



# CITY of NORTHAMPTON

## DEPARTMENT of HEALTH & HUMAN SERVICES

Health Commissioner ~ Merridith O'Leary, RS  
 Municipal Building ~ 212 Main Street ~ Northampton, MA 01060  
 Phone (413) 587-1214 ~ Fax (413) 587-1221  
<http://www.northamptonma.gov/245/Health>



**Public Health**  
Prevent. Promote. Protect.

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

**Check all that apply**

<b>FOOD ESTABLISHMENTS PLAN REVIEW APPLICATION</b>			Fee \$100.00
Type of Project:			
<input type="checkbox"/> New construction <input type="checkbox"/> Remodel of existing food service establishment <input type="checkbox"/> Conversion of existing structure for use as a food service establishment <input type="checkbox"/> Existing food establishment that changes type of food operations			
Projected Opening Date:			
<b>SITE ADDRESS</b>			
Name of Food Establishment:			
Address:			
City:	State: MA	Zip Code:	
Telephone Numbers:			
Email Address:			
<b>MAILING ADDRESS (if different)</b>			
Facility Mailing Address:			
City:	State: MA	Zip Code:	
Telephone Numbers:			
Email Address:			
Fax Number:			
<b>OWNER ADDRESS</b>			
Owner Name:			
Owner Address:			
City:	State:	Zip Code:	
Telephone Numbers			
Email Address:			
<b>TYPE OF FOOD ESTABLISHMENT</b>			
Food Service (Any food prep):	Mobile Vendor:	Bakery:	
Bar:	Retail (Packaged Foods):	Caterer:	
Residential Kitchen:	Commercial Kitchen:	Frozen Desserts:	

Other: (Provide details) \_\_\_\_\_

I have submitted plans/ applications to the following authorities: <b>please indicate when signoff(s) are completed:</b>		
Building Dept. [ ]	Plumbing/ Gas (Building Dept.) [ ]	Electric (Building Dept.) [ ]
Fire Department [ ]	Clerks [ ]	Licensing [ ]

FACILITY, STAFF AND SQUARE FOOTAGE							
Total number of staff:				Maximum staff per shift:			
Total square feet of the facility:				Number of seats:			
Total square feet food preparation:				Total square feet misc. area:			
Number of floors on which operations are conducted:							
Maximum meals you plan to serve: (approximate number) take out or eat in							
Breakfast-		Lunch-			Dinner-		
Days of operation:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation							
What is the anticipated frequency of food deliveries for:							
Frozen:		Fresh:			Dry:		
Is the water supply:		City [ ]			Well [ ]		
Is the sewage disposal system:		City [ ]			Well [ ]		

**WITH THIS APPLICATION, SUBMIT THE FOLLOWING:**

- \_\_ Floor Plan; minimum 11x14 drawn to a minimum scale of 1/4 inch = 1 foot.
- \_\_ Specification sheets for each piece of equipment
- \_\_ Proposed menu (including seasonal, offsite and banquet menus)

**NOTE: The plan must include the location/ identification of each of the following, if applicable.**

- |  |                                       |
|--|---------------------------------------|
| _____ Water Heater   | _____ Ice bins/ Ice Machine           |
| _____ Dipper wells with running water  | _____ Hand sink                       |
| _____ Food prep sink   | _____ Utility/mop sink                |
| _____ Floor sinks and floor drains   | _____ Toilet facilities               |
| _____ Dry food storage area  | _____ Laundry facility                |
| _____ Employee break/ locker area  | _____ Salad bar/ serving line         |
| _____ Indoor / outdoor seating   | _____ Bar service area                |
| _____ Outdoor seating/bar area   | _____ Wait service area               |
| _____ Prep/ cooking/ hot holding area  | _____ Cooler/ freezer area            |
| _____ Dishwashing area   | _____ Chemical storage areas          |
| _____ Chemical dispenser units   | _____ Grease interceptor/ grease trap |
| _____ Recycle/ damaged/ returned goods area  | _____ Dumpster location               |
| _____ Exhaust Ventilation  | _____ Septic system, if applicable    |
| _____ Well, if applicable  |                                       |
| _____ Auxiliary areas such as storage rooms, garbage rooms, basement or cellars if used for food storage or preparation. |                                       |
| _____ Entrances, exits, loading/unloading areas and docks  |                                       |

The purpose of this document and accompanying materials requested, is to determine if there is sufficient capacity to provide the menu you are proposing in an environment that will ensure/enhance food safety. Your thorough response to each question will avoid delays in the plan approval. **Do not begin construction of the food establishment until you have received approval of this plan from the health department.**

**Please indicate the materials (quarry tile, stainless steel-SS, plastic cove molding, Tile-T, Dry Wall- DW) etc. that will be used in the following areas:**

## Room Finish Schedule

Room Name	Floor	Base Finish (where floor meets walls)	Wall Finish	Ceiling	Remarks
Kitchen					
Toilet Rooms					
Dry Storage					
Refuse Storage					
Mop Service Area					
Ware washing Area					
Walk-In Refrigerators And Freezers					
Employee Areas					
Other Storage					
Bar					
Buffet Area					
Dining Area					

- 1.) Will food be served or transported to a highly susceptible population? Yes\_\_\_ No\_\_\_
- 2.) Who will be your certified food handler?  
 Job Title\_\_\_\_\_ Name\_\_\_\_\_
 

\*Must have current ServSafe, Allergen Awareness, Certification Choke Saver (if 25> seats).
- 3.) Will a buffet be served? Yes\_\_\_\_\_ No\_\_\_\_\_ NA\_\_\_\_\_
- 4.) If yes, what types of counter protective guards for food ( sneeze guards) will be used for consumer self- service and buffet areas?\_\_\_\_\_
- 5.) Will food be transported away from the facility prior to serving? Yes\_\_\_\_\_ No\_\_\_\_\_

**FOOD SUPPLIES**

**Receiving**

6.) Please list all planned food vendors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL PROCESS AT RETAIL**

- 7.) Do you intend to make dairy products? Yes\_\_\_ No\_\_\_
- 8.) Do you intend to make products by pickling? Yes\_\_\_ No\_\_\_
- 9.) Do you intend to make products by fermenting? Yes\_\_\_ No\_\_\_
- 10.) Do you intend to make products by smoking? Yes\_\_\_ No\_\_\_
- 11.) Do you intend to make products by curing? Yes\_\_\_ No\_\_\_
- 12.) Do you intend to make reduced oxygen packaged foods (cook-chill, sous vide)?  
Yes\_\_\_ No\_\_\_

**ATTACH THE HACCP PLAN FOR EACH PROCESS CHECKED "YES" ABOVE.**

**CATERING AND CATERED TRANSPORT OF FOOD**

- 13.) Does this facility cater or transport food? Yes\_\_\_ No\_\_\_
- 14.) Describe vehicle to be used to transport food: \_\_\_\_\_  
\_\_\_\_\_
- 15.) What is the method to ensure hot foods remain at 135 degrees or higher while hot held during transport? \_\_\_\_\_
- 16.) Will any foods be hot held at the venue? Yes\_\_\_ No\_\_\_  
If yes, describe method of hot holding \_\_\_\_\_
- 17.) Will food be cold held at the venue? Yes\_\_\_ No\_\_\_ If yes, list all foods to be cold held and the method.  
If yes, describe method of cold holding \_\_\_\_\_

**FOOD PREPARATION**

**Thawing**

18.) Provide a list of the types of food/ menu items and methods that will need to be thawed before cooking.

Food/ Menu Item	Describe the method thawing

Methods for thawing: R- refrigeration. RW- Running water less than 70 degrees F. CF- Cook from frozen. M- Microwave as part of the cooking process. Other: please list.

**Cooling**

19.) Describe methods for cooling hot foods below 41 degrees. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reheating**

20.) Describe methods for reheating foods to 165 degrees F. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hot Holding**

21.) Describe methods for keeping hot foods at or above 135 degrees F. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Storage**

22.) Will raw, meat poultry, and seafood be stored in the same refrigerators and freezers as cooked/ ready to eat foods? Yes\_\_\_\_ No\_\_\_\_

23.) How will refrigerated/frozen food be arranged to prevent cross contamination?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Food Equipment Installation and Food Protection**

**Notes to Operator:**

All utensils and food storage containers must be made from food –grade quality materials.

All open gaps of permanent equipment must be adequately sealed.

All walk –in refrigerator units must have approved covered base.

Manufacturer’s spec sheets for all equipment **must be submitted** with this application.

Equipment List				Installation Method			
				Floor Mounted Mounted		Table	
Equipment	Manufacturer	ID or Code on Plan	New Or Used	Caster: Y or N	Sealed In Place	Portable	Sealed In Place

Continue on separate sheet as necessary

24.) Will the facility have a walk-in cooler? If so, give dimensions and Manufacturer:

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**Note: Splash guards may be required between sinks and equipment depending on their intended use and proximity to food prep areas.**

**ICE MACHINES**

25.) Will ice be made on the premise? Yes\_\_\_ No\_\_\_ If yes, what are the provisions for the ice scoop? \_\_\_\_\_

26.) Is any ice packaged for sale as retail? Yes\_\_\_ No\_\_\_

**SERVICE SINKS**

27.) Is there an accessible mop sink? Yes\_\_\_ No\_\_\_

28.) Is there an area for cleaning equipment and supplies? Yes\_\_\_ No\_\_\_

29.) Is there an accessible area to clean garbage cans and floor mats? Yes \_\_\_ No \_\_\_

30.) Where \_\_\_\_\_

### **WASTE: GREASE TRAPS/INTERCEPTORS**

31.) Is there a Grease trap on site? Y \_\_\_ N \_\_\_

If Yes, You will need to ensure you are in compliance with **Northampton's Fat Oil and Grease Regulation.**

32.) What is your planned frequency for cleaning the grease trap? \_\_\_\_\_  
How will you be disposing of grease?

### **WAREWASHING/DISHWASHING**

33.) Dishwashing methods: 3-Compartment Sink (**Required**)

Dish Machine Y \_\_\_ N \_\_\_

34.) Which sanitation method will you use? \_\_\_\_\_

35.) If a dish machine is used, which sanitation method will you use? Hot Water \_\_\_ Chemical \_\_\_

36.) Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added? Yes \_\_\_ No \_\_\_

37.) What type of chemical sanitizer(s) will the facility use? \_\_\_\_\_

**NOTE: THE FACILITY IS REQUIRED TO HAVE TEST KITS/PAPERS ON SITE FOR ALL TYPES OF CHEMICAL SANITIZERS IN IN USE**

### **HANDWASHING/TOILET FACILITIES**

**Handwashing facilities must be located in food preparation areas, in bars, and in sufficient number to be readily available to food workers.**

**Self-closing metered faucets must provide at least a 15 second flow of water without the need to reactivate**

**Hand cleanser, hand drying devices and a trash receptacle must be located at all hand washing sinks.**

**All toilet room doors must be self-closing.**

**All toilet rooms must be equipped with adequate ventilation**

**All hand wash sinks must be equipped with proper signage. "Employees must wash hands before returning to work"**

### **GARBAGE, REFUSE AND RECYCLABLE**

**Note: All inside containers must have lids.**

38.) Will refuse be stored inside? Yes\_\_\_ No\_\_\_ If yes, where\_\_\_\_\_

39.) Will an outside dumpster be used? Yes\_\_\_ No\_\_\_

Frequency of pick up\_\_\_\_\_ Name of Contractor\_\_\_\_\_

40.) Where will recyclables be stored prior to pick-up? \_\_\_\_\_

41.) Is there any area to store returnable, damaged goods? Yes\_\_\_ No\_\_\_

42.) Where will grease be stored prior to pick- up? \_\_\_\_\_

### **SANITATION**

43.) Can the largest piece of equipment be submerged into the 3 compartment sink or the warewashing machine? Yes\_\_\_ No\_\_\_

Enter dimensions of each compartment of 3 bay: Length\_\_\_ Width\_\_\_ Depth\_\_\_

44.) If not, explain how cooking equipment, cutting boards, counter tops, and food contact surfaces which cannot be submerged in a sink or through the ware washing system be sanitized? \_\_\_\_\_  
\_\_\_\_\_

45.) Does the facility plan to use alternative manual warewashing equipment? Yes\_\_\_ No\_\_\_

If yes please explain procedure\_\_\_\_\_

46.) Describe all space allocated for dry storage, with dimensions of all storage units \_\_\_\_\_

47.) What method will be used to keep dry food products stored off of the floor? \_\_\_\_\_  
\_\_\_\_\_

### **INSECT AND RODENT HARBORAGE**

**Outside doors must be self-closing and rodent/insect proof.**

**Screens must be provided on any open window/doors to the outside.**

**All pipes and electrical conduit devices must be sealed (i.e. Ventilation systems, exhaust and intakes protected)**

**Placement of any pest electrocution devices must be identified on the plan**

**The area around the building must be clear of unnecessary debris, brush, and other harborage conditions.**

48.) Pest control service:

Company\_\_\_\_\_ Frequency\_\_\_\_\_

**LINENS**

49.) Will linens be used in the establishment? Yes\_\_ No\_\_

If yes, will the linens be laundered on site? Yes\_\_ No\_\_

If yes, is there a laundry dryer on site? Yes\_\_ No\_\_

**EMPLOYEE ACCOMMODATIONS**

50.) Are separate dressing rooms/lockers provided? Yes\_\_ No\_\_

51.) Do you have a designated areas for employee personal items? Yes\_\_ No\_\_

52.) Do you have an area for employees to eat and drink? Yes\_\_ No\_\_

**LIGHTING**

**Note: Lights must be shielded and shatterproof**

53.) Describe lighting in the following areas:

Warewashing\_\_\_\_\_

Dry Storage\_\_\_\_\_

Prep Area\_\_\_\_\_

Walk in Refrigeration\_\_\_\_\_

**Note: Lighting requirements:**

**At least 110 lux ( 10 ft. candles) at a distance of 75 cm. ( 30 inches) above the floor, in walk- in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.**

**At least 220 lux (20 foot candles):**

**(a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.**

**(b) Inside equipment such as reach-on and under-counter refrigerators.**

**(c) At a distance of 75 cm ( 30 Inches) above the floor in areas used for hand washing, warewashing, and equipment and utensil storage, and in toilet rooms; and**

**At least 540 lux ( 50 ft. candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws.**

**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

54.) Do you have a designated area were poisonous or toxic materials be stored?

\_\_\_\_\_

**Note: All sanitizing spray bottles must be clearly labeled**

Where will first aid supplies be stored? \_\_\_\_\_

## MISCELLANEOUS

55.) Will any part of the retail food establishment open directly into any part of any living or sleeping quarters Yes\_\_ No\_\_

### REQUIRED CERTIFICATES/ POSTERS/ DOCUMENTS – To be reviewed at time of Inspection

- Food Protection Manager** and **Allergen Awareness** certificates posted in a conspicuous place.
- Choke training certificate** posted In a conspicuous place for the public (required for 25+ seats)
- A sign posted stating “**a copy of the most recent Northampton Health Department inspection form is available upon request**” hung in a conspicuous location for the public.
- A Clear and conspicuous notice is printed on your menus and menu boards stating “**Before placing your order. Please inform your server if a person in your party has a food allergy**”
- Allergy Posted in the food preparation area [https ://www.mass.gov/doc/food-allergen-awareness-poster-2009/download](https://www.mass.gov/doc/food-allergen-awareness-poster-2009/download)
- A copy of the vomiting/ diarrheal event plan is available for employees on site.
- Signed copies of Employee Health Care Policy for every active food employee.