



Town of Southborough

Board of Health

9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013
Fax: (508) 229-2580

Plan Checklist for Construction or Remodeling of Food Establishment

General:

Name of Establishment: _____

Address: _____

Telephone, e-mail if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone / e-mail: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone / e-mail: _____

I have submitted plans/applications to the following authorities on the following dates:

Building _____ Selectmen's Office for Common Victualer License _____

Hours of Operation:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Town Water Well Water Septic System Capacity _____

Proposed Grease Traps: In ground Capacity _____ Kitchen _____

Number of Seats _____ Square Feet _____

Menu (List of foods to be served):

Physical Facilities:

	Floor	Coving	Walls	Ceiling	Lighting
Kitchen					
Ware washing					
Food Storage					
Other Storage					
Bathrooms					
Dressing Room					

Aisles sufficient width
 Equipment (utensils, single-service items) at least 6" off floor
 Space between equipment and walls for easy cleaning
 Backflow preventers on faucets
 Hand sinks: List dimensions of all hand sinks here: _____

A hand sink must be installed in each food preparation and ware washing area. These sinks may not exceed a maximum diameter of 20" or maximum depth of 8". These sinks may not be designed with a counter space as part of the unit, nor shall it be directly adjacent to food preparation counters or food storage units where foods may be contacted with splash from the sink.

Soap dispenser, paper towel holder, small step on, covered waste receptacle present at each hand sink.

Outer Openings Enclosed:

Tight-fitting, self-closing doors/ screen doors
 Screened windows
 Controlled air currents
 Lights shielded

Plan Checklist

_____ Floor drains properly installed and trapped (floors that receive discharge of water. Fluid wastes or are in areas where pressure spray methods for cleaning are used must have floor drains). Specify location of floor drains: _____

_____ Facilities for storage of cleaning equipment

_____ Separate toxics storage area

_____ Mop sink or curbed floor drain

_____ Facilities for storage of clean linens (cloths, uniform) and soiled linens

_____ Lockers with slanted tops or protected area for outer garments

_____ Adequate ventilation

_____ Covered trash containers inside facilities

_____ Trash disposal: Covered dumpsters or containers for trash and grease

_____ Garbage disposal container: _____

_____ Describe surface that trash disposal container will be placed on _____

_____ Drive-thru/outside service windows self-closing

_____ Toilet rooms (specify if public, employee only, shared facilities, etc.) _____

Food Storage / Protection Facilities

_____ No water – cooled equipment

_____ Sufficient refrigeration equipment in good working order

_____ Accurate thermometers in each refrigeration unit

_____ Dry goods storage

_____ Food storage at least 6" above floor

_____ Food storage units / shelving smooth, non-absorbent and durable

_____ Food product thermometers

_____ Food display units protected / shielded; salad bars protected and with correct signs

_____ Drains from all equipment must have air gaps and be properly installed

Plan Checklist Continued

Sanitizing Facilities

- Ware washing sink (3 compartments recommended)
- Drain boards for clean/soiled items
- Dish machine Hand water sanitizing
 - Chemically sanitized
- Type of sanitizer for manual cleaning _____
- Appropriate Test Kit(s) present
- Chart to record testing of sanitizer concentration
- Instructions posted for cleaning/sanitizing/use of Test Kits

Other

- Location of water heater(s)
- Location of soda tanks or "bag-in box(es)"
- Names of employees trained in Anti-Chocking procedures (manual procedures approved by Mass. DPH) and adequate provision for insurance to cover employees trained in these procedures.