



Town of Dennis Health Department

685 Route 134

South Dennis, MA 02660

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Food Establishment Plan Review Packet

To be used for:

- New Establishments
- New Owners
- Renovated or Altered Establishments
- Change in Use

Incomplete packets will not be accepted!

Name of Establishment:	
Location of Establishment:	
Contact Person/title:	Phone #

Projected Date of Start of Project: _____ **Desired Opening Date:** _____

Category: Restaurant Institution Retail Food Other: _____

Type of service (*check all that apply*):

- Sit down meals – number of seats _____
- Meals to be served (*check all that apply*): Breakfast Lunch Dinner
- Take out
- Catering
- Mobile Vendor
- Retail food – total square footage _____
- Residential Food

Please include the following documents:

Office Use Only		
		Proposed menu (<i>including seasonal, off-site, and banquet menus</i>)
		Manufacturer Specification Sheets for each piece of equipment shown on the plan
		Site plan showing location of business in building; location of building onsite including alleys, streets; and location of any outside equipment (<i>dumpsters, septic system – if applicable</i>)
		Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation (<i>see next page</i>)
		Completed review packet
		Septic System Inspection/Certificate of Compliance

Content and Format of Plans and Specifications

1. Provide plans, including the layout of the floor plan accurately drawn to a minimum scale of $\frac{1}{4}$ inch = 1 foot.
2. Show the location of each piece of equipment on the plan. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding of potentially hazardous foods.
4. Label and locate separate food preparation sinks, hand-washing sinks, three bay sinks.
5. Clearly designate restroom areas, and fixtures.
6. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation.
7. Include and provide:
 - a. Entrances, exits, loading and unloading areas and docks
 - b. Complete finish schedule for each room, including walls, ceilings, floors and coved juncture bases (use enclosed form)
 - c. Lighting schedule with protectors
 - d. Equipment schedule to include make and model numbers
 - e. Flow chart demonstrating flow patterns for:
 - i. Food (receiving, storage, preparation, service)
 - ii. Food and dishes (portioning, transport, service)
 - iii. Dishes (clean, soiled, cleaning, storage)
 - iv. Utensil (storage, use, cleaning)
 - v. Trash and garbage (service area, holding, storage)
 - f. Dressing rooms, locker areas, employee rest areas, and/or coat rack

Food Preparation Review

Food Supplies:

1. Are all food supplies from inspected and approved sources? Yes No

2. What are the projected frequencies of deliveries for:
Frozen foods _____ Refrigerated foods _____ Dry goods _____

3. Provide information on the amount of space (in cubic feet) allocated for:
Dry Storage: _____
Refrigerated storage: _____
Frozen storage: _____

4. How will dry goods be stored off the floor?

Cold Storage:

1. Is an adequate freezer and refrigeration available to store frozen food at or below 0° and refrigerated foods at 41° or below? Yes No

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready to eat foods? Yes No

3. If yes, how will cross-contamination be prevented?

4. Does each refrigerator/freezer have a thermometer? Yes No

5. Is there a bulk ice machine available? Yes No

Cooking:

1. Will food product thermometers be used to measure final cooking/ reheating temperatures of TCS's? Yes No

2. List types of cooking equipment

Hot/Cold Holding:

1. How will hot TCS's be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.

- How will cold TCS's be maintained at 41°F or below during holding for service? Indicate type and number of cold holding units

Cooling:

Please indicate by checking the appropriate boxes how TCS's will be cooled to 41° F within 6 hours (135° F to 70° F in 2 hours and 70° F to 41° F in 4 hours). Also, indicate where the cooling will take place.

Cooling Method	Thick Meats	Thin Meats	Thin Soups/Gravy	Thick Soups/Gravy	Rice/Noodles
Shallow Pans					
Ice Baths					
Reduce Volume/size					
Rapid Chill					
Other (describe)					

Reheating:

- How will TCS's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 135° F for 15 seconds? Indicate type and number of units used for reheating.

- How will reheating food to 135° F for hot holding be done rapidly and within 2 hours?

Preparation:

- Will food employees be trained as Certified Food Managers? Yes No

Number of employees trained: _____

Dates of completion (*please enclose copies of certificates*): _____

- Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? Yes No

If no, do you have a written plan for alternatives to no bare hand contact with ready to eat foods? Yes No (If yes, please provide a copy of your plan)

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions (please enclose if applicable)? Yes No
4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks be sanitized?

Chemical type:_____

Test kit provided? _____

5. Is there a designated sink for produce washing/ food preparation? Yes No
If yes, where? _____
6. Is there a Dishwasher? Yes No
Type of sanitization used (hot water or chemical type) _____
Are the temperature/pressure gauges accurately working? Yes No
Are there test kits/papers for checking sanitizer concentration? Yes No
7. Is there a three bay sink ? Yes No
Does the largest pot fit into each compartment of the sink? Yes No

Handwashing/toilet facilities

1. Is there a handwashing sink in each food preparation and warewashing area? Yes No
2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? Yes No
3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
4. Is hand cleanser and hand drying facilities available at all handwashing sinks? Yes No
5. Are covered waste receptacles available in each restroom? Yes No
6. Is hot and cold running water under pressure available at each handwashing sink? Yes No
7. Are all toilet room doors self-closing? Yes No
8. Are all toilet rooms equipped with adequate ventilation? Yes No
9. Is handwashing signage posted in the employee restroom? Yes No

Small equipment requirements

Please specify the number, location and types of each of the following:

Equipment Type	Number	Location

Finish Schedule

Applicant must indicate which materials are in place or will be used in the following areas (*quarry tile, stainless steel, etc.*)

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Dry storage				
Toilet rooms				
Dressing rooms				
Garbage/refuse area				
Equipment Storage-other				
Mop service area				
Warewashing area				
Walk-in refrigerator/freezers				

Insect and Rodent Control:

1. Will all outside doors be self-closing and rodent proof? Yes No
2. Are screen doors provided on all entrances left open to the outside? Yes No
3. Do all openable windows have a minimum #16 mesh screening? Yes No
4. Is the placement of electrocution devices identified on the plan? Yes No

5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? Yes No
6. Is area around building clear of unnecessary brush, litter and other harborage? Yes No
7. Will air curtains be used? Yes No If yes, where: _____

Garbage and Refuse

1. Do all containers have lids? Yes No
2. Will refuse be stored inside? Yes No
3. Is there an area designated for can or floor mat cleaning? Yes No
4. Will a dumpster be used? Yes No

Number of dumpsters: _____ Size of dumpsters _____

Frequency of pick up: _____ Contractor: _____

5. Will there be outside garbage cans? Yes No
6. Describe surface and location where dumpster/garbage cans will be stored

7. Describe location of grease storage receptacle

8. Is there an area to store recycled containers? Yes No

If yes, location: _____

General:

1. Where will cleaning agents be stored?
2. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?
Yes No Location: _____

3. Are all containers of toxics clearly labeled? Yes No

4. Location of clean linen storage: _____

5. Location of dirty linen storage: _____

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 Health Department may nullify final approval.

Signature

Date

Signature

Date

Approval of these plans and specifications by the Health Department does not indicate compliance with any other code, law or regulation that may be required. A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.