



TOWN OF BREWSTER

2198 MAIN STREET

BREWSTER, MA 02631

PHONE: (508) 896-3701 EXT 1120

FAX: (508) 896-4538

BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
HEALTH DEPARTMENT

REGISTRATION FOR CATERING

In accordance with the provision of 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments, State Sanitary Code Chapter X, you must submit written notice within 72 hours of serving a meal.

Name, address and phone # of catering business

Owners Name

Emergency phone #

Name, address and phone # of Base of Operation

Location where meal will be served: _____

Date of event: _____ Time: _____

Estimated number of meals to be served: _____

Proposed menu: _____

Signature: _____ Date: _____

**Please provide a copy of Caterer's Permit

**Please provide a copy of CFM Certificate and the Allergen Certificate



Town of Brewster

2198 MAIN STREET
 BREWSTER, MASSACHUSETTS 02631-1898

PHONE: 508.896.3701 EXT. 1120
 FAX: 508.896.4538
brhealth@brewster-ma.gov

WWW.BREWSTER-MA.GOV

Health Department

Amy L. von Hone, R.S., C.H.O.
 Director

Sherrie McCullough, R.S.
 Assistant Director

Tammi Mason
 Senior Department Assistant

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

Category: Restaurant Institution Retail Food Other: _____

Type of Service (check all that apply):

- Sit down meals – number of meals _____
- 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 (including seasonal, off-site and banquet menus)
		Manufacturer Specification Sheets for each piece of equipment shown on plan
		Site plan showing location of business in building: location of building onsite including alleys, streets: and location of any outside equipment (dumpsters, septic system – if applicable)
		Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation (see next page)
		Completed review packet

Content and Format of Plan and Specifications

1. Provide plans, including the layout of the floor plan accurately drawn to a minimum scale of $\frac{3}{4}$ 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 covered 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)

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 good: _____

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

4. How will dry good 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

3. 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:

1. 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.

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

Preparation:

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

Number of employees trained: _____

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

2. 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 alternative 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

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 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 placement of electrocution devises 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 store 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 and 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. Area 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 operations will be necessary to determine if it complies with the local and state laws governing food service establishments.

** All new or revised Food Service Permit application shall be reviewed and approved In-House by the Brewster Health Director and/or the Assistant Health Director. Applications that require a Hazards Analysis Critical Control Point (HACCP) Plan or a variance will require a full Board of Health review and approval.

Any applicant aggrieved by a decision of the Director or the Assistant can appeal the decision to the full Board of Health. A request for appeal shall be in writing and received by the full Board of Health within 10 days of receipt of the Director/Assistant's decision. If no request for appeal is received within said 10-day period, the decision of the Director/Assistant shall be final.