



TOWN OF TEWKSBURY

BOARD OF HEALTH
TOWN HALL
1009 MAIN STREET
TEWKSBURY, MASSACHUSETTS 01876
(978) 640-4470 Fax: (978) 640-4472

FEE: \$90.00
GIS FEE (UPGRADE): \$10.00
GIS FEE (NEW) \$15.00

TEWKSBURY BOARD OF HEALTH FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

	Establishment	Applicant
Name:		
Address:		
City, State, Zip:		
Telephone #:		
Fax:		
Email:		

Type of Review: New Construction Remodel Transfer of Ownership
Meals to be served: Breakfast Lunch Dinner Catering Retail
No. of Seats: _____ No. of Staff: _____

Please attach the following:

- Proposed Menu.
- Copy of Certified Food Handler Certificate.
- Specification Sheets for all equipment (if using used equipment, contact manufacturer).
- Scaled floor plan no smaller than ¼" = 1', showing all equipment locations (3-copies).

Plan Date: _____ Revision Date: _____

- Scaled plan no smaller than ¼" = 1', showing plumbing details.
- A narrative outlining all special operations such as salad bars and buffet lines.
- Copy of the Consumer Advisory Regarding the Consumption of Raw or Undercooked Foods to be used.
- Copy of written plan if Time as a Public Health Control will be used instead of proper temperatures.
- Copy of written plan if Alternative to Bare Hand Contact with Ready-to-eat Food is proposed (Note well that the Tewksbury Board of Health does not look favorably upon such plans).

FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Please answer the following questions:

		YES	NO
1.	I have clearly labeled on the plan the location of where employees will store personal items.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I understand that smoking is prohibited in all dining areas.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I own a copy of both the Massachusetts Food Service Establishment Regulations and the latest Federal Food Code and have them on site for easy reference.	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am a Certified Food Handler or understand that I must employ at least one full-time Certified Food Handler who is responsible for all sanitary operations of the establishment.	<input type="checkbox"/>	<input type="checkbox"/>
5.	I allow employees to eat in food production areas	<input type="checkbox"/>	<input type="checkbox"/>
6.	All ceiling, wall, and floor coverings are designed to be easily cleaned; ceiling tiles are non-absorbent.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are all outside doors self-shutting and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do all operable windows have proper screening?	<input type="checkbox"/>	<input type="checkbox"/>
9.	All pipes, conduits, chases, and ventilation systems are tight and sealed.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the ladies' restroom have a barrel with a self-closing lid?	<input type="checkbox"/>	<input type="checkbox"/>
11.	The dumpster and all grease containers will be stored on a 4" concrete pad and enclosed with a fence (PERMIT REQUIRED)	<input type="checkbox"/>	<input type="checkbox"/>
12.	There is an in-ground, as well as under-counter grease trap.	<input type="checkbox"/>	<input type="checkbox"/>
13.	The in-ground grease trap will be pumped quarterly in accordance with applicable codes.	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does all equipment bear the UL or NSF Approval?	<input type="checkbox"/>	<input type="checkbox"/>
15.	I am aware of how to use sanitizer testing equipment.	<input type="checkbox"/>	<input type="checkbox"/>

<p>Water Supply: <input type="checkbox"/>Public <input type="checkbox"/>Private If private, are the latest water test results attached? _____</p> <p>Sewage Disposal: <input type="checkbox"/>Public <input type="checkbox"/>Private Exterior Grease Trap Size _____ If private, provide approval date for septic system construction: _____</p>

Finish Schedule: Describe finish material (e.g.: quarry tile, stainless steel, glass board, 4" plastic covered molding, sealed cement, etc.)

	Floor	Ceiling	Walls	Coving
Kitchen				
Food Storage				
Other Storage				
Bathrooms				

Plumbing: Show the following on the floor and plumbing plans.

- Hand sinks no further than 20' away from any work station, and accessible in a straight line (not around corners)
- Food preparation sink
- Three-compartment sink with drain boards
- Mop sink (floor installed is recommended)
- 100 pound, interior grease trap for three-compartment sink
- Dishwasher, if provided: Make: _____ Model: _____

Sanitizer: What type of sanitizing technique will be used?

- Three-compartment Sink: Chlorine Quarternary Ammonium
 Iodine Other: _____
- Dishwasher: Chlorine Quarternary Ammonium Hot Water
 Iodine Other: _____

I hereby certify that the information provided in this application is truthful and accurate, and that any deviation from this information and the approved floor plan may nullify this approval.

Signature: _____ Date: _____

Approval of these plans and specifications by this office does not indicate compliance with any other federal, state or local code, law or regulations that may be required. It further does not constitute endorsement or acceptance of the completed establishment. A pre-opening inspection of the establishment, with all equipment operating, will be necessary to determine if it complies with local and state rules and regulations governing food service establishments. A separate application for the actual operating permit is required.

Approved for Construction: _____ Date: _____