machine be installed? Yes or No

- Warewashing Facilities and Sanitizer Specifications (check all that apply):

_____ Mechanical Dishwasher:	Sanitizer? (Type and Brand): _____
(circle one)	OR
	High Temp? Will a Booster be used? Yes or No
	Ventilation Available? Yes or No
_____ 3-Bay	Sanitizer used (Type and Brand): _____
_____ Bar dishwasher	Sanitizer used (Type and Brand): _____

- Are drainboards AND sinks adequately sized and available at all warewashing locations?
Yes or No
If no, how will “too large or oversized” pieces of equipment be washed and sanitized correctly?

- Are clean equipment shelving areas sized appropriately to allow for proper air drying of clean equipment? Describe location.

- List all areas where backflow devices will be installed. _____

- Describe ventilation in bathrooms: _____

- Will linens, cleaning towels, etc. be laundered on site? Yes or No

If no, what laundering company will be used? _____

• Water supply: ____ Public ____ Private (if private, a copy of the water sample results will be required to be submitted to the Board of Health).

• Sewage Disposal: ____ Public Sewer ____ Private Septic

• Number of Grease Traps: ____
Location of grease waste receptacle: ____
Grease Disposal Company: ____
Yellow Grease (Fryer oil) Disposal Company: ____

• Pest Control Company: ____
Frequency of Preventative Maintenance: ____

• Trash Disposal Company: ____
Frequency of trash removal: ____

• Describe location where employees will be allowed to eat and/or store all personal belongings.

Note: All disposal companies (i.e. sewage, grease, offal, etc.), must be licensed with the Foxborough Board of Health.

****Hazard Analysis Critical Control Point Related Information****

Will any of the following Special Processing Methods be used? Yes or No
(Circle all that apply)

Reduced Oxygen Packaging (ROP)	Acidification
Curing and Smoking for Preservation	Cook-Chill
Sous Vid	Live Molluscan Shellfish Tank
Growing Sprouted Seeds	Fermenting

(Some Special Processes require a HACCP Plan and/or a Variance. Contact us for an appointment to discuss all additional requirements)

Office Use Only: HACCP Plan Submittal Date: ____ Board of Health Meeting Date: ____
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Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this office may nullify this approval.

Owner (s) or responsible representative(s)

Date

Submittal Checklist and Additional Information

See Below

Retain for your Records

The following documents must be submitted along with this Plan Review application:

- 1) Plans must be clearly drawn to a scale of 1/4 inch = 1 foot and a minimum 11 x 14 inches in size and include these items below:
 - The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, all food related storage, warewashing, janitorial and trash area, etc. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable). Any plans that cannot be read will be returned and new plans will need to be submitted. Multiple submittals may be required at the Department's request to reflect any changes made by the establishment before or during construction or changes requested by the Department.
 - Provide equipment layout and specifications, clearly numbered or otherwise easily identified and cross-keyed with the equipment list.
 - Identify ALL handwashing, warewashing, food preparation, and service sinks.
 - Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
 - Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
 - Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11). Include details on all lighting protectors for all applicable areas.
 - The finish schedule (SEE ATTACHED) showing floor, coved base, wall and ceilings for each area shown on the plans. All materials must comply with Chapter 4 of the Food Code.
 - Provide manufacturer specification sheets of all equipment that will be used in the establishment. These documents will confirm that all equipment meets 4-205.10 and are certified or classified for sanitation by an American National Standards Institute (ANSI) – accredited certification program (i.e. common certification companies include NSF, UL, ETL).
- 2) Provide a copy of all printed menus (i.e. table, take-out, catering, banquet, etc.). The Department will be confirming compliance related to the allergy awareness statement, as well as the consumer advisory requirements (as applicable).

The following must be completed within 30 days of planned opening:

- Submittal of the “Food Establishment Application” with applicable Food fee(s) and FOG fee, and to include a copy of the following certificates;
 - Certified Food Protection Manager Certificate(s)
 - Allergy Awareness Certificate(s)
 - Choke Save Training Certificate(s) - All individuals that are certified
- HACCP (Hazard Analysis Critical Control Plan) Plan Review Application and fee (as applicable) containing all required information including the HACCP Plan itself
- Copy of Worker’s Compensation Insurance Affidavit and Certificate of Insurance (COI)

The following must occur prior to issuing of permit:

- In accordance with 8-203.10, the Board of Health shall conduct one or more pre-operational inspections. This inspection will verify that the food establishment was constructed in accordance with the approved plans and that it meets all Federal and State Food Code requirements. Allow at least 48 hours for scheduling. Should you wish to have the Department perform any walk-thrus prior to the pre-operational inspection, please call the office to set one up. Note: No food is permitted in the establishment until approval by this Department. Refer to the Town of Foxborough’s “Food Establishment Pre-operational Inspection” for assistance on getting ready.

Additional Notes:

- All new establishments/Owners/Operators must appear in front of the Board of Health. Call the office to be placed on the next agenda.
- Official copies of the Massachusetts State Sanitary Code – Minimum Sanitation Standards for Food Establishments (105 CMR 590.000) and the Federal Food Code Publications can be purchased from the State House Bookstore at (617) 727-2834 or <http://www.sec.state.ma.us/index.htm> . The unofficial State Sanitary Code along with links to the 2013 Federal Food Code with the 2015 Supplement can be accessed on-line from the Massachusetts Department of Public Health – Food Protection Program’s website <https://www.mass.gov/lists/retail-food> . It is required that a copy (in electronic or hard copy form) must be onsite at all times.
- As referenced in 8-304.20, permits are not transferable. The Board of Health must be notified within 48 hours after any change in ownership AND at least 30 days prior to any change in name, location, or addition of a new operation or significant equipment change or remodel (8-304.15).
- The Town of Foxborough conducts all food establishment food inspections according to the establishment’s assigned numerical risk category level. You will be informed upon opening what risk category you have been placed in.

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).

These guidelines are not final requirements. The Board of Health may require additional information based on the type of operation and menu.

FINISH SCHEDULE ATTACHMENT

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4" Plastic Coved Molding, etc.) will be used in the following areas.

AREA	FLOOR	FLOOR / WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Room				
Dressing Room				
Garbage & Refuse Storage				
Mop Service Sink				
Ware washing Area				
Walk-in Refrigerators & Freezers				
Other				