



**CITY OF NEW BEDFORD HEALTH DEPARTMENT**  
**1213 Purchase St. New Bedford, MA 02740**  
**508-991-6199**

**PLAN REVIEW APPLICATION GUIDELINES**  
**FOOD ESTABLISHMENT**

The following items are required to be submitted for a completed plan review. Any missing information could cause a delay in the process.

After six months if the work has not started or an extension has not been granted by the New Bedford Health Department, your plan review application will be considered null and void. Fees will not be refunded.

- 1.) Other than Establishments which sell only commercially packaged foods all other Food Establishments are required to have a Person in Charge (PIC) who is a **Certified Food Manager**. The PIC shall be a full-time employee at least 18 years of age. If the Certified Food Manager is not present at the establishment, there must be a designated PIC who can demonstrate the same level of knowledge as required by the Certified Food Manager.

In addition, the Certified Food Manager must obtain a certificate showing that they viewed **the Allergen Awareness Training** video. Each food establishment having a seating capacity of 25 persons or more have on its premises, while food is being served, an employee trained in manual procedures to remove food lodged in a person's throat. The Certified Food Manager and Allergy certificates shall be prominently posted in the establishment next to the Food Establishment Permit. Proof of training for choke save must be available on site. All of these certificates must be obtained **PRIOR** to opening.

- 2.) Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. Plans shall include:
  - ☐ **Proposed menu:** List any food that will be prepared overnight, special, processes, projected daily meal volume for food service operations, seating capacity and food sources.
  - ☐ **Food equipment** schedule to include **make and model numbers** and **listing of equipment** that is certified or classified for sanitation by an ANSI accredited certification program.
  - ☐ All new or replaced equipment must be capable of cooling and holding internal food temperatures at 41°F and below.
  - ☐ All existing refrigeration equipment must be evaluated by a HVAC (Heating, Ventilation, Air Conditioning) Specialist certifying that the equipment is capable of cooling and holding internal food temperatures at 41 °F and below.
- 3) Show the location and when requested, elevated drawings of all food equipment.
  - ☐ Each piece of equipment must be clearly labeled on the plan with its common name.
  - ☐ Submit drawings of self-service hot and cold holding units with sneeze guards.
  - ☐ Designate clearly on the plan equipment for rapid cooling, including ice baths, refrigeration and hot holding.

☐ **Label all sinks and the designated use** i.e.; Hand washing, Utensil cleaning, Food prep, etc..

**4) Provide on the Floor Plan: Room size, aisle space, space between and behind equipment and the placement of the equipment.**

5) Show all auxiliary areas such as storage rooms, garbage rooms, toilets, basements used for storage or food preparation. Include and provide specifications for: Entrances, exits, loading / unloading areas and docks.

☐ Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases.

☐ Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead wastewater lines, hot water generating equipment with capacity and recovery rate, backflow prevention and wastewater line connections.

☐ Lighting schedule with protectors: At least 540 lux (50 foot candle) at food prep areas where employees work with sharp or mechanical equipment.

220 lux (20 foot candle) at food service/preparation areas.

110 lux (10 foot candle) in storage areas.

Source of water supply and method of sewage disposal.

6) A color-coded flow chart demonstrating flow patterns for:

☐ Food: Receiving, Storage, Preparation, Service

☐ Dishes: Clean, Soiled, Cleaning, Storage

☐ Utensils: Storage, Use, Cleaning

☐ Trash and Garbage: Service Area, Holding, Storage

7) Ventilation schedule for each room.

**8) Placement for mop sink / curbed cleaning facility** with designated area for hanging wet mops.

9) Cabinets / Areas for storing toxic chemicals.

10) Dressing rooms, locker areas, employee rest area, coat rack.

11) Site plan for new construction.



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**Food Establishment Plan Review Application**

Date: \_\_\_\_\_ New ☐ Remodel ☐ Conversion ☐ Turnkey ☐

Type of Food Operation: Retail ☐ Retail w/ Food Service (Preparation of TCS cold/hot holding) ☐

Retail w/Food Service Non-TCS foods ☐ Restaurant ☐ Institution ☐ Daycare ☐

Food Pantry ☐ Residential Kitchen ☐ Other (Specify) ☐ \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title: Owner ☐ Manager ☐ Contractor ☐ Architect ☐ Other ☐ \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Hours of Operation:

Mon: \_\_\_\_\_ Fri: \_\_\_\_\_

Tues: \_\_\_\_\_ Sat: \_\_\_\_\_

Wed: \_\_\_\_\_ Sun: \_\_\_\_\_

Thurs: \_\_\_\_\_

Retail Food Area Sq Ft:\_\_\_\_\_

Food Service Establishments:

Number of Seats (Authorized by Common Victualer): \_\_\_\_\_

Area of Facility (Ft<sup>2</sup>):\_\_\_\_\_ Number of Floors:\_\_\_\_\_

Maximum # of Meals to be served (Approximate): \_\_\_\_\_

Breakfast:\_\_\_\_\_ Lunch:\_\_\_\_\_ Dinner:\_\_\_\_\_

Type of Service (Check all that apply): Sit Down ☐ Take Out☐ Caterer ☐

Single Use Utensils☐ Multi Use Utensils☐ Sale of commercially prepackaged TCS foods ☐

Preparation of Non-TCS foods for customer self-service (coffee) ☐

Projected Start Date of Project:\_\_\_\_\_

Projected Completion Date of Project:\_\_\_\_\_

**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS**

☐ Proposed Menu or complete list of food and beverages to be offered (Including seasonal, off site, and banquet menus)

☐ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical, and mechanical services (see Plan Review Application Guidelines)

☐ Turn key Establishment only (Statement of no changes to building, electric, plumbing and equipment layout)

☐ Manufacturer specification sheets for each piece of equipment to be used in the establishment

☐Purchase and Sale agreement or Lease

## **FOOD SUPPLY**

Food Sources: \_\_\_\_\_  
\_\_\_\_\_

How often will refrigerated foods be delivered? \_\_\_\_\_

How often will frozen foods be delivered? \_\_\_\_\_

How often will dry goods be delivered? \_\_\_\_\_

Provide the amount of space (cubic feet) allocated for:

Refrigerator Storage: \_\_\_\_\_

Freezer Storage: \_\_\_\_\_

Dry Storage: \_\_\_\_\_

Identify the location and containers that will be used to store bulk food products (rice, sugar, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all foods that will be cooked and cooled: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all foods that will be cooked, cooled and reheated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all foods that will be hot held prior to service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hot holding for service of TCS foods (maintained at 140°F or above): Indicate

Type of unit(s): \_\_\_\_\_ Number of unit(s): \_\_\_\_\_

Location: \_\_\_\_\_

Cold holding for service of TCS foods (Maintained at 41°F or below): Indicate

Type of unit(s): \_\_\_\_\_ Number of unit(s): \_\_\_\_\_

Location: \_\_\_\_\_

Will Special Processing methods of foods such as Reduced Oxygen Packaging, Use of Additives to Render a Food Non-TCS, Curing and Smoking for Preservation, Cook Chill, Sous Vide, Live Molluscan Shellfish Tank, Sprouted Seeds, Fermenting to be used?

YES ☐ NO ☐ If yes please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will a HACCP plan be submitted? YES ☐ NO ☐

Will a request for a Variance be submitted? YES ☐ NO ☐

Explain the Handling/ Preparation Procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked, etc (prep table, sink, counter etc)
- When food will be handled / prepared (time of day and frequency/ day)

Ready to Eat Foods (e.g. salads, cold sandwiches, raw molluscan shellfish):

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Produce: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Poultry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meat: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seafood: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PEST CONTROL**

	YES	NO	N/A
Will all outside doors be self closing/rodent proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will screens be provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all openable windows have mesh screening (minimum #16 mesh)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes where? \_\_\_\_\_

## **WATER SUPPLY**

What is the capacity and location of the water heater? \_\_\_\_\_

Will an ice machine be installed? YES ☐ NO ☐

If so where? \_\_\_\_\_

## **WARE & DISHWASHING**

Will the largest pot & pan fit into each compartment of the 3-compartment sink?

YES ☐ NO ☐

Describe the location & type of device used for air drying clean equipment: \_\_\_\_\_

What type of sanitizer(s) will be used for:

Food Contact Surfaces: \_\_\_\_\_

Glass Machine: \_\_\_\_\_ Dish Machine: \_\_\_\_\_

Will dressing rooms/lockers be provided? YES ☐ NO ☐ if no, where will employees store personal items? \_\_\_\_\_

Identify the location for the storage of poisonous/toxic materials: \_\_\_\_\_

Identify how grease will be disposed: \_\_\_\_\_

Identify the location of grease storage containers: \_\_\_\_\_



**FINISH SCHEDULE:** Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4” Plastic Coved Molding, etc.) will be used in the following areas.

<b>AREA</b>	<b>FLOOR</b>	<b>FLOOR/WALL JUNCTURE</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Room</b>				
<b>Dressing Room</b>				
<b>Garbage &amp;Refuse Disposal</b>				
<b>Mop/Service Sink</b>				
<b>Warewashing Area</b>				
<b>Walk in Refrigerators/ Freezer</b>				
<b>Other</b>				

**REFUSE:**

Will refuse / garbage be stored inside? YES ☐ NO ☐ If yes, where? \_\_\_\_\_

Identify how and where garbage cans and floor mats will be cleaned: \_\_\_\_\_

Will a dumpster be used? YES ☐ Number \_\_\_\_\_ Size \_\_\_\_\_ NO ☐

Will garbage cans be stored outside? YES ☐ NO ☐

Have you acquired your recycle carts from? DFFM YES ☐ NO ☐

Describe the surface and location where dumpster / garbage/ Recycle can(s) will be stored outside the establishment: \_\_\_\_\_

**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 New Bedford Health Department may nullify final approval.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of these plans and specifications by this regulatory authority does not indicate compliance with any other code, law, or regulation that may be required – Federal, State, or Local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with Local and State Laws governing Food Service Establishments. Prior to opening the applicant must also complete an application for a food service permit along with applicable fees to the New Bedford Health Department.**

**\*NOTE\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

## Menu Allergen Assessment List

Please assess your menu items for food allergens and identify with an asterisk (\*) on menu.

Additional notifications will be needed on site at establishment.

[illegible]

**FOR OFFICIAL USE ONLY**

Date Submitted: \_\_\_\_\_

Assigned Inspector: \_\_\_\_\_

Fee Received: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Person receiving fee: \_\_\_\_\_ Copy to Applicant ☐

Risk Level:      1 ☐      2 ☐      3 ☐      4 ☐

**Plan Review Approved**

**Affix Official BOH Stamp  
In Box Above**

**Plan Review Denied** ☐      Reason \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisory Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Attention All Licensed Food Establishments**

Effective October 5, 2018 the Massachusetts Department of Public Health officially adopted amendments to the State Sanitary Code Chapter X.

As a Food Establishment of any type you are required to have the following:

- **Employee Illness Policy**
- **Food Employee Reporting Agreement**
- **Clean-up Procedure for Vomit/Fecal Events**

\*You can find links on our website with a sample of the above policies/ procedures and other educational materials you may need for your establishment

**Resources and References:**

- <https://www.mass.gov/lists/massachusetts-retail-food-code>
- <http://www.newbedford-ma.gov/health-department/>
- <https://www.mass.gov/lists/retail-food> - Food Protection Manager Certification Exam
- <https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>
- <https://www.mass.gov/files/documents/2016/07/vt/food-label-brochure.pdf>
- <http://www.mafoodsafetyeducation.info/all.html>
- [https://www.cdc.gov/nceh/ehs/docs/apc/apc\\_food\\_safety\\_self\\_inspection\\_checklist.pdf](https://www.cdc.gov/nceh/ehs/docs/apc/apc_food_safety_self_inspection_checklist.pdf)



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**TIME AS A PUBLIC HEALTH CONTROL AGREEMENT**

Name of Establishment:
Address:
Owner/PIC:
Phone #
DATE:

1. <b>IDENTIFY</b> specific foods to be used with TPHC. Example : sushi, pizza, shredded cheese :
2. <b>DESCRIBE</b> the methods used to properly cool foods. Attach additional pages if needed. Example : ice bath and transferred to walk-in, blast chiller (write in "N/A" if foods are not cooled prior to TPHC)
3. <b>DESCRIBE</b> when the foods will be marked with disposal time. Attach additional pages if needed. Example : when food is removed from oven/refrigerator or sushi or sandwich is made
4. <b>INDICATE</b> how each identified food will be marked to show disposal time. Attach additional pages if needed. Example : time sticker on container of sushi, holding chart for pizza, labeled timer for shredded cheese

**CHECK each box to show that you understand the requirements:**

- ☐ I understand that I must limit the use of time as a public health control to 4 hours or less once removed from temperature control and that all food listed in these procedures must be discarded after four hours when using TPHC.
- ☐ I understand that once I begin TPHC, I cannot return the food to temperature control, and it must be discarded.
- ☐ I understand that any food in unmarked or improperly marked containers must be discarded.
- ☐ I will keep these written procedures available for review at my facility at the request by the enforcement officer.
- ☐ I will follow these written procedures when using TPHC and will update them when I change my practices.
- ☐ **I understand that failure to comply with Massachusetts State Sanitary Code Chapter X and the approved written procedures will result in removal from the TPHC program.**

I am providing the following written procedures because I would like to utilize time as a public health control in my facility for potentially hazardous foods. This document is a description of the standard operating procedures I will use to operate my facility in order to protect the health and safety of the public. \_\_\_\_\_ (OWNER/OPERATOR SIGNATURE)