



Town of Dedham
Board of Health
450 Washington St
Dedham, MA 02026
Ph: (781) 751- 9220
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www.dedham-ma.gov



Public Health
Prevent. Promote. Protect.

PLAN REVIEW APPLICATION GUIDELINES

Please be advised, this Office requires **30-days to review a completed Plan Review Application**. This Office will issue a Conditional Approval Letter indicating approval or denial of the Plan Review Application. If the Plan Review Application is approved, the Conditional Approval Letter may include required changes to the submitted plan in order to assure said plans are in compliance with the 2013 FDA Food Code. No work shall begin in an establishment without written approval from this Office via the Conditional Approval Letter. **This Office may return or deny incomplete Plan Review Applications.** No application will be accepted without the required fee.

This application must be completed in the following situations: new establishment, renovation of establishment, change in ownership/type of service of establishment.

PLAN REVIEW STEPS:

- Submit Plan Review Application and Plan Review fee (checks made payable to: Town of Dedham).
- This Office will review Plan Review Application within 30 days of receipt. Review may include a facilities inspection of the establishment before issuing a Conditional Approval Letter.
- Wait for denial letter or Conditional Approval Letter from this Office.
- Once plans have been approved, as outlined in the Conditional Approval Letter, construction/renovations may begin in establishment with the issuance of necessary Building Department permits.
- Once construction is complete, contact this Office for a pre-operational inspection.
- This Office will send applicant a Permit to Operate a Food Establishment application to be completed for the pre-operational inspection. The associated annual permit fee will depend on type of establishment and the number of seats as determined by this Office.
- Upon successful pre-operational inspection, a Permit to Operate a Food Establishment will be issued.
- No food is permitted in the establishment until this Office issues a Permit to Operate a Food Establishment.
- Permits to Operate a Food Establishment expire on December 31st of each year.

NOTE: If a variance from the Food Code will be requested, please contact this Office to discuss specific requirements.

Questions regarding this application can be directed to:

Dedham Health Department
(781) 751-9220

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

- A non-refundable plan review fee made payable to the Town of Dedham.
- Proposed Menu (including seasonal, off-site, and banquet menus).
 - Menu must include consumer advisory if establishment is serving raw, undercooked foods of animal origin or foods that are not otherwise processed to eliminate disease-causing organisms.
Consumer Advisory Example:

Menu	
*Hamburger	*Sirloin Steak
*Eggs	*Sushi
*These items may be served raw or undercooked. Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness.	

- Food establishments cooking, serving or preparing food intended for immediate consumption either on or off the premises must include the following Allergen Awareness Statement on the menu and menu board: "Before placing your order, please inform your server if a person in your party has a food allergy."
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, etc).
- Floor plan drawn to scale of the food establishment showing the location of equipment, plumbing, electrical services and mechanical ventilation.
 - Plans must be a minimum of 11 x 14 inches in size.
 - Drawn to a minimum of ¼ inch= 1 foot.
 - Show location of all food equipment.
 - Each piece of equipment must be clearly labeled with its common name.
 - Include all areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation.
- Adequate number of clearly designated handwashing sinks for each to bathroom and in food preparation areas.
- Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
- Manufacturer specification sheets for each piece of equipment shown on the plan. All pieces of equipment must be commercially certified – residential equipment is prohibited.
- Copies of certifications for food protection managers, allergen awareness, and choke-save.
- A copy of your employee illness reporting agreement form or other verification that employees have been/will be trained on illness reporting requirements.
- A copy of your contract with a licensed pest control operator for assessment and treatment of pests both in the establishment's interior and exterior, including the prevention and/or treatment of rodents. The contract must include an Integrated Pest Management (IPM) approach to pest control.
- A copy of the establishment's bodily fluids clean up procedure.
- A copy of the establishment's emergency plans for imminent health hazards. Including procedures for power outage, water service interruption, sewage backup, fire, flood, misuse of toxic/poisonous materials, onset of apparent foodborne illness outbreak, or other circumstances that may endanger public health.



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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

These guidelines are not final requirements. The Board of Health may require additional information based on the type of operation and menu.

PROJECTED CONSTRUCTION DATE: _____ PROJECTED OPENING DATE: _____

_____ NEW _____ REMODEL _____ CHANGE OF OWNERSHIP/TYPE OF SERVICE

Name of Establishment: _____

Address: _____ Telephone: (____) _____

Name of Owner: _____

Telephone: (____) _____ Email: _____

Applicant's Name and Title:

Mailing Address: _____

Telephone: (____) _____ Email: _____

Type of service:
 (Check all that apply)

- _____ Sit Down Meals
- _____ Take Out
- _____ Caterer
- _____ Mobile Vendor
- _____ Retail (packaged food)
- _____ Other

Special Operations:
 (Check all that apply)

- _____ Buffet
- _____ Salad Bar
- _____ Bulk Foods
- _____ Vacuum Packaging
- _____ Frozen Desserts
- _____ Sushi
- _____ Pizza Sold by the Slice

Primary language (s) spoken in establishment: _____

Number of floors on which operations are conducted: _____

Is a scale used to weigh food for resale? YES / NO

Number of seats: _____ Total square ft. of establishment: _____

Number of staff: _____ (Max per shift)

Hours of operation:

_____ Sun _____ Mon _____ Tue

_____ Wed _____ Thurs _____ Fri _____ Sat

Approximate number of meals to be served:

_____ Breakfast _____ Lunch _____ Dinner _____ Other

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

_____ Select Board	_____ Electric
_____ Zoning	_____ Police
_____ Planning	_____ Fire
_____ Building	_____ Other
_____ Plumbing	

FOOD PREPARATION REVIEW:

Check categories of Time/Temperature Control for Safety (TCS) foods to be handled, prepared, and served.

CATEGORY	YES	NO
Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)		
Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)		
Cold processed foods (salads, sandwiches, vegetables)		
Hot processed foods (soups, stews, rice, noodles, gravy, chowders, casseroles)		
Bakery goods (pies, custards, cream fillings & toppings)		
Other- specify		

CIRCLE/ANSWER THE FOLLOWING QUESTIONS:

1. Are all food supplies from inspected and approved sources? YES / NO

Provide name of food supplier(s): _____

2. What are the projected frequencies of deliveries for Frozen foods _____, refrigerated foods _____, and 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?

5. Describe location of garbage disposal system (garbage grinder). A variance request must be submitted should a garbage disposal system not be included in the establishment according to local regulation.

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration space available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES / NO
 Number of refrigeration units: _____
 Number of freezer units: _____

2. Will raw meats, poultry, and seafood be stored in the same refrigerators and freezers with cooked/ ready-to-eat foods? YES / NO
 If yes, how will cross-contamination be prevented?

3. Does each refrigerator/ freezer have a thermometer? YES / NO

THAWING FROZEN TIME/TEMPERATURE CONTROL FOR SAFETY FOODS:

Indicate by checking the appropriate boxes how frozen TCS foods in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

THAWING	*THICK FROZEN FOODS	* THIN FROZEN FOODS
Refrigeration		
Running water less than 70°F (21°C)		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch= thick

COOKING:

1. Will food thermometers be used to measure final cooking/reheating temperatures of TCS foods? YES / NO
2. What style of temperature measuring device will be used: _____
3. How often will food product thermometers be calibrated: _____
4. What method will be used for calibration: _____
5. List cooking equipment: _____

HOT/COLD HOLDING:

1. How will hot TCS foods be maintained at 135°F (57.2°C) or above during holding for service? Indicate the type and number of hot holding units. _____

2. How will cold TCS foods be maintained at 41°F or below during holding for service? Indicate the type and number of cold holding units. _____

COOLING:

Indicate by checking the appropriate boxes how TCS foods will be cooled to 41°F (5°C) 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	Cooling Location
Shallow Pans						
Ice Baths						
Reduce Volume or Size						
Rapid Chill						
Other (describe)						

REHEATING:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods. _____

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. List foods prepared more than 12 hours in advance of service.

2. How will this establishment prevent bare-hand contact with ready-to-eat foods?

3. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO

If not, how will ready-to-eat foods be cooled to 41°F?

4. Will all produce be washed on-site prior to use? YES / NO
Is there a location planned for washing produce? YES / NO
Describe: _____

5. Describe the procedure for minimizing the length of time TCS foods will be kept in the temperature danger zone (41°F- 135°F) during preparation.

EMPLOYEE TRAINING:

1. Certified food protection manager
Number of employees: _____
Dates of completion: _____
2. Certified choke save employees
Number of employees: _____
Dates of completion: _____

NOTE: Local regulation requires all establishments with one seat or more to have at least one employee trained in choke-save on the premises at all times of operation.

3. Certified allergen awareness employees

Number of employees: _____

Dates of completion: _____

4. Will the Allergen Awareness poster be displayed in the employee work area? YES / NO

Poster can be found at: <http://www.foodallergy.org/page/restaurant-poster>.

5. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES / NO

Attach employee illness agreement and describe briefly:

FINISH SCHEDULE:

Indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, etc.) will be used in the following areas:

	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food storage				
Other storage				
Bathrooms				
Dressing rooms				
Ware washing				
Walk-in refrigerators & freezers				
Other- describe				

INSECT AND RODENT CONTROL:

Please check the appropriate boxes and answer questions as necessary.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent-proof?			
2. Are all screen doors provided on all entrances left open to the outside?			
3. Do all openable windows have a minimum of #16 mesh screening?			
4. Is the placement of electrocution devices identified on the plan?			
5. Will all pipes & electrical conduit chases be sealed; ventilation systems, exhausts, and intakes protected?			
6. Is the area around the building clear of unnecessary brush, liter, boxes and other harborage?			
7. Will air curtains be used? If yes, where? _____			

GARBAGE AND REFUSE:

INSIDE	YES	NO	NA
1. Do all containers have lids?			
2. Will refuse be stored inside? If so, where _____			
3. Is there an area designated for garbage can or floor mat cleaning?			
OUTSIDE			
4. Will a dumpster be used? Number _____ Size _____ Frequency of pick up _____ Contractor _____			
5. Will garbage cans be stored outside?			

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

7. Describe the location of grease storage receptacles.

8. Is there an area to store recycled containers? _____

Indicate what materials are required to be recycled:

() Glass () Metal () Paper () Cardboard () Plastic

9. Is there an area to store returnable damaged goods?

YES / NO

Note: The Town of Dedham enacted a plastic bag reduction bylaw (Town Bylaws; Part II; General Legislation, Chapter 208 Plastic Bag Reduction) on July 23, 2021. As a result, single-use plastic bags may not be provided to customers at the point of sale.

PLUMBING CONNECTIONS:

	Air Gap	Air Break	Integral Trap	"P" Trap	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machine						
Ice Storage Bin						
Mop Sink						
Janitor Sink						
Hand Wash Sink						
3 Compartment Sink						
2 Compartment Sink						
1 Compartment Sink						
Water station						
Steam tables						
Dipper wells						
Refrigeration Condensate/ Drain lines						
Hose Connection						
Potato Peeler						
Beverage Dispenser w/ Carbonator						
Other						

1. Are easily cleanable floor drains provided? If so, indicate location(s):

WATER SUPPLY:

1. Is water supply public () or private ()?

2. If private, has source been approved? YES / NO
 Please attach copy of written approval and/or permit.

3. Is ice made on premises () or purchased commercially ()? YES / NO
 If made on premise, are specifications for the ice machine provided?
 Describe location for ice scoop storage: _____
 Internal cleaning schedule: _____

SEWAGE DISPOSAL:

1. Is the building connected to municipal sewer? YES / NO

2. If no, is private disposal system approved? YES / NO
Please attach copy of written approval and/or permit.

3. Are grease traps provided? YES / NO
If so, where? _____
Provide a schedule for cleaning & maintenance _____
Location for grease storage after cleaning _____
Name of offal hauler _____

4. Describe the internal/external grease disposal system.

NOTE: Local regulation requires a suitable internal or external grease trap for each food establishment preparing or selling food. New or remodeled establishments that prepare food with a seating capacity in excess of fifty seats must install an external grease trap with a 1500-gallon capacity. Internal grease traps must be cleaned monthly and external grease traps must be pumped by an Offal Hauler permitted by the Board of Health at least every six months.

DRESSING ROOMS:

1. Are dressing rooms provided? YES / NO

2. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.):

GENERAL:

1. Are insecticides stored separately from cleaning & sanitizing agents? YES / NO
Indicate location: _____

2. Are all toxics for use on the premise or for retail sale (including personal medications), stored away from food preparation and storage areas? YES / NO

3. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES / NO

4. Will linens be laundered on site? YES / NO
If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

5. Is a laundry dryer provided? YES / NO

6. Location of clean linen storage: _____
7. Location of dirty linen storage: _____
8. Are food-grade containers provided to store bulk food products? YES / NO
 Indicate type(s): _____
-

9. Indicate all areas where exhaust hoods are installed:

Location	Filters &/or Extraction Devices	Square Feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

10. How is each listed ventilation hood system cleaned? _____
-
11. Provide name of professional ventilation cleaning company who will inspect and clean ventilation system at least every 6 months:

SINKS:

1. Is a mop sink present? YES / NO
2. If no, please describe facility for cleaning of mops and other equipment:

-
3. If the menu dictates, is a food preparation sink present? YES / NO
4. Does this food preparation sink have a garbage disposal system? YES / NO
- NOTE: Local regulation requires all food service establishments to be equipped with a garbage disposal system.**

DISHWASHING FACILITIES:

1. Will sinks or a dishwasher be used for ware washing?
 Dishwasher ()
 Three compartment sink ()
2. Type of sanitation used in dishwasher/three compartment sink?
 Hot water (provide temperature) _____
 Booster heater _____
 Chemical type _____

- 3. Is ventilation provided? YES / NO
- 4. Do all dishwashers have template with operating instructions? YES / NO
- 5. Do all dishwashers have accurate temperature / pressure gauges as required? YES / NO
- 6. Does the largest pot and pan fit into each compartment of the pot sink?
If no, what is the procedure for manual cleaning and sanitizing? YES/ NO

- 7. Are there drain boards on both ends of the pot sink? YES / NO
- 8. What type of sanitizer is used for food contact surfaces?
 Chlorine () Hot Water ()
 Iodine () Other ()
 Quaternary ammonium ()
- 9. Are test papers and/or kits available for checking sanitizer concentration? YES / NO

HAND WASHING / TOILET FACILITIES:

- 1. Is there a hand washing sink in each food preparation and ware-washing area? YES / NO
- 2. Do all hand washing 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 a hand cleanser available at all hand-washing sinks? YES / NO
- 5. Are hand-drying facilities (paper towels, air blowers, etc.) available at all hand-washing sinks? YES / NO
- 6. Are covered waste receptacles available in each restroom? YES / NO
- 7. Is hot and cold running water under pressure available at each hand-washing sink? YES / NO
- 8. Are all bathroom doors self-closing? YES / NO
- 9. Are all bathrooms equipped with adequate ventilation? YES / NO
- 10. Is a hand washing sign posted at all hand washing sinks? YES / NO

SMALL EQUIPMENT REQUIREMENTS

1. Specify the number, location, and types of each of the following:

Slicers: _____

Cutting Boards: _____

Can Openers: _____

Mixers: _____

Floor mats: _____

Other: _____

CONSULTANT

1. Does the establishment have a food safety consultant? If yes, provide contact information:

PLAN REVIEW FEE SCHEDULE

Type of Establishment	Fee
<u>Retail</u>	
Small convenient store	\$50
Large conv store/small market	\$75
Each change	\$25
<u>Restaurant</u>	
Less than 25 Seats	\$50
26-50 seats	\$100
50+seats	\$200
Each change	\$ 50

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Office may void Plan Review Application approval.

Owner

Date

Approval of this Plan Review Application by the Dedham Board of Health does not indicate compliance with any other local, State or Federal code, law, or regulation that may be required. Further, it does not constitute endorsement or acceptance of the completed establishment as constructed and equipped. A pre-operational inspection of the establishment will be conducted prior to operation to determine compliance with local and State laws governing food service establishments.