



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.