

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

APPLICANT: Please answer each question below with a complete response. The City of Somerville enforces the 1999 Federal Food Code and MA State Sanitary Code 105 CMR 590.000, and food establishment plans are reviewed in accordance with these codes.

If you have questions about this application, food codes or plan review requirements, please contact the ISD Health Division for assistance.

ISD Health Division use only

Date received: _____

Inspector: _____

Dates of review -

Additional information

requested: _____

Approved: _____

1. *Choose one from list below.* Is this business a:

- New** establishment (yet to be constructed)?
- Conversion** of an existing structure to be used as a food establishment?
- Remodel** of an existing food establishment?
- Change** of type of food establishment or food operation?
- Change** of business owner (type of food establishment unchanged)?

2. Projected Start Date of Project: _____

Projected Completion Date of Project: _____

3. *Mark all that apply to your business.* Food Establishment Category Type:

- | | |
|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Daycare |
| <input type="checkbox"/> Retail Market/Convenience Store | <input type="checkbox"/> Institution (school, hospital, etc) |
| <input type="checkbox"/> Catered Feeding Location | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Catering Operation | <input type="checkbox"/> Mobile/Pushcart/Food Truck |
| <input type="checkbox"/> Other: _____ | |

CONTACT INFORMATION

4. **Name of Establishment:** _____

5. Establishment Address: _____ Somerville, MA _____

6. Establishment Phone Number: _____

7. **Name of Business Owner:** _____

8. Business Owner Mailing Address: _____

9. Business Owner Phone Number: _____

10. **Applicant Name** (if other than owner): _____

11. Applicant Title (e.g., manager, chef): _____

12. Applicant Mailing Address: _____

13. Applicant Phone Number: _____

14. If applicable, provide name and phone number of architect representing the owner/operator and submitting the required information:

Architect Name: _____ Phone Number: _____

BUSINESS PLAN INFORMATION

15. Hours of Operation:

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

16. Maximum Meals to be Served Daily (approximate number):

Breakfast: _____ Lunch: _____ Dinner: _____

17. Type of Food Service (check all that apply):

Sit Down Meals Mobile Take out Caterer Other: _____

18. Number of Seats available to customers: _____

19. Number of Floors on which food is prepared, served or stored: _____

20. Total Square Feet of the Facility: _____

21. Will the facility be serving food to a highly susceptible population? YES NO

"Highly susceptible population" means a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised or older adults and in a facility that provides health care or assisted living services, such as a hospital or nursing home; or preschool age children in a facility that provides custodial care, such as a day care center. (1999 Federal Food Code 1.201.10 (40))

PLAN REVIEW REQUIREMENTS

Please check off and submit the following documents as they apply to your business. Items 1, 5, 6 & 7 are mandatory requirements for all applicants. Please read other information in italics carefully to determine if you need to submit additional materials with this application. If you need more information about a requirement, contact the ISD Health Division at (617) 625-6600 x4331.

1. **Proposed Menu.** Food Establishments with menus must provide copies of all menus including breakfast, lunch, dinner, brunch, seasonal, off site, catering, dessert, and beverage, in the format offered to the consumer. Retail Establishments without menus must provide a list of foods sold by category, ex. bottled beverages, grocery items, packaged potentially hazardous foods, deli items.
2. A copy of a current (within the past five years) **Food Protection Manager Certificate** from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment. *Required for all applicants except certain daycare, retail food and satellite feeding sites as specified per 105 CMR 590.003 (A)(3)(b)(c)(d).*
3. A copy of a current (within the past five years) **Food Allergen Awareness Training Certificate** from a Massachusetts approved program for at least one individual over the age of 18, who will be a full time equivalent on-site manager or supervisor in the proposed establishment. *Required only for establishments selling food intended for immediate consumption on or off the premises, per 105 CMR 590.009(H).*
4. A copy of a current **Choke Safe Certificate** from a Massachusetts approved program. The law requires one certified individual on duty during all hours of operation (multiple certifications may be required). *Required only for establishments serving food with 25 seats or more, per 105 CMR 590.009(E).*
5. **Floor plans** (minimum of 11 x 14 inches in size), accurately drawn to a minimum scale of ¼ inch = 1 foot, showing each area where food or beverages are stored, prepared, or served. Each piece of food equipment intended for use must be represented, in approximate scale, in its intended location on the plan. Drawings must also indicate location of all:
- | | | |
|--|----------------------|--|
| *food preparation sinks | *3-compartment sinks | *hand-washing sinks |
| *mop/wastewater sinks | *entrances and exits | * loading and receiving areas |
| *dressing rooms | *locker areas | *employee/customer restrooms |
| *customer self-service areas | | |
| *chemicals and paper storage areas | | *storage of clean pots, utensils and serviceware |
| *counter top and floor mounted equipment | | *outdoor trash, recyclable and grease storage |
6. **Food Equipment Schedule** – A numbered list of each major piece of equipment proposed for use in the food establishment that includes a brief description, make and model numbers. The numbers assigned on the schedule will correspond to numbered equipment drawn on the floor plans. Include beverage dispensers, coffee makers, rapid cooling or hot holding equipment, and registers.

- 7. **Manufacturers specification (“cut sheets”)** for each piece of equipment shown on the plan.
Note: All food handling equipment must be of durable construction, made of food grade materials, and certified for sanitary design by an ANSI accredited certification program, typically National Sanitation Foundation (NSF), or by Underwriters Laboratory (UL).
- 8. *If requested by ISD Health Division*, include **overlay drawings for the plumbing details** including location, size, and type of wastes (direct or indirect), floor drains, floor sinks, backflow prevention devices, potable and non-potable water lines, waste water lines, hot water generating equipment, hot water boosters, grease containment/capture systems and gas supply lines.
- 9. *If requested by ISD Health Division*, include **overlay drawings for the electrical details** including location of electrical supply panels, location, and voltage outlets.
- 10. *If this establishment is/will be serviced by a public or private well*, submit a copy of current **water quality test results** and documentation showing the well was approved by the required state or local department or that an application for approval was submitted.
- 11. A copy of a **Hazard Analysis Critical Control Point (HACCP) Plan**, describing policies, procedures, employee training, documentation, etc. to ensure safe handling of high risk foods or processes as described in the 1999 FDA Food Code and/or 105 CMR 590.000. *Required only for establishments planning to use certain processes; please read below to determine applicability.*

HACCP and Variance Requirements

Specialized processes present a significant health risk if not conducted under strict operational procedures. HACCP plans and modified HACCP plans are implemented to eliminate or significantly reduce targeted hazards that may contribute to foodborne illness.

PROCESSES REQUIRING A HAACP PLAN/ BOARD OF HEALTH VARIANCE

- Using food additives or adding components such as vinegar as a method of food preservation or to render a food so that it is not potentially hazardous (**e.g., acidified sushi rice**)
- Use of un-pasteurized shell eggs in Highly Susceptible Population operations to prepare food in quantities other than single serving portions. (**e.g., fresh eggs to prepare scrambled eggs for a daycare facility**)
- Packing food using Reduced Oxygen Packaging (ROP) *except* where a barrier to *Clostridium botulinum* in addition to refrigeration exists (**e.g., cryovac, cook chill, sous-vide**)
- Custom processing animals in a food establishment that are for personal use as food, and not for sale or service in a food establishment. (**e.g., deer hunters**)
- Custom processing of aquatic animals for sale (**e.g., frogs**)
- Molluscan shellfish tanks used to store and display shellfish that are offered for human consumption (**e.g., abalone**). Note: this does not apply to lobsters.
- Smoking or Curing food as a method of food preservation rather than flavor enhancement.

PROCESSES REQUIRING A MODIFIED HACCP PLAN AND BOARD OF HEALTH VARIANCE

- Using time only, rather than time in conjunction with temperature, as a public health control for a working supply of potentially hazardous food before cooking, or for ready to eat potentially hazardous food before cooking, or ready to eat potentially hazardous food that is displayed or held for service for immediate consumption. (**e.g., pizza other than cheese, calzones, hollandaise sauce**)

FOOD HANDLING PROCEDURES

Please answer the following questions to help determine your food business needs.

Note: Each food service operation will have different considerations: i.e., Will foods need to be thawed prior to cooking? Will foods be cooked and immediately served, or will they be prepared in advance requiring cooling? Will food require reheating, hot holding, or cold holding prior to service?

How frequently supplies will be delivered is an important factor in determining the amount of refrigerated, frozen, and dry food storage space required. High volume operations with extended hours of operation or those that prepare foods ‘from scratch’ may require increased equipment capacity and storage space.

FOOD SUPPLIES

Note: All food supplies must come from state or federally inspected, approved, and licensed food processors, manufacturers, and/or distributors.

22. What are the projected frequencies of deliveries for:

Frozen foods: _____

Refrigerated foods: _____

Dry goods: _____

23. Provide information on the TOTAL amount of space (in cubic feet) allocated for:

Frozen foods: _____ ft³

Refrigerated foods: _____ ft³

Dry goods: _____ ft³

24. Describe how dry goods will be protected from contamination, moisture, and pests:

COLD STORAGE

Note: Adequate and approved freezer and refrigeration must be available to store frozen foods at 0°F or below and refrigerated foods at 41°F or below. Each storage or display refrigerator and freezer holding Potentially Hazardous Food (PHF) must be equipped with a working and accurate thermometer.

25. If raw meats, poultry, and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF)

26. Please indicate how you plan to thaw the (PHF) items on your proposed menu by checking the “YES” or “NO” box. More than one method may apply for each type of frozen food.

THAWING METHOD	LARGE OR BULK FROZEN FOODS	PORTIONED FROZEN FOODS
Under Refrigeration	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Running Water, Less than 70°F (allowed only in food prep sink or 3-bay compartment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Microwave (as part of cooking process)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cooked from frozen state	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (describe): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOOD PREPARATION

27. Check categories of Potentially Hazardous Foods (PHFs) to be handled, prepared and served.

CATEGORY

- A. Thin meats, poultry, fish, eggs..... YES NO
(e.g., hamburger; sliced meats; fillets)
- B. Thick meats, whole poultry..... YES NO
(e.g., roast beef; whole turkey, chickens, hams)
- C. Cold processed foods..... YES NO
(e.g., salads, sandwiches, vegetables)
- D. Hot processed foods..... YES NO
(e.g., soups, stews, rice/noodles, gravy, chowders, casseroles)
- E. Bakery goods..... YES NO
(e.g., pies, custards, cream fillings & toppings)
- F. Frozen Desserts/Ice Cream..... YES NO
Name of Lab for monthly testing: _____
- G. Other PHFs: _____

28. Please list all food items that will be prepared more than 12 hours in advance of service:

29. Describe the procedures used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F - 140°F) during preparation:

30. Where raw meats, poultry, and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

31. Please check yes or no: a. Will ice be made on the premises? YES NO
b. Will ice be purchased commercially? YES NO

32. Describe provision for ice scoop storage: _____

COOKING

Note: Minimum FDA Food Code cooking time and temperatures of product utilizing convection and conduction heating equipment are as follows:

- | | | |
|--|-------|---------------------------|
| • Beef roasts | 130°F | (121min) or 145°F (15sec) |
| • Solid seafood pieces | 145°F | 15 sec |
| • Other PHFs | 145°F | 15 sec |
| • Eggs or items made with eggs | 145°F | 15 sec |
| • Pork/lamb/veal, roasts, steaks, chops | 145°F | 15 sec |
| • Chopped, ground meat/fish, eggs held for service | 155°F | 15 sec |
| • All poultry items | 165°F | 15 sec |
| • Stuffed meat or pasta stuffing | 165°F | 15 sec |
| • Any microwaved PHFs | 165°F | 15 sec |

33. Food product thermometers must be used to measure final cooking/reheating temperatures. What type of temperature measuring device are you planning on using?

IS YOUR MENU IN COMPLIANCE?

Consumer Advisory Requirements

Please refer to your submitted menu and list items that will/may be served raw or undercooked such as burgers, eggs over easy, grilled salmon and similar foods. Remember to include Ready-To-Eat foods that may contain raw or undercooked ingredients such as caesar dressing, hollandaise sauce, burgers, eggs, or drinks/desserts containing raw egg white.

Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods.

Please remember the Consumer advisory is to be provided to the customer in writing.

The following example shows all three required parts for the consumer advisory:

(1) identify menu items containing raw or undercooked animal proteins with asterisk(*):

Cheese Pizza
*Tuna Roll
California Roll
*Grilled salmon

Salad with your choice of grilled chicken or *steak tips

(2) define what the asterisk means

*These menu items are served raw or undercooked, or contain raw or undercooked ingredients

(3) approved statement reminding consumers of the risks associated with raw or undercooked animal foods, e.g.:

*Consuming raw or undercooked meats, poultry, seafood, shellfish, and eggs may increase your risk of foodborne illness, especially if you have certain medical conditions. Contact your Public Health Official or Physician for additional information.

HOT/COLD HOLDING

34. How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type and number of hot holding units.

35. How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type and number of cold holding units.

COOLING

36. Please indicate by checking the appropriate boxes how PHFs will be cooled.

One Stage Cooling (tuna salad and similar items): Cool from 70°F to 41°F within 4 hours.

Two Stage Cooling (hot foods): Cool from 140°F to 70°F within 2 hours than from 70°F to 41°F within 4 hours.

Note: Improper cooling of foods is indicated as the NUMBER ONE CAUSE of Foodborne Illnesses.

COOLING METHOD	THICK MEATS More than 1" thick	THIN MEATS Less than or equal to 1"	THIN SOUPS/ GRAVIES	THICK SOUPS/ GRAVIES/ CIHLIES	RICE/ NOODLES/ CASSEROLES/ LEFTOVERS
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume or Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blast Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Methods (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REHEATING

37. How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165°F within two hours? Indicate type and number of units used for reheating foods.

SERVING

38. If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

EMPLOYEE CONSIDERATIONS

39. Number of Staff (maximum per shift): _____

40. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of Ready-To-Eat foods? YES NO

41. Will food employees be trained in food sanitation practices? YES NO
If yes, please describe method of training:

42. Food employees and applicants who have received a conditional offer of employment are required to notify management when they are experiencing symptoms of or are diagnosed with an illness that can be spread through food. Employers must determine what actions are to be taken in accordance with 590.003 (D) and FC 2-201.12 *Exclusions and Restrictions*. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO

Please describe briefly or submit policy: _____

43. Are dressing rooms provided? YES NO

44. Describe storage facilities for employees' personal belongings (e.g., purse, coats, boots, umbrellas): _____

HANDWASHING/TOILET FACILITIES

Note: Handwashing sinks must be dedicated to that use only, and designated with signage, (ex. "Handwashing Only")

45. Are handwashing sinks in each food preparation and warewashing area? YES NO

46. Do all handwashing sinks, including those in the restrooms, have hot and cold water under pressure with a mixing valve or combination faucet? YES NO

47. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES NO

48. Is hand soap available at all handwashing sinks? YES NO

49. Are disposable paper towels or air blowers available at all handwashing sinks? YES NO

50. Are covered waste receptacles available in each restroom? YES NO

51. Is an employee handwashing reminder sign posted in each restroom? YES NO

52. Are all toilet room doors self-closing? YES NO

53. Are all toilet rooms equipped with ventilation to the outside? YES NO

SINKS

54. Is a mop sink present? YES NO

55. Please describe where you would hang wet mops and other like equipment:

56. If the menu dictates, is a food preparation sink present? YES NO

WAREWASHING FACILITIES

57. Will sinks or a dishwasher be used for washing dishes, utensils, etc.?

Dishwasher Three-compartment sink Combination of both

If Dishwasher: Please indicate type of sanitization method used:

- "High Temperature" (hot water with booster heater for final rinse)
- "Low Temperature" (chemical type, sanitizer added to final rinse)

58. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES NO

59. Is ventilation for dish machine provided? YES NO

60. Where three compartment sinks are used for sanitizing pots, utensils, etc., does the largest pot or pan used fit into each compartment of the pot sink? YES NO
Are there drain boards on both ends of the pot sink? YES NO

61. What type of sanitizer is used in the sanitizing compartment?

- Chlorine
- Iodine
- Quaternary ammonium
- Hot Water (must be designed with an integral heating device)

62. Are test papers/kits available for checking sanitizer concentration? YES NO

63. Where will the clean and sanitized items be stored? _____

64. Please describe the procedure for manual cleaning and sanitizing of oversized or “clean-in-place” (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment?

EQUIPMENT INSTALLATION

Note: Food service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, set-off the wall with adequate space between for cleaning, or movable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces of be mounted on casters and with “Quick-Disconnects” to utility lines to allow for movement.

FINISH SCHEDULE:

65. Please fill out the table below. Applicant must indicate which materials will be used in the following areas (e.g., sealed cement, quarry tile, 4” plastic coved molding, stainless steel, dry wall, Fiberglass Reinforced Polyester (FRP) vinyl faced panels).

Note: Materials selected for floors, walls, and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth, and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests.

	Floors	Walls	Ceilings	Floor/Wall Joint
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

INSECT AND RODENT CONTROL:

Please check yes, no, or not applicable (NA) for the following questions:

- 66. Will all outside doors be self-closing and rodent proof? YES NO NA
- 67. Are screen doors provided on all entrances left open to the outside? YES NO NA
- 68. Do all openable windows have minimum #16 mesh screening? YES NO NA
- 69. Is the placement of electrocution devices identified on the plan? YES NO NA
- 70. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? YES NO NA
- 71. Is area around building clear of unnecessary brush, litter, boxes, and other harborage? YES NO NA
- 72. Will air curtains be used? YES NO NA

If yes, where? _____

- 73. Do you now have, or plan to have a contract with a pest control operator? YES NO

If yes, please list their contact information: _____

and the frequency of inspections/treatments at your business: _____

GARBAGE (food waste) AND REFUSE (paper, cardboard, packaging, etc.)

Note: Dumpsters require licensing. Please check with the ISD Health Division on dumpster licensing requirements for your business.

INSIDE:

- 74. Do all receptacles have lids? YES NO
- 75. Will refuse be stored inside? YES NO

If yes, where? _____

- 76. Is there an area designated for receptacle or floor mat cleaning? YES NO

If yes, where? _____

- 77. Is there a designated area to store returnable damaged goods or out of code items? YES NO

Please describe location(s): _____

OUTSIDE:

78. Will a dumpster be used? YES NO
If yes:
Number: _____ Size: _____ Frequency of pickup: _____
Contractor: _____

79. Will a compactor be used? YES NO
If yes:
Number: _____ Size: _____ Frequency of pickup: _____
Contractor: _____

80. Will garbage receptacles be stored outside? YES NO NA

81. Describe surface and location where dumpster/compactor/garbage cans are to be stored:

82. Describe location of grease storage receptacle.

83. Is there an area to store recycling containers? YES NO NA

If yes, describe: _____

PLUMBING CONNECTIONS:

84. Please fill out the table below.

Note: The FDA Food Code plumbing requirements do not replace or supercede the State Plumbing Code, instead it highlights potential hazardous circumstances and particular types of equipment common to food service operations that, through improper design or installation, could result in contamination of either sanitary food vessels or of the potable water supply. See reference materials provided in Part Two of this guide. Please indicate below that the proposed equipment in your establishment will be properly permitted and installed.

Equipment	Code Requirement(s)	Confirmed by Operator (please initial)	Describe / Comments
Dish Machine	Backflow prevention device		
	Indirect waste of direct waste through floor drain		
Potato Peeler	Backflow prevention device		
Steam Jacketed Kettle	Backflow prevention device		
	Indirect Waste		
Steamer	Backflow prevention device		
	Indirect Waste		
Combi Oven	Backflow prevention device		
	Indirect Waste		
Submerged water inlets in garbage Disposals, or Dish Table troughs	Backflow prevention device		
At all hose connections	Backflow prevention device		
Garbage Can Washer	Backflow prevention device		
Carbonated Beverage Dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect Waste		
Ice Machine or Ice Storage Bins	Indirect Waste		
All Sinks	Air Gap		
Ice Cream Dipper Wells	Air Gap		
Other (describe):			

WATER SUPPLY:

Note: It is essential that sufficient potable water, at appropriate temperatures, under pressure will be available at all times, including peak demand periods.

85. What is the capacity and recovery rate of the hot water generator?

86. Is the hot water generator sufficient for the needs of the establishment? **Provide/Attach calculations for necessary hot water.** Contact the ISD Health Division if you need additional assistance with this requirement.

87. Is there a water treatment device or a "Misting System" for produce? YES NO NA

If yes, how will the device be inspected and serviced? _____

88. Is the establishment to be serviced by: town water?
 private or public well?

SEWAGE DISPOSAL:

89. Is the establishment to be serviced by: municipal sewer?
 on-site septic system?

90. If on-site septic system, is it approved for proposed use? YES NO PENDING
 (Please attach copy of written approval and/or permit.)

GREASE TRAPS:

91. Are interior grease traps provided? YES NO

If so, please describe location and capacity of each:

92. Provide schedule for cleaning and maintenance:

93. Are exterior grease traps provided? YES NO

If yes, please provide service contractor name/address/phone number and a copy of the contract:

VENTILATION:

94. Indicate below all areas where exhaust hoods are installed.

Note: Ventilation systems must be correctly designed, sized, and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control/remove heat, humidity, odors, smoke, and grease laden air.

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY	AIR MAKEUP CFM

95. How is each listed ventilation hood system cleaned? Please indicate frequency of cleaning.

TOXINS:

96. All toxic chemicals for use on the premise or for retail sale (ex. pesticides, cleaners, sanitizers, solvents, personal medications, etc.) must be stored and/or displayed in a manner that eliminates the possibility of contamination of food items or single service disposables (ex. paper plates, cups, plasticware, etc.) Please describe how you will do this:

97. Are all containers of toxins, including sanitizing spray bottles, clearly labeled? YES NO

98. Where will Material Safety Data Sheets (MSDSs) be displayed?

LAUNDRY:

99. Will linens, towels, uniforms, etc. be laundered on site? YES NO
If yes, what will be laundered and where?

100. Is a laundry dryer available? YES NO
If yes, will the dryer be vented to the outside? YES NO

101. Location of clean linen storage:

102. Location of dirty linen storage:

STATEMENT:

I hereby certify that the above information is correct, and I further understand that any deviation from the above without prior permission from the ISD Health Division may nullify final approval.

Signature(s) of owner(s) or responsible representative(s)

Print name(s) of owner(s) or responsible representative(s)

Date: _____

Approval of these plans and specifications by the ISD Health Division does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the ISD Health Division does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.