



**CITY of NORTHAMPTON**  
**PUBLIC HEALTH DEPARTMENT**

**BOARD OF HEALTH MEMBERS:** Donna Salloom, Chair ~ Joanne Levin, MD ~ Suzanne Smith, MD, MPH  
William Hargraves ~ Cynthia Suopis, PhD

**STAFF:** Merridith O'Leary, RS, Director ~ Daniel Wasiuk, Inspector ~ Edmund Smith, Inspector ~ Lisa Steinbock, RN, Nurse

**NORTHAMPTON HEALTH DEPARTMENT**  
**FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION**

**Application Fee \$100.00**

Date:

Establishment Name:

Establishment Location:

Establishment Owner:

Owner Phone: ( )

Mailing Address:

Primary Contact Name:

Title:

Phone: ( )

Alt. Phone: ( )

E-mail Address:

**TYPE OF CONSTRUCTION:**

- New construction
- Remodel of existing food service establishment
- Conversion of existing structure for use as a food service establishment
- Existing food establishment that changes type of food operations

Projected Opening Date: \_\_\_\_\_

**TYPE OF SERVICE:**

- Take Out
- Dine In
- Caterer
- Other \_\_\_\_\_

**MEALS TO BE SERVED:**

- Breakfast
- Lunch
- Dinner
- Other \_\_\_\_\_

**HOURS OF OPERATION:** \_\_\_\_\_

**NUMBER OF SEATS:** \_\_\_\_\_

**NUMBER OF STAFF:** \_\_\_\_\_

**The following documents must be included for this application to be complete:**

Check the following

- A \$100.00 non-refundable Plan Review Permit Fee made payable to the City of Northampton
- Proposed Menu (include seasonal, off-site and banquet menus)
- Manufacturer Specification Sheets for each piece of equipment shown on the plan
- Site Plan
- Floor Plan
- Food Service Establishment Review Packet

Signature of Applicant: \_\_\_\_\_

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**For Office Use Only:**

\_\_\_\_\_ *Date Application Received*

\_\_\_\_\_ *Fee Received*

\_\_\_\_\_ *Date of Plan Review*

\_\_\_\_\_ *Date of Approval*

\_\_\_\_\_ *Approval Letter Sent to Applicant*

## ***Health Department Guidelines to open a Food Service Establishment***

To start and manage a food service business requires careful planning, knowledge of food safety and skillful management, in addition to an understanding of Massachusetts food laws and federal regulations. Follow these guidelines to make sure your food business reaches its grand opening without delay.

### **Plan Overview**

Submit Food Establishment Plan Review Application and building plans to the Health Department with the appropriate fees. The Building Department may also require building plans to be submitted, for exact requirements call (413)587-1240.

Plans submitted to the Health Department for review must include the following:

- Plans drawn to scale
- Complete layout of facility, including all wait stations, kitchen, food areas and restrooms
- Equipment location and specifications (equipment types, manufacturer & model numbers, if available)
- Plumbing location and type
- Ventilation plans
- Room finish schedule - finish materials and colors for floors, walls & ceilings
- Proposed menu
- Lighting locations and type

### **When To Submit Plans for Review**

An applicant or permit holder shall submit plans and specification for review **prior** to:

1. The construction of a new food service establishment;
2. The conversion of an existing structure for use as a food service establishment; or
3. The remodeling of a food service establishment or a change of type of food service establishment or food operation.

## **Submitting an Application for Review**

Food Establishment Plan Review Applications can be obtained at the Health Department located at 212 Main Street, Northampton, MA or at <http://www.northamptonma.gov/245/Health>. Bring the appropriate fee, made payable to the City of Northampton, along with the completed application when you deliver the plans for our review.

The review time should take approximately five business days.

## **Pre-Operational Inspections**

The Health Department will conduct two inspections before issuing a “Permit to Operate”. During the first inspection, the inspector will walk through the facility to confirm that it was built and equipped according to specifications. Then, just prior to opening, a second inspection is conducted to verify that all equipment is operational and meets the standards as outlined in Federal, State and Local Regulations.

Please call five business days in advance to schedule inspections.

## **Resources after Opening a Facility**

At the Health Department, we work together with the food service industry to help ensure safe dining experiences for a healthier community. Our professional staff is here to help with education and to answer your questions about safe food handling and Food Code regulations.

## **Other Requirements**

Prior to opening a food establishment:

1. Food Service Establishment Application must be completed and submitted for approval to the Health Department
2. An occupancy permit must be obtained from the Building Department
3. A common Victuallers permit must be obtained from the Licensing Board

***NORTHAMPTON HEALTH DEPARTMENT  
FOOD SERVICE ESTABLISHMENT CHECKLIST***

***MINIMUM FACILITY REQUIREMENTS - Check all that apply***

**1. FLOORS**

- Floors of all food prep, food service, food storage, dishwashing areas, walk-in refrigerating units, toilet rooms and vestibules must be constructed of smooth, DURABLE material that is impervious to water and easily cleanable
- Carpet is not allowed in food preparation areas, food storage areas or restroom facilities.
- Junctures between walls and floors must be correctly coved.

**2. WALLS AND CEILINGS**

- Must be light colored, smooth, durable, non-absorbent, sealed and easily cleanable.
- Exposed studs, joists and rafters are prohibited in all food preparation, bars, warewashing areas and toilets.
- Pipes and utility lines shall not be unnecessarily exposed.

**3. WATER SUPPLY**

- Potable water for the needs of the food establishment shall be provided from a source that complies with state laws and regulations.
- Private Water supply       Public Water Supply

**4. SEWAGE DISPOSAL**

- All sewage and wastewater shall be disposed into a public sewage system or an individual sewage disposal system that complies with state laws and regulations.
- Private Sewage System       Public Sewage System

**5. PLUMBING**

- Plumbing shall be sized, installed and maintained in a safe manner and according to the State Plumbing Code, applicable local ordinance or health code.
- Supply lines or fittings for every plumbing fixture shall be installed so as to prevent backflow.
- Equipment and fixtures utilized for the storage, preparation and handling of food, including ice, shall discharge through an indirect waste pipe by means of an air gap.
- An air gap between the water supply inlet and the flood level rim of the plumbing fixture, equipment, or non-food equipment shall be at least two (2) times the diameter of the water supply inlet and shall not be less than one (1) inch.
- Floor drains must be easily accessible for maintenance and cleaning and be equipped with proper strainers. For equipment equal to or greater than 6" from the floor, drains must be at least flush with the front of the equipment. If equipment is less than 6" from the floor, drain must be at least 50% exposed.
- A grease trap, if required, shall be installed to be easily accessible for cleaning and maintenance.

**6. HOT WATER**

- Hot water shall be supplied to all sinks.
- Hot water shall be sufficient to meet the peak hot water demands throughout the food establishment.
- The hot water supply to any fixture shall be installed on the left side of the fixture.

**7. HANDWASHING FACILITY**

A minimum of one handwashing sink is required in all food preparation areas, bars, and warewashing areas. Based on the design of the facility, more than one sink may be required.

- Must be *conveniently located* and easily accessible.
- Must provide water at a temperature of at least 110°F through a mixing valve or combination faucet.
- Soap, disposable towels, hand wash sign, and trash container must be provided at all handwashing sinks.
- Shall be located to avoid contamination of food and food contact surfaces. Splash guards may be necessary to accomplish this.

## 8. MOP SINK

- At least one mop sink or curbed cleaning facility with a floor drain shall be provided.
- Provision for the proper storing and air-drying of mops, brooms and other cleaning equipment is required.

## 9. RESTROOMS

The number of restrooms provided for employees and customers is specified by the State Plumbing Code.

- Public access to the restrooms may not be through food preparation areas, food and equipment storage areas, or warewashing areas.
- Approved handwashing sinks shall be properly installed inside the restroom.
- Restrooms shall be provided with tight fitting, self-closing doors.
- Restrooms shall be provided with adequate, forced-air ventilation.
- An adequate number of trash receptacles shall be provided. A covered trash receptacle must be provided in the women's restroom.

## 10. LIGHTING

All lights shall be shielded, coated, or otherwise shatter-resistant in areas where there is exposed food, clean equipment, utensils, linens, and unwrapped single-service and single-use articles.

## 11. EQUIPMENT

- All equipment shall be certified by the American National Standards Institute (ANSI) or an equivalent organization. This includes, but is not limited to sinks, ovens, ranges, mixers, prep freezers, refrigerators, grills, griddles, fryers, ice machines, steam tables, slicers, grinders, food processors, crock-pot/hot holding units and other similar food processing equipment.
- Equipment and utensils shall be designed and constructed of non-toxic, durable materials.
- Floor mounted food equipment that is not easily moveable shall be elevated on wheels or legs with a minimum height of six (6) inches. This also includes dry storage shelving and shelving located in walk-in refrigerators and freezers.
- Wood and wood wicker shall not be used as a food-contact surface. Close-grained hard wood may be used for items such as cutting blocks, boards, bakers' tables, rolling pins, salad bowls.
- Soft drink machines for self-service and refilling shall be designed to prevent contact with the lip-contact surface of glasses or cups.
- Beverage tubing and cold-plate beverage cooling devices shall not be installed in contact with stored ice that is intended for consumption. This does not apply to cold plates that are constructed integrally with an ice storage bin.
- If a washing machine is used to wash items other than wiping cloths, a dryer is required. These items must be stored in a separate room, away from food processing, food or equipment storage, or warewashing areas.

## 12. HOODS AND DUCTS

Ventilation hood systems and devices shall:

- Shall be installed in sufficient number and capacity above heat generating equipment that is capable of producing grease-laden vapors, and to prevent grease, condensation, smoke or noxious odors from collecting in the food establishment.
- Filters or other grease extracting equipment shall be designed to be readily removable for cleaning and replacement, if not designed to be cleaned in place.

## 13. REFRIGERATION

Refrigeration units shall:

- Be capable of operating at 41°F or below at all times, including peak usage times.
- Be provided with an easily visible thermometer, accurate to plus or minus 3°F.
- Be provided in adequate number and size to meet food storage and proper cool down requirements of foods, as determined by menu items.

**RESIDENTIAL, HOME-TYPE REFRIGERATORS ARE NOT PERMITTED.**

#### **14. HOT FOOD STORAGE OR DISPLAY**

All hot storage or display facilities shall:

- Be capable of maintaining hot food to an internal temperature of 140°F or above.
- Be provided with an easily visible thermometer, accurate to plus or minus 3°F.

#### **15. STORAGE**

- Food, clean utensils and equipment, linens, and single-service articles shall be stored a minimum of six (6) inches above the floor.
- Items that are kept in closed packages may be stored less than six (6) inches above the floor if stored on dollies, pallets, racks and skids if appropriate moving equipment is available onsite.
- All exposed surfaces of cabinetry and shelving shall be finished with a smooth, nonabsorbent, corrosion-resistant, easily cleanable surface.

#### **16. CUSTOMER SELF SERVICE**

Adequate sneeze shields shall be installed at all displays of unpackaged foods accessible for service by the customer.

#### **17. DISHWASHING FACILITIES**

A three compartment sink is required and shall:

- Be NSF certified or equivalent.
- Have rounded (coved) corners, be smooth, and have no welded seams.
- Have adequately sized self-draining drain boards, racks, tables or shelving to accommodate soiled and clean items.
- Have compartments large enough to accommodate immersion of at least half of the largest piece of equipment or utensil used in the establishment and all compartments labeled for intended use.
- Have test strips to test concentration of sanitizer.

The commercial dishwasher:

- Must be NSF certified or equivalent with appropriate data information plate.
- Accurate thermometers shall be installed on all dishwashers.
- Dish washing machines shall be equipped with a device that audibly or visually indicates when more detergent needs to be added.
- Dishwashing machines that use a chemical sanitizer shall be equipped with a device that audibly or visually indicates when more sanitizer needs to be added.
- Hot water sanitizing machines must have an accurate pressure gauge.

#### **18. OUTER OPENINGS**

- If windows or doors are kept open, the openings must be protected against the entry of insects and rodents by sixteen (16) mesh to one (1) inch screens, properly designed air curtains or other effective means.
- Outer opening doors shall be equipped with adequate self closing devices and vermin resistant thresholds.

#### **19. GARBAGE AND REFUSE**

- Receptacles for refuse, recyclables and materials containing food residue shall be durable, cleanable, insect and rodent resistant, leak proof and non-absorbent.
- Receptacles used outside the food service establishment shall be designed and constructed to have tight-fitting lids, doors or covers. They must be in good repair and have a drain plug, if applicable.
- The outdoor storage surface for refuse shall be constructed of non-absorbent material, such as concrete or asphalt, and shall be smooth, durable, and sloped to drain.

#### **20. LIVING AND LAUNDRY AREAS**

- No operation of a food establishment shall be conducted in any room used as living or sleeping quarters.
- Laundry equipment may be installed in storage rooms containing only pre-packaged food or packaged single-service items.

**21. EMPLOYEE LOCKER AREAS**

- Lockers or other suitable facilities shall be provided and used for the storage of employee’s clothing and other possessions.
- Dressing rooms shall be provided, if the employees regularly change their clothes, in the establishment.

**22. MENU**

- Menu includes a consumer advisory if service raw, undercooked foods of animal origin or foods that are not otherwise processed to eliminate disease causing organisms.
- All menus (including menu boards) include allergen awareness statement.

**23. FOOD PREPARATION**

- Food allergy awareness poster displayed in food prep area.
- Food safety training provided to food preparation employees.
- Gloves or utensils provided to prevent bare hand contact with ready to eat food products.
- If a produce sink is not required, FSE needs a policy for washing produce (if applicable).
- Chemicals are stored away from all food preparation area and food product.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, attest to the accuracy of the information provided in this checklist and I affirm that the FSE operation will comply with 105 CMR 590.00 and all other applicable law.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Review Date \_\_\_\_\_

Food Inspector Signature \_\_\_\_\_



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### **Food Service Permit Type Descriptions**

Be sure to fill out the application in its entirety and check all permit types that are applicable to your business.

For your review, definitions of the permit types are as follows:

**Bed and Breakfast Permit** – required for a private owner-occupied house where rooms are let and a breakfast is included in the rent.

**Bar Permit** – required for an establishment that serves alcoholic drinks for consumption on the premises. Such establishments are allowed to sell individual portions of pre-packaged, non-potentially hazardous food products. (Includes but not limited to: chips, peanuts, pretzels)

**Caterer Permit** – required when any person(s) prepares food intended for individual portion service, transports and serves it at another location, or who prepares and serves food at a food establishment, other than one for which he holds a permit, for service at a single meal, party or similar gathering.

**Food Service Establishment Permit (FSE)** – required for any premise or part of a premises where food is prepared, served, or sold for immediate consumption on or in the vicinity of the premises; called for or taken out by customers; or prepared prior to being delivered to another location for consumption. (Includes but not limited to: Bakery, Bar, Café, Club, Restaurant)

**Frozen Dessert Manufacturer Permit** – required for any premises or part of a premises where ice cream, ice cream mix, ice milk, sherbet, frozen malt, ice milk mix, mellorine, edible fat frozen dessert or ices are manufactured or frozen.

**Retail Food Permit** – required for any premises or part of premises pre-packaged food and food products are offered to the consumer and intended for off-premises consumption and conducts no food processing or food preparation on site.

**BOARD OF HEALTH**

Merridith A. O'Leary, R.S.

Director of Public Health

212 Main Street

Northampton, MA 01060

Tel. (413) 587-1214 Fax (413) 587-1221

**FOR BOARD OF HEALTH USE ONLY**

Date Received:

Amount Received:

Cash/Check No:

Received by:

**2014 Food Establishment Permit Application***(Application must be submitted at least 30 days before the planned opening date)*

ALL FEES PAID ARE NON-REFUNDABLE

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

| Corporation Name:   |       | Corporation Address:  |        |      |       |              |  |  |  |
|---|-------|---|--------|------|-------|--------------|--|--|--|
| Establishment Name: (dba):  |       | Establishment Tel. #  |        |      |       |              |  |  |  |
| Establishment Address:  |       | Email:  |        |      |       |              |  |  |  |
| Establishment Mailing Address (if different):   |       |   |        |      |       |              |  |  |  |
|   |       |   |        |      |       |              |  |  |  |
| Applicant Name (Permit Holder):   |       |   |        |      |       |              |  |  |  |
| Applicant Title:  |       |   |        |      |       |              |  |  |  |
| Applicant Address:  |       |   |        |      |       |              |  |  |  |
| Applicant Telephone #:  |       | 24 Hour Emergency #:  |        |      |       |              |  |  |  |
| Owner Name & Title (if different from applicant):   |       |   |        |      |       |              |  |  |  |
| Owner Address (if different from applicant):  |       |   |        |      |       |              |  |  |  |
| Establishment Owned By:   |       | If a corporation or partnership, give name, title, and home address of officers or partner  |        |      |       |              |  |  |  |
| <input type="radio"/> An association<br><input type="radio"/> A corporation<br><input type="radio"/> An individual<br><input type="radio"/> A partnership<br><input type="radio"/> Other legal entity |       | <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Home Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> |        | Name | Title | Home Address |  |  |  |
| Name  | Title | Home Address  |        |      |       |              |  |  |  |
|   |       |   |        |      |       |              |  |  |  |
| <b>Person Directly Responsible For Daily Operations (Owner, Person In Charge, Supervisor, Manager etc.)</b>   |       |   |        |      |       |              |  |  |  |
| Name & Title:   |       |   |        |      |       |              |  |  |  |
| Address:  |       |   |        |      |       |              |  |  |  |
| Telephone #:  |       | Cell/Pager#   | Email: |      |       |              |  |  |  |
| Emergency Contact:  |       |   |        |      |       |              |  |  |  |

Food Establishment Information

|  |  |          |   |          |
|--|--|----------|---|----------|
| Days and Hours of Operation:   |  |          |   |          |
| Name of Person in Charge Certified in Food Protection Management:<br>(Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.) |  |          |   |          |
| Person Trained In Anti-Choking Procedures (if 25 seats or more) : <input type="radio"/> Yes <input type="radio"/> No<br>(In accordance with 105 CMR 590.009)             |  |          |   |          |
| Name of Person Trained in Food Allergen Awareness :<br>(In accordance with 105 CMR 590.003(B) Please attach copy of certificate)   |  |          |   |          |
| Water Source:  | <b>Establishment Type</b> (check all that apply & enter applicable permit cost)  |          |   |          |
| <input type="radio"/> Public<br><input type="radio"/> Well   | <input type="radio"/> <b>Retail Food</b> (\$100 base + Sq. ft. based on attached chart)<br>\$100 base + _____  | \$ _____ | <input type="radio"/> <b>Frozen Dessert Manufacturer</b><br>Name of Testing Lab:<br>_____ | \$5.00   |
| Sewage Disposal:<br><input type="radio"/> Public<br><input type="radio"/> Septic   | <input type="radio"/> <b>Food Service Establishment</b> - (\$100 base + Number of Seats based on Occupancy Permit: Fee Chart attached)<br>\$100 base + _____ | \$ _____ | <input type="radio"/> <b>Bar</b> - No food preparation, pre-packaged food only.           | \$100.00 |
|  | <input type="radio"/> <b>Bed and Breakfast</b>   | \$100.00 | <input type="radio"/> <b>Caterer</b>  | \$100.00 |
|  |  |          | <b>TOTAL</b>  | \$       |

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Permit Holder: \_\_\_\_\_

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Corporate Representative (i.e. President, CFO, COO): \_\_\_\_\_