



**Town of Norwood
Public Health Department
Town Hall, 566 Washington Street
Food Permit Plan Review**



Public Health
Prevent. Promote. Protect.

All documents on Town of Norwood Website: www.norwoodma.gov

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Do I need a Food permit?

If your operation meets the definition below you **DO** need a food permit from the Norwood Health Department.

A Food permit is required for the following operations:

An operation that stores, prepares, packages, serves, vends food directly to the consumer, or otherwise provides food for human consumption such as a restaurant; satellite or catered feeding location; catering operation if the operation provides food directly to a consumer.

Food establishment includes:

- An element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location unless the vending or feeding location is permitted by the regulatory authority; and
- An operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

If you are unclear if your operation needs a food permit, contact the Health Department.

If your operation meets the definition below you **DO NOT** need a food permit from the Norwood Health Department.

A Food permit is not required for the following operations:

- An establishment that offers only prepackaged foods that are not time/temperature control for safety foods;
- An operation that only offers whole, uncut fresh fruits and vegetables, unprocessed honey, pure maple products, or farm fresh eggs which are stored and maintained at 45°F (7.2°C) or less;
- A food processing plant; including those that are located on the premises of a food establishment;
- A residential kitchen if only food that is not time/temperature control for safety food, is prepared for sale or service at a function such as a religious or charitable organization's bake sale if allowed by law and if the consumer is informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the regulatory authority;
- A residential kitchen that prepares food for distribution to a charitable facility in accordance with M.G.L c. 94, § 328;
- A residential kitchen, such as a family daycare provider; or a bed-and-breakfast operation that prepares and offers food to guests if the home is owner occupied, the number of available guest bedrooms does not exceed six, breakfast is the only meal offered, the number of guests served does not exceed 18, and the consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the food is prepared in a kitchen that is not regulated and inspected by the FC-regulatory authority;
- A private home that receives catered or home-delivered food.
- Cooking classes that are held for educational purposes only.

A Guide to who you have to contact to open a Food Establishment

The following Town of Norwood Departments are required to be notified:

<input type="checkbox"/>	Department of Public Health Town Hall, 566 Washington Street 781-726-1240	Permits / License for: Food Establishments including Retail / Convenient Stores, Super Markets, Cottage Kitchens, Cratering, Ice Cream / Frozen Desserts
<input type="checkbox"/>	Building Department Town Hall, 566 Washington Street 781-726-1240	Building, Electric, Plumbing, Zoning
<input type="checkbox"/>	Fire Department 137 Nahatan Street 781-762-0080	Fire suppression system – Hood unit requirements
<input type="checkbox"/>	Selectmen's Office Town Hall, 566 Washington Street 781-726-1240	Applications for Alcohol (ABCC), Entertainment, Common Victualler (CV)(if have seating)
<input type="checkbox"/>	Weights & Measures Building Department Town Hall, 566 Washington Street 781-726-1240	Scale - if product is measured and sold by weight
<input type="checkbox"/>	Clerk's Office Town Hall, 566 Washington Street 781-726-1240	Business Certificate

If you are interested in:

Purchasing an existing or opening a new **Food Establishment** (Restaurant, Retail Food Market, Convenient Store); Complete the following documents

- ✓ Plan Review Packet (pages 5-12)
- ✓ Application for Permit to Operate Food Establishment (pages 13-14)
- ✓ Workman's Compensation Affidavit (page 15)

If you are interested in applying for a **Catering Permit**, Complete the following documents

- ✓ Plan Review Packet (pages 5-12)
- ✓ Application for Permit to Operate Food Establishment (pages 13-14)
- ✓ Workman's Compensation Affidavit (page 15)
- ✓ **Catering Operations Plan Review** (pages 18-19)

If you are interested in applying for a **License to Manufacturer Frozen Desserts and / or Ice Cream Mix**

Complete the following documents

- ✓ Plan Review Packet (pages 5-12)
- ✓ Application for Permit to Operate Food Establishment (pages 13-14)
- ✓ Workman's Compensation Affidavit (page 15)
- ✓ **Frozen Dessert Information** (pages 20)

If you are interested in applying for a **Cottage (Residential) Kitchen** Complete the following documents

- ✓ **Cottage (Residential) Kitchen Plan Review** (pages 21-25)
- ✓ Application for Permit to Operate Food Establishment (pages 13-14)
- ✓ Workman's Compensation Affidavit (page 15)

If you are interested in applying for a **Mobile Food Permit**, Complete the following documents

- ✓ Plan Review Packet (pages 5-12)
- ✓ Application for Permit to Operate Food Establishment (pages 13-14)
- ✓ Workman's Compensation Affidavit (page 15)
- ✓ **Mobile Food Operations Plan Review** (pages 26-27)

Checklist for Plan Review Application

Completed application(s) and attachments must be submitted:							
<input type="checkbox"/>	Plan Review for a Food Establishment (Pages 5-12) <i>Required for all food establishments EXCEPT for Cottage (Residential) Kitchens</i>						
<input type="checkbox"/>	Permit to Operate a Food Establishment Application (Pages 13-14)						
<input type="checkbox"/>	Catering Application – (If applicable) (Pages 18-19)						
<input type="checkbox"/>	License to Manufacture Frozen Desserts and / or Ice Cream Mix Application – (If applicable) (Page 20)						
<input type="checkbox"/>	Workers' Compensation Insurance Affidavit including attaching the declaration page (Page 15)						
For Special Processes:							
<input type="checkbox"/>	Hazard Analysis Critical Control Point Plan						
<input type="checkbox"/>	Request for Variance to Render a Food a Non-TCS						
<input type="checkbox"/>	Request to use Time as a Public Health Control (TPHC) to hold TCS						
<input type="checkbox"/>	Plans for Non-Continuous Cooking of Animal Products						
<input type="checkbox"/>	All applicable fees. Please make checks / money orders made payable to the “Town of Norwood” Credit cards are not accepted at this time. All Fees are non-refundable.						
<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">A copy of:</td> <td style="padding: 5px;"><input type="checkbox"/> Certified Food Manager's Certificate</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Allergy Awareness Certificate</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Choke Save Training Certificate</td> </tr> </table>	A copy of:	<input type="checkbox"/> Certified Food Manager's Certificate		<input type="checkbox"/> Allergy Awareness Certificate		<input type="checkbox"/> Choke Save Training Certificate
A copy of:	<input type="checkbox"/> Certified Food Manager's Certificate						
	<input type="checkbox"/> Allergy Awareness Certificate						
	<input type="checkbox"/> Choke Save Training Certificate						
<input type="checkbox"/>	A copy of the Employee Health Agreement (to be signed by all employees) Sample on website: www.norwoodma.gov/departments/health/food_permit_applications_and_information.php						
<input type="checkbox"/>	Proposed Menu or complete list of food and beverages to be offered (Including seasonal, off site and banquet / catering menus).						
<input type="checkbox"/>	Plan(s) or Sketch of the food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services.						
<input type="checkbox"/>	Equipment schedule including location, plumbing, drain and electrical connections.						
<input type="checkbox"/>	Manufacturer Equipment Specification Sheets for each piece of equipment to be used in the Food Establishment.						
After completed plan review applications are reviewed you will receive a Letter of Conditional Approval. Once all items on the Conditional Approval letter are complete you may contact this office to schedule your pre-opening inspection. If all items are in compliance, you will be permitted to operate at the time of inspection.							

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Complete the application below including all required documents and fee(s).

Incomplete applications and missing documents may delay the permitting and licensing process.

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Change of ownership(No change in operation)		Projected Start Date: _____ Projected Opening Date: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Daycare/School <input type="checkbox"/> Catering <input type="checkbox"/> Cottage (Residential) Kitchen <input type="checkbox"/> Retail food store with food preparation (i.e. making sandwiches) <input type="checkbox"/> Retail food store all prepackaged TCS foods <input type="checkbox"/> Mobile Food <input type="checkbox"/> Other: _____			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment:			
Establishment Address:		City:	State:
ZIP:			
OWNERSHIP INFORMATION			
Name of Owner:			
Address:		City:	State:
ZIP:			
Email:		Phone Number:	
APPLICANT INFORMATION (if different from owner e.g., ARCHITECT/ENGINEER)			
Applicant Name:		Contact Person:	
Applicant Mailing Address:		City:	State:
ZIP:			
Email:		Phone Number:	
FOOD OPERATION INFORMATION			
Hours/Days of Operation Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Restaurant Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Employees Max per shift: _____ Maximum meals to be served Breakfast _____ Lunch _____ Dinner _____
The following documents must be submitted along with this application: <ul style="list-style-type: none"> ○ Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – Standard Operating Procedures or HACCP plans may be required. ○ Plans must be clearly drawn and include these items below: <ul style="list-style-type: none"> ● The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, storage, warewashing, janitorial and trash area. Include location of any outside equipment or facilities. ● Provide equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. <i>Elevation drawings may be requested by the Regulatory Authority.</i> ● Identify handwashing, warewashing and food preparation sinks. ● Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer. ● Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable. 			
Signature:			Date:
Print Name:		Title:	

Seating and Licensing Related

Will there be seating for dining in the establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, according to MA General Law, Chapter 140, Section 2, Food Establishments that offer seating to the public for consumption on the premises requires a Common Victualler License (CV). Number of seats authorized by CV (if known):	Will you apply for an Alcohol License? <input type="checkbox"/> Yes <input type="checkbox"/> No Will the establishment have entertainment (music, television etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be outdoor dining? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes to any of the above questions, contact the Selectmen's Office in Town Hall.

Food Operations

Number of meals to be served:

Breakfast:	Lunch:	Dinner:
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Type of Service(s)

(Check all that are applicable)

<input type="checkbox"/> Sit Down Meals	<input type="checkbox"/> Take Out Only (no seating)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Single-Use Utensils	<input type="checkbox"/> Multi-Use Utensils	

Will any of the below Special Processes take place at the food establishment?

Yes

No

If Yes, check all that are applicable

<input type="checkbox"/> Use of Additives to Render a Food Non-TCS / PHF (Acidification – example: sushi rice) <input type="checkbox"/> Reduced Oxygen Packaging (ROP) / Vacuum Packing <input type="checkbox"/> Cook-Chill <input type="checkbox"/> Sous Vide	<input type="checkbox"/> Curing and Smoking Foods for Preservation <input type="checkbox"/> Live Molluscan Shellfish Tank <input type="checkbox"/> Fermentation (i.e. Kimchi) <input type="checkbox"/> Sprouted Seeds <input type="checkbox"/> Other (specify):
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Note: Some Special Processes require a HACCP (Hazard Analysis Critical Control Point) Plan and / or a Variance.

	Yes	No
Will a HACCP Plan be submitted?	<input type="checkbox"/>	<input type="checkbox"/>
Will a request for a Variance be submitted?	<input type="checkbox"/>	<input type="checkbox"/>
Will Time as a Public Health Control (TPHC) be used to hold TCS / PHF foods?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be any non-continuous cooking of animal products?	<input type="checkbox"/>	<input type="checkbox"/>

Food Delivery

Note: Foods to be sold at retail operations shall be purchased from licensed wholesale operations.

1. How often will frozen foods be delivered? Daily Weekly Other: _____
2. How often will refrigerated foods be delivered? Daily Weekly Other: _____
3. How often will dry foods or supplies be delivered? Daily Weekly Other: _____
4. Will food be delivered during off hours Yes No

Food Storage - Identify amount of space (in cubic feet) allocated for:

Dry Storage _____; Refrigerated Storage (41°F) _____;
 Frozen Storage _____; Utensil Storage _____

* Identify on plans where storage will be located.

INSTRUCTIONS: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT
Washing FDA Food Code §3-302.15		
Thawing FDA Food Code §3-501.13		
Cooking FDA Food Code §3-401		
Hot Holding Hot food maintained at 135°F		
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to 70° in 2 hours		
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours		

Food Preparation

Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate

List all food items that will be held hot prior to service:			
List all food items that will be cooked and cooled:			
List all food items that will be cooked, cooled and reheated for hot holding:			
Hot Holding for service of TCS (Time / Temperature Control for Safety Food) Foods. Maintained at 135°F and above			
Type of unit(s):		Number of unit(s):	
Location of unit(s):			

Cold holding for service of TCS Foods Maintained at 41 °F and below

Type of unit(s):		Number of unit(s):	
Location of unit(s):			

**Describe the handling / preparation procedures for the food categories listed below.
The procedures shall include the process from receiving to service.**

1. What form will the food item arrive in (i.e. frozen, fresh, packaged etc.)
2. Storage location of the food item
3. Where the food item will be washed, cut, marinated, breaded, cooked etc. (i.e. food prep sink, prep table, counter etc.)
4. When the food item will handled / prepared (i.e. time of day, day of the week, frequency etc.)

Ready-to-eat Foods (RTE) (i.e. salads, cold sandwiches, raw molluscan shellfish):

Produce:

Meat:

Poultry:

Seafood:

Pest Control

	Yes	No
Will you have a contract with a licensed pest control company?	<input type="checkbox"/>	<input type="checkbox"/>
Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>
Will screens be provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>
Will all openable windows have mesh screening (minimum #16 mesh)?	<input type="checkbox"/>	<input type="checkbox"/>
Will air curtains be used? If yes, where will they be located?	<input type="checkbox"/>	<input type="checkbox"/>
Will insect control devices be used?	<input type="checkbox"/>	<input type="checkbox"/>
Are all pipes, electrical conduits chases, ventilation systems exhausts and intakes sealed and fire stopped?	<input type="checkbox"/>	<input type="checkbox"/>

Water Supply/Sewage & Grease and Refuse Disposal

What is the capacity and location of the water heater?:		
	Yes	No
Will an ice machine be installed? If yes, where will it be located? Will the drain (waste) line have an indirect waste (air gap) connection? <input type="checkbox"/> Yes <input type="checkbox"/> No Provision for ice scoop:	<input type="checkbox"/>	<input type="checkbox"/>
Will refuse / garbage be stored inside? If yes, describe where:	<input type="checkbox"/>	<input type="checkbox"/>
Will a dumpster be used? If yes, how many? _____ Size: _____ Frequency of pick-up: _____ Name of company used for dumpster pick-up: _____ Name of company used for grease pick-up: _____	<input type="checkbox"/>	<input type="checkbox"/>
Describe the surface and location where the dumpster / garbage will be stored outside:		
According to Town of Norwood Sewer ordinance, the Department of Public Works (DPW) determines if a grease trap is required. The Town of Norwood requires an <u>exterior grease trap for NEW construction.</u> Locations where exterior grease traps cannot be constructed to serve a building, an <u>automatic grease and oil removal style interior grease trap</u> shall be provided.		
Identify how grease will be disposed:		
How often will the grease trap(s) be cleaned?		
Identify the location of grease storage containers:		

Warewashing Facilities (Food service only)

Manual Dishwashing:

Will the largest pot & pan fit into each compartment of the 3-compartment sink? If No, describe the cleaning method that will be used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:		
Indicate the type of sanitizer that will be used on food contact surfaces below:		
<input type="checkbox"/> Chlorine:		<input type="checkbox"/> Quaternary:
	Brand Name	Contact Time
	Brand Name	Contact Time
Are appropriate test strips available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Identify the storage location for poisonous or toxic materials (chemical storage):		

Mechanical Dishwashing:

Will a dish / glass machine be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If yes, what will be the final rinse sanitizing cycle?	<input type="checkbox"/> Hot	<input type="checkbox"/> Chemical
Will the dish / glass machine final rinse be under pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If yes, will the machine have a pressure gauge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the machine be equipped to automatically dispense detergents and sanitizers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered or not delivered to the respective washing and sanitizing cycles? <input type="checkbox"/> Visual <input type="checkbox"/> Audible		

Physical Facilities

Explain the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

Total ft² of food preparation area: _____

Number of floors on which operations are conducted: _____

Will the basement be used?

- Yes
 No
 NA (no basement in the establishment)

If Yes, what will the basement be used for (check all that's applicable):

- Food Prep
 Food Storage
 Single-use items Storage
 Storage Only (no food)

Note: If the basement will be used for food preparation, the submitted plans shall include the layout and equipment specifications.

Is a separate mop sink present? (required)

- Yes No

Is there a separate food sink (indirect drain)

- Yes No

Is there a garbage disposal (required see regulations on page XX)

- Yes No

Finish Schedule

Indicate which materials (quarry tile, stainless steel, fiberglass reinforced panels (RFP), ceramic tile, 4" plastic coved molding, etc.). Indicate Not Applicable (NA) as appropriate.

ROOM/AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Preparation				
Dry Food Storage				
Warewashing Area				
Walk-in Refrigerators and Freezers				
Service Sink				
Refuse Area				
Toilet Rooms and Dressing Rooms				
Other: Indicate				

Identify the finishes of cabinets, countertops, and shelving:

Handwashing facilities	Identify number of the handwashing sinks in food preparation and warewashing areas: _____ Food Preparation _____ Warewashing Area		
	Type of hand drying device?	<input type="checkbox"/> Disposable towels	<input type="checkbox"/> Hand-drying device
	Does each hand sink have mounted soap, drying device, trash receptacle and signage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do hand sinks meet minimum temperature of hot water (100°)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Toilet Facilities	Identify locations and number of toilet facilities: _____		
	Hot and cold water provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are restroom doors self-closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is a handwashing sign posted in each employee restroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dressing Rooms	Will dressing rooms be provided? Yes € No € Describe storage facilities for employee personal belongings _____		
Linens	Will linens be laundered on site? Yes € No € If yes, what will be laundered and where? _____ If no, how and where will linens be cleaned? _____ Identify location of clean and dirty linen storage: _____ How often will linens be delivered and picked up? _____		
Poisonous/ Cleaning Storage	Identify the location and storage of poisonous or toxic materials: _____ Where will cleaning and sanitizing solutions be stored at workstations? _____ How will these items be separated from food and food-contact surfaces? _____ Identify the location of the facilities for cleaning of mops and other cleaning equipment? _____		

Employee Health Policy and Procedures/Infection Control

Sample documents can be found on the Health Department webpage:

http://www.norwoodma.gov/departments/health/food_permit_applications_and_information.php

Do you have a Food Employee Reporting Agreement Form? (Sample procedure on link above)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all employees sign the Food Employee Reporting Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a Vomit and Diarrhea Clean-Up Procedure? (Sample procedure on link above)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a vomit and diarrhea clean-up kit provided? (list of required items found at link above)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Project Details and Signature

Projected Start Date:		Projected Completion Date:		Projected Establishment Opening Date:	
<p>Please Note: After six (6) months if the work has not started or an extension has not been requested or granted by the Norwood Health Department, your plan review application will be considered null and void. You will have to start the plan review process again from the beginning. Fees will NOT be refunded.</p>					
<p>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 Norwood Health Department may nullify final approval.</p>					
Signature:				Title:	
Print Name:				Date:	
<p>Approval of these plans and specifications by this Regulatory Authority <u>does not</u> 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 preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Local and State Laws governing Food Service Establishments.</p>					
<u>FOR OFFICIAL USE ONLY</u>					
Date Submitted:		Fee Received: \$		Check #:	
Risk Category:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Inspector Reviewing the Plans:				Date Reviewed:	



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

1) Business/ Corporate Name		Date:															
2) Establishment Name/DBA: (If Different From Above):																	
3) Establishment Address:																	
4) Establishment Mailing Address (If Different):																	
5) Establishment Telephone No: ()																	
6) Applicant Name & Title:																	
7) Applicant Address:																	
8) Applicant Telephone No: ()		Email Address:															
9) Owner & Title (If Different From Applicant):																	
10) Owner Address (If Different From Applicant):																	
11) Establishment Owned By: Please Check Box <input checked="" type="checkbox"/> An Association A Corporation An Individual A Partnership Other Legal Entity	12) If a Corporation or Partnership, Give Name, Title, and Home Address of Officers or Partner <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
<u>Name</u>	<u>Title</u>	<u>Home Address</u>															
13) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, Etc.)																	
Name & Title:																	
Address:																	
Telephone No:	()																
Emergency Telephone No:	()																
Fax No:	()																
14) District or Regional Supervisor (If Applicable)																	
Name & Title:																	
Address:																	
Telephone No:	()																
Emergency Telephone No:	()																
Fax No:	()																
15) Days and Hours of Operation:	16) No. of Food Employees:																
17) Name of Person In Charge – Certified in Food Protection Management: <i>Required as of 10/1/2000 in accordance with 105 CMR 590.003(A)</i>																	
18) Person Trained In Anti-Choke Procedures: Yes No																	
19) Main Function of Establishment: Please Check Box <input checked="" type="checkbox"/> Retail Food Service Establishment Caterer Mobile Food Farmers' Market Residential Kitchen Square Footage: _____ Seating Capacity: _____	20) Secondary Function That Apply: Please Check Box <input checked="" type="checkbox"/> Catering Frozen Dessert Mobile Food																

21) Food Operations <i>Check (✓) Box-All That Apply</i>	Definitions: TCS - a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. Non-TCS's - No Time/Temperature controls for safety RTE - Ready-To-Eat Foods (Ex. Sandwiches, Salads, Muffins Which Need No Further Processing)	
Sale of Commercially Packaged Non-TCS's	TCS Cooked to Order	Retail Sale of Salvage, Out-Of-Date or Reconditioned Food
Sale of Commercially Pre-Packaged TCS's	Preparation of TCS's for Hot & Cold Holding For Single Meal Service	Hot TCS Cooked and Cooled or Hot Held For More Than a Single Meal Service
Delivery of Packaged TCS's	Sale of Raw Animal Foods Intended to be Prepared by Consumer	TCS and RTE Foods Prepared for Highly Susceptible Population Facility
Reheating of Commercially Processed Foods for Service Within 4 Hours	Customer Self-Service	Vacuum Packaging/Cook Chill
Customer Self-Service of Non-TCS & Non-Perishable Foods Only	Ice Manufactured & Packaged for Retail Sale	Use of Process Requiring a Variance And/Or HACCP Plan (Including Bare Hand Contact Alternative, Time as a Public Health Control)
Preparation of Non-TCS's	Juice Manufactured and Packaged For Retail Sale	Offers Raw Or Undercooked Food of Animal Origin
Other (Describe):	Offers RTE TCS in Bulk Quantities	Prepares Food/Single Meals for Catered Events or Institutional Food Service

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

22) Signature of Applicant:

Pursuant to MGL 62C, Sec 40A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax Returns and paid State Taxes required under law

23) Social Security Number: Federal ID Number:

24) Signature of Individual or Corporate Name:

ALL PERMITS EXPIRE ON DECEMBER 31ST

APPLICATIONS MUST BE SUBMITTED 30 DAYS BEFORE PERMIT EXPIRES (NOVEMBER 30TH)

There will be a late fee of \$50.00 for all applications received after December 1st. A late fee of double the permit fee will be applied to all applications received 14 days or more past the due date. Failure to submit an application will result in closure and possible revocation of permit.

PERMIT FEES		NON-CRIMINAL DISPOSITION OF VIOLATIONS	
Plan Review	\$200.00/\$300.00	First Offense	\$50.00
Food - Seating Capacity: 0-25	\$150.00	Second Offense	\$100.00
26-50	\$250.00	Third Offense	\$150.00*
51-100	\$350.00	<i>* Appearance before the Board of Health</i>	
101 - Over	\$450.00		
Retail - Square Footage: Under 1,500 sq. ft.	\$150.00		
1,501 - 4,000 sq. ft.	\$250.00		
4,001 - Over sq. ft.	\$350.00		
Catering	\$150.00		
Catering (Per Function)	\$10.00		
Farmers' Market Retail	\$50.00		
Residential Kitchen	\$50.00		
Function Hall	\$50.00		
Mobile Food Service - Ice Cream	\$150.00		
Temporary (Commercial)	\$50.00		
(Non-Profit)	N/C		
Schools - Churches	N/C		

03/19

Workman's Compensation Affidavit

(Fillable form available: http://www.norwoodma.gov/departments/health/food_permit_applications_and_information.php)



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. I am an employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

www.mass.gov/dia

Helpful Information

Person-in-Charge / Assignment: 2-101.11 and 105 CMR 590.003 (A)

The permit holder shall be the person-in-charge (PIC) or shall designate a person-in-charge and shall ensure that a PIC is present at the food establishment during all hours of operation. The owner or that PIC shall designate an alternate person to be in charge at all times when they cannot be present. The alternate, when acting as the PIC shall be responsible for all duties specified in FC 2-103.11 and must be adequately trained by the PIC to ensure that the establishment operates in compliance with 105 CMR 590.000.

Certified Food Protection Manager: 2-102.12 and 105 CMR 590.003 (A)

Each food establishment shall employ, at least one full-time equivalent (FTE) person in charge who shall be an on-site manager or supervisor who is at least 18 years of age and who by being a certified food protection manager has shown proficiency of required information through passing a test that is part of an accredited program recognized by the MA Department of Public Health. The certificate shall be prominently posted in the establishment next to the food establishment permit. The certificate shall be removed when the individual(s) is no longer employed on-site by the establishment. If the person(s) in charge with demonstrated knowledge of food safety is transferred, terminated or terminates employment, the owner / permit holder shall notify the board of health in writing and have sixty (60) days to comply with 2-102.12 and 105 CMR 590.003 (A) (2).

105 CMR 590.003 (A) (2) does not apply to the following:

- **Daycare operations which only serve snacks**
- **Food establishments restricted to the sale of pre-packaged food and limited preparation of non-TCS (Time / Temperature Control for Safety Food)**
- **Satellite feeding sites, which receive prepared meals from commissaries for immediate service.**

Certified Food Manager instructors can be found at the MA Food Protection Program website:

<https://www.mass.gov/lists/retail-food> Under Resources in Massachusetts

Allergen Awareness Trainings

In addition, the Certified Food Protection Manager must obtain a certificate showing that they viewed the **Allergen Awareness Training** video. The PIC will be responsible for training the employees on allergy awareness. The Certified Food Protection Manager and Allergy certificates shall be prominently posted in the establishment next to the food establishment permit and the Common Victualler license (if applicable). The video can be viewed on the MA Food Protection Program website: <https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>

Choke Save Training Requirements

Each food establishment having any seating on its premises shall have an employee trained in manual procedures to remove food lodged in a person's throat, while food is being served. Proof of training for **choke save** must be available on site. All of these certificates must be obtained PRIOR to opening.

Risk Categorization of Food Establishments

Risk Category	Description	Inspection Frequency per year
1	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that prepare only non-TCS foods. Establishments that heat only commercially processed, TCS foods for hot holding. No cooling of TCS foods. Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS foods after preparation or cooking. Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods. Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	2
3	An example is a full service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods. Variety of processes require hot and cold holding of TCS food. Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	3
4	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	4

Catering Operation Plan Review Form

Do you currently have a Permit to Operate a Food Establishment in the Town of Norwood?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Catering Business (if different than the name on the Food Establishment Permit):			
Food Establishment Information (Base of Operation):			
Establishment Name:		Phone Number:	
Address of Establishment:	Norwood, MA 02062		
Owner Information:			
Name of Owner:	<input type="checkbox"/> Same as Food Establishment		
		If different than the owner listed on the Food Establishment Permit	
Catering Business Information:			
How many catering events are you anticipating per year (approximately)?			
What would be the average party size?			
What is the maximum distance you would travel to cater an event?			
Does your Food Establishment currently have a walk-in refrigerator installed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When will the catered foods typically be prepared (i.e. Same day, day prior etc.?)			
Will food preparation take place at the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How will foods be transported to catered event?			
If a personal vehicle is to be used, will pets / animals be transported in the same vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How will hot foods be held hot BOTH during transit and at the event (internal food temperature held 135°F and above)?			
How will cold foods be held cold BOTH during transit and at the event (internal food temperature at 41°F and below)?			
Describe corrective actions for foods that do not maintain proper temperature during transit and at the event:			
Will non-continuous cooking of raw animal products take place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Example: Raw chicken breasts are grilled marked but not fully cooked. At the event the chicken breasts are fully cooked			
➤ If Yes, a plan shall be submitted to the Department for review and approval			
List the type(s) of equipment that will be used at the event (i.e. chaffing dishes):			

Describe how will ingredients be made available for customer(s)?			
Will temporary employees be used at the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you currently have an employee health reporting agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you review the agreement with temporary employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The Local Health Department where the catered event is to be held shall be notified, by the caterer, and supplied with the following information:			
Name of Catering Business	Address	Phone Number	
Location / Address of catered event	Menu	Date and Time of event	
Number of people to be served	Copy of Permit		
Copy of Certified Food Manager and Allergy Awareness Certificates			
<u>Additional Requirements</u>			
<ul style="list-style-type: none"> Bare hand contact is NOT permitted on ready-to-eat and cooked foods. Latex gloves shall not be used. Hands shall be washed before and after glove use. A knowledgeable person in charge (PIC) shall be present at each catered event. Left overs shall NOT be brought back into the Food Establishment Operation. 			

Projected Start Date:		Projected Completion Date:		Projected Establishment Opening Date:	
Please Note: After six (6) months if the work has not started or an extension has not been requested or granted by the Norwood Health Department, your plan review application will be considered null and void. You will have to start the plan review process again from the beginning. Fees will NOT be refunded.					
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 Norwood Health Department may nullify final approval.					
Signature:		Title:			
Print Name:		Date:			
Approval of these plans and specifications by this Regulatory Authority <u>does not</u> 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 preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Local and State Laws governing Food Service Establishments.					

Frozen Dessert and/or Ice Cream Mix Information

Will a Soft-Serve Machine(s) be used?	<input type="checkbox"/> Yes – Type of Machine:		<input type="checkbox"/> No
	How many machines?		
	<i>Submit the specification sheets for the machine(s)</i>		
Will commercially pasteurized product(s) be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, describe what will be used and how:			
<u>Testing Requirements and Standards</u>			
<p>Monthly testing of all ice cream or frozen dessert mix is required according to 105 CMR 500.082(B). All manufactured frozen desserts produced shall have the following tests performed by a MDPH approved laboratory on its finished product monthly. Copies of all test results for required tests shall be submitted directly to the Norwood Health Department by the certified laboratory within three (3) business days of the completion of the tests.</p>			

<u>Bacterial and other Standards shall not exceed the following standards:</u>		
Item	Standard Plate Count (SPC)	Coliform
Finished products produced in a soft-serve Machine	30,000 / ml	50 / g
** If Frozen Yogurt contains “live cultures”, SPC laboratory testing is not required **		

See <https://www.mass.gov/lists/dairy> for MDPH: Food Protection Program Policies, Procedures and Guidelines Issue: Licensing and Testing Requirements for Frozen Desserts

Cottage (Residential) Kitchen Information and Food Permit Application

Complete the following application legibly including a fee payable to the "Town of Norwood" and all required documents. All fees are Non-Refundable.

A Food Establishment Permit must be obtained if food is prepared in or distributed from a Residential Kitchen for sale according to the **Massachusetts State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments 105 CMR 590.009 (2) – (3)**. At this time, your establishment does not have a Food Establishment Permit therefore any and all food production (if any) must cease and desist. The answers to Questions 1 – 3 below will determine if you are eligible to obtain a Cottage Kitchen Food Permit.

Q 1. Who would you like to sell your product(s) to?

	A.)	<input type="checkbox"/>	The end user (a person who will consume the product) such as at a Farmer's Market or on the Internet.
	B.)	<input type="checkbox"/>	To a Food Establishment (an establishment who will sell the product to the end user) such as a Retail Market, Restaurant etc.

✓	If A , the Norwood Health Department will be the Licensing Authority. Continue to Question 2.
STOP	If B , the Norwood Health Department will NOT be the Licensing Authority. Wholesale Operations (selling to retail stores, restaurants etc.) require a food processor license obtained from the State of MA Food Protection Program (FPP). Contact the State FPP at 617-983-6770. Website: www.gov/dph/fpp

Note: The use of brokers, wholesalers and warehouse by Residential Kitchen operators to store, sell and distribute foods prepared in residential kitchens is prohibited. Food products made in residential kitchens may not be sold-out-of state (FDA does not recognize these foods as originating from an approved source).

Q 2. Obtain Written Approval from the Norwood Building Department/Zoning Enforcement stating that the intended business meets the zoning requirements.

Was written approval obtained by the Building Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
✓	If Yes , submit a copy with this Form. Continue to Question 3		
STOP	If No , (Zoning did NOT grant permission to use a zoned residential area as a business), the Application Process STOPS here. You are not authorized to operate a business in a residential area therefore a Residential Permit cannot be obtained.		

Q 3. Will your prepared food(s) item require refrigeration? Yes No

STOP	If Yes , the Application Process STOPS here. Only non-TCS (Time / Temperature Control for Safety Food) Foods (foods that do not require refrigeration and / or a variance) shall be prepared in or distributed from a Residential Kitchen for sale to the public. Items include but are not limited to Baked Goods such as Cakes, Cookies, Brownies, Candies, Jams & Jellies.
✓	If No , continue with the Application Process below.

Business Information

Business Name:			
Address:			Norwood, MA 02062
Telephone		Email:	
Emergency Contact:			

Food Information

Submit intended list of Food(s) to be prepared or distributed:

Note: Food ingredients must be obtained from approved sources (Licensed Wholesale Establishments).

List sources of all ingredients used:

Describe where the food and the ingredients will be stored:

Note: Ingredients shall be stored separately from "private use" foods.

- Only immediate family members residing in the household may prepare food for retail sale in a **Residential Kitchen**.
- The kitchen sink may NOT be used for hand washing after toilet use but may be used for food preparation and ware washing provided it is cleaned and sanitized prior to and between use.

Cleaning and Sanitizing

Describe where soiled equipment will be stored prior to washing:

Describe how Food-Contact surfaces be Cleaned and Sanitized:

Indicate the type, brand name and the contact time (according to the manufacturer's label) for the sanitizer:

<input type="checkbox"/> Chlorine:			<input type="checkbox"/> Quaternary:		
	Brand Name	Contact Time		Brand Name	Contact Time

Note: A domestic or home-style dishwasher may be used provided the use of a Maximum Registering Thermometer or a Temp Thermolabel to determine the internal temperature is a **minimum of 150°F** after the final rinse and drying cycle. Records of this testing shall be **kept on file for 30 days**.

Pets may be present on the premises, but shall be kept out of food preparation and dining areas during food preparation and service to the public.

The operator of the residential kitchen shall obtain certification as food safety manager by passing a test that is part of an accredited program recognized by the Department and obtain a certificate in Food Allergen Awareness Training. A directory of Massachusetts Food Protection Manager Certification Exam and Trainers can be found at: www.mass.gov/dph/fpp

Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

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 Norwood Health Department may nullify the final approval. I agree to conform to Employee Hygiene and Health requirements (use the “Food Employee Reporting Agreement” as a guide).

Signature:		Date:	
------------	--	-------	--

Residential Kitchen Food Permit Fee: \$		Federal Identification Number
---	--	-------------------------------

SUBMIT THE FOLLOWING:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Completed “Residential Kitchen Information and Food Permit Application”. Please print legibly and note that any missing information may cause a delay in the permit process. <u>Do not leave any blank spaces.</u> Include your Federal Identification Number (if applicable) and Signature. |
| <input type="checkbox"/> | A copy of Building Department Approval letter / form. |
| <input type="checkbox"/> | A check or money order made payable to the “Town of Norwood” for \$50.00
Credit cards are not accepted at this time. <u>All Fees are NON REFUNDABLE.</u> |
| <input type="checkbox"/> | A copy of Food Manager and Allergy Awareness Certificates. |

Guide to the Massachusetts Food Protection Program Labeling requirements

The following is a “ GUIDE ” prepared by the Massachusetts Food Protection Program to help you develop a food label that complies with Massachusetts and federal labeling requirements.	
Foods that Require Labeling: All packaged foods must be labeled in accordance with Massachusetts and federal labeling regulations, including all foods intended for retail sale that are manufactured in licensed Residential Kitchens .	
<u>The following is the minimum information required on a food label:</u>	
<ul style="list-style-type: none"> • Common or usual name of the product. 	
<ul style="list-style-type: none"> • All ingredients listed in descending order of predominance by weight, and a complete listing of sub-ingredients. 	
	Example of a sub-ingredient: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin).
<ul style="list-style-type: none"> • Net weight of product. 	
	Dual declaration of net weight, if product weighs one pound or more.
	Example: 1 pound [16 oz.] y “Keep refrigerated” or “Keep frozen” (if product is perishable). All perishable or semi-perishable foods require open-dating and recommended storage conditions printed, stamped, or embossed on the retail package.
<ul style="list-style-type: none"> • Once an open-date has been placed on a product, the date may not be altered. • Name and address of the manufacturer, packer, or distributor. If the company is not listed in the current edition of the local telephone book under the name printed on the label, the street address must also be included on the label. 	
<ul style="list-style-type: none"> • Nutrition labeling. 	
If a food product has a standard of identity, the food must meet the standard in order to be offered for sale under that product name.	
<ul style="list-style-type: none"> • All FDA certified colors. 	
	Example: FD&C Yellow #5, FD&C Red #3
<u>Health Claims</u>	
Heath claims allowed by the FDA on a label are limited to the following relationships between diet and disease:	
1. Calcium and reduced risk of osteoporosis.	
2. Sodium and increased risk of hypertension.	
3. Dietary saturated fat and cholesterol and increased risk of heart disease.	
4. Dietary fat and increased risk of cancer.	
5. Fiber-containing grain products, fruits, and vegetables and reduced risk of cancer.	
6. Fruits/vegetables and reduced risk of cancer.	
7. Fruits, vegetables, and grain products that contain fiber, particularly soluble fiber and reduced risk of heart disease.	
8. Soluble fiber from certain foods and reduced risk of heart disease.	
9. Folic acid and reduced risk of neural tube defects.	
10. Soy protein & reduced risk of heart disease.	
11. Stanols / sterols and reduced risk of heart disease.	
12. Dietary non-cariogenic carbohydrate sweeteners and reduced risk of tooth decay.	

Food Allergen Labeling

The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) addresses the labeling of foods that contain any of the eight major food allergens.

FALCPA defines "major food allergens" as:

- | | | | |
|--------------------|-------------------|----------------|---------------------|
| • Milk | • Fish | • Egg | • Crustacean |
| • Tree Nuts | • Soybeans | • Wheat | • Peanuts |

All ingredients that contain a major food allergen must be labeled, even if they are exempted from labeling by being a spice, flavoring, coloring or incidental additive. FALCPA requires the labeling of food allergens in one of two ways.

1. In the ingredient statement, include the common or usual name of the food source, followed by the name of the allergen in parentheses. For example: Ingredients: Flour (**wheat**), whey (**milk**)
2. After the ingredient statement, place the word, "Contains:" followed by the name of the food allergen. For example: *Contains: **Wheat, Milk***

FALCPA requires that:

- For Tree Nuts, the specific type of nut must be declared. walnuts
Example: almonds, pecans,
- For Fish and Crustacean Shellfish, the species must be declared
Example: cod, salmon, lobster, shrimp

FALCPA's requirements apply to all packaged foods sold in the United States, including both domestically manufactured and imported foods.

EXAMPLE

Massachusetts Minimum Requirements for Packaged-Food Labeling

WHEAT BREAD

Ingredients: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin, folic acid), Sugar, Eggs, Water, Milk, Margarine (liquid soybean oil, partially hydrogenated soybean oil, water, salt, whey, soybean lecithin, vegetable mono & diglycerides, sodium benzoate as a preservative, potassium caseinate [a milk protein], artificially colored, FD&C Red #3, artificially flavored, vitamin A, dalmite added), Yeast, Salt

Contains: Wheat, Eggs, Milk, Soy

Sell by: 9/22/08

Net Weight: 1 pound (16 oz.)

The Bakery
412 Main Street
Anytown, MA 01234

Resource Information on Labeling

Principal display panel 105 CMR 520.101 21 CFR 101.0

Information panel 105 CMR 520.102 21 CFR 101.2

Identity labeling of food 105 CMR 520.103 21 CFR 101.3

Nutrition labeling 105 CMR 520.109 21 CFR 101.9

Misbranding of food 105 CMR 520.118 MGL C. 94 sec. 187 21 CFR 101.18

Mandatory labeling information 105 CMR 520.020

Natural and organic labeling 105 CMR 520.116

Trans Fat <http://www.cfsan.fda.gov/~dms/transgui.html>

Allergens Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) (Public Law 108-282)

Guidance for Industry <http://www.cfsan.fda.gov/~dms/alrguid4.html>

Mobile Food Operation Plan Review Form

Mobile Food Unit Vehicle-mounted food establishment designed to be readily moveable.

Pushcart: Non-self-propelled vehicle limited to serving non-potentially hazardous foods or wrapped food prepared at a food processor or food service establishment and maintained at proper temperatures or limited to the preparation and service of frankfurters.

Do you currently have a Permit to Operate a Food Establishment in the Town of Norwood?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Mobile Food Business (if different than the name on the Food Establishment Permit):			
Base of Operation			
Establishment Name:		Phone Number:	
Address of Establishment:			
Owner Information			
Name of Owner:	<input type="checkbox"/> Same as Food Establishment		
		If different than the owner listed on the Food Establishment Permit	
Mobile Food Business Information			
Does the mobile food unit/pushcart have the name and address of the owner or company displayed on either side in letters at least 3 inches in height?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Size of water supply tank:		Size of water retention tank: (15% greater than water tank)	
How many locations in Norwood will you operate in (approximately)?			
List Locations:			
How will the liquid waste from the retention tank be disposed of?			
Describe handwashing facility on unit (hot & cold water, pressure):			
Will any self-service of bulk foods be allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are all condiments, coffee creamers, sugar, etc., individually wrapped or in pour type dispensers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How will leftover bulk TCS's and out-of-date TCS's be handled?			

How will hot foods be held hot **BOTH** during transit and at location (internal food temperature held 135°F and above)?

How will cold foods be held cold **BOTH** during transit and at location (internal food temperature at 41 °F and below)?

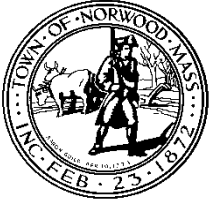
Describe corrective actions for foods that do not maintain proper temperature during transit and at location:

Do you currently have a Food Employee Agreement Form? Yes No

Additional Requirements

- Bare hand contact is NOT permitted on ready-to-eat and cooked foods. Latex gloves shall not be used. Hands shall be washed before and after glove use.
- A knowledgeable person in charge (PIC) shall be present at all times

Projected Start Date:	Projected Completion Date:	Projected Establishment Opening Date:
Please Note: After six (6) months if the work has not started or an extension has not been requested or granted by the Norwood Health Department, your plan review application will be considered null and void. You will have to start the plan review process again from the beginning. Fees will NOT be refunded.		
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 Norwood Health Department may nullify final approval.		
Signature:	Title:	
Print Name:	Date:	
Approval of these plans and specifications by this Regulatory Authority <u>does not</u> 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 preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Local and State Laws governing Food Service Establishments.		



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

RULES AND REGULATIONS requiring Garbage Disposers in dwellings and Food Preparation rooms in sewerred areas of the Town.

The following Rules and Regulations are proposed under authority granted by the General Laws of the Commonwealth of Massachusetts under Chapter III Section 31, 123, and 127 and under all other enabling statutes thereof.

Section 26 - From and after the effective date of this section all new buildings, and all buildings remodeled or altered which are designed, equipped and used for storing or sheltering of food or food stuffs for human consumption, including fruits, vegetables and meat, which are to be sold either at retail at stores, clubs hotels, restaurants, schools or other food establishments, or at wholesale, or which are prepared at food manufacturing or processing plants, whether such places of business are licensed under the provisions of any Town ordinance, or not, and all buildings where foods for human consumption are prepared, sold, handled, stored or served in any manner whatsoever, shall be equipped with an appropriate type of garbage grinder, properly connected to the kitchen sink or sewer drain, which grinder and connection shall be of sufficient size to grind all garbage and food processing wastes produced in such building, and shall be suitably located so as to discharge such ground material by flushing it with water through the drain pipes into the sewer ; provided, however, that if in operating any business as here in above described packaged or canned food are not opened on the premises, a garbage grinder for such canned or packaged food shall not be required.

Section 27—INSTALLATION OF GARBAGE GRINDER. All dwellings constructed or remodeled and all new or remodeled restaurants or other permanent commercial type buildings containing kitchens or food preparation room hereafter shall provide an approved mechanically operated grinder for each family unit.

SUCH GARBAGE GRINDER SHALL BE SO DESIGNED:

1. That it will operate by a switch or with water flowing into the grinder and through the sink drain line
2. That it shall discharge wastes at a reasonably uniform rate, in fluid form which shall flow readily through an approved trap, drain line or soil line in a manner which will prevent clogging or stoppage of drain line
3. That it shall be of such construction and have such operation characteristics that at least 40% of all material discharged from it shall pass a No. 8 sieve, at least 65% shall pass a No. 3 sieve, and 100% shall pass a 1/2-inch screen.
4. That it shall be self-scouring, with no fouling surfaces to cause objectional odors.
5. That is shall be free from electrical or mechanical hazards.
6. The final decision as to the sufficiency of the designs to meet these requirements shall rest with the Norwood Board of Health.

7. That it shall be connected to the drain in compliance with the plumbing code, and be free from any cross-connection.
8. That the entire installation shall comply in all particulars with the provisions of the plumbing and electrical code of the Town of Norwood
9. Each garbage grinder shall have an independent trap.

SEPARABILITY: So far the Board of Health may provide each section of these Rules and Regulations shall be construed as separate to the end that if any section, sentence, clause or phrase shall be held invalid for any reason, the remainder of the Rules and Regulations shall continue in full force.

PENALTY: Whoever, himself or by his servant or agent or as the servant or agent of any other person or any firm or corporation violate any provision of these Rules and Regulations shall be punished as provided by the General Laws of the Commonwealth of Massachusetts. Each and every violation of the provisions of these Rules and Regulations shall constitute a separate offense.

NORWOOD BOARD OF HEALTH

James F. Foley
Roy T. Lydon, MD
John P. Dixon, Chairman

APPROVED
July 26, 1957
Bartley J. King, Agent

Amendments to Grease Interceptor/Trap Regulations

Section 7A of Sewer Line Ordinance

1. External grease traps shall be provided for kitchen flows at new and remodeled restaurants, nursing homes, schools, hospitals and other facilities from which quantities of grease can be expected to be discharged. Remodeling is defined as work, material and new equipment costing \$100,000 or more.
2. The Superintendent of Public Works or his designee shall approve external grease trap capacity and design, prior to installation, and regulate installations.
3. External grease traps shall be installed on a separate building sewer serving kitchen flows into which the grease will be discharged. The discharge from the grease trap must flow to a manhole constructed on the building sewer servicing the property.
The construction of a manhole on the building sewer shall comply with construction standards of the Norwood Department of Public Works and the Norwood Planning Board.
4. External grease traps shall have a minimum capacity of 1,500 gallons, and shall have sufficient capacity to provide at least a 24-hour detention period for the kitchen flow. Kitchen flow shall be calculated at a rate of 15 gallons per occupant capacity per day. A Professional Engineer registered in the Commonwealth of Massachusetts shall size and design all grease trap systems.
5. All external grease traps shall be either:
 - (a) watertight through manufacturers specification and warranty; or
 - (b) made watertight by the manufacturer, equipment supplier or installer using asphalt or synthetic polymer sealer specified by the grease trap manufacturer.
6. All system components shall be constructed of corrosive-resistant materials.
7. All piping shall be a minimum of SDR 35 PVC in areas not subject to automobile or heavy equipment traffic. In areas where such traffic exists or is anticipated, Schedule 40 PVC shall be used.
8. All pressurized pipes shall be designed and installed to meet the following requirements.
 - (a) to prevent freezing by being installed below the frost line, by being adequately insulated if installed above the frost line, or be self draining.
 - (b) to specify the appropriate class or schedule of pipe to withstand maximum pressure and/or anticipated vehicular loads; and
 - (c) to specify appropriate thrust blocking at all angles, bends, branches, plugs and wherever else necessary to prevent disruption of proper functioning of the line.
9. Where any portion of any component is to be placed at or below the ground water table, all system tankage, including the septic tank, distribution box, dosing chamber or grease trap, shall be designed with counter weights, anchors or ballast and a buoyancy calculation for the entire volume of each component, when empty, shall be performed and submitted with the system plans and specifications.
10. The inlet tee shall extend to the mid-depth of the tank. The outlet tee shall extend to within 12 inches of the bottom of the tank. Tees shall be cast iron or Schedule 40 PVC

and properly supported by a hanger, strap or other device.

11. External grease traps shall be installed on a level stable base that has been mechanically compacted and onto which 6 inches of crushed stone has been placed to maximize uneven settling.
12. External grease traps shall be provided with a minimum of 20-inch diameter manhole frame and cover to grade over the inlet and outlet tees.
13. All external grease traps shall be accessible for inspection and maintenance. No structures shall be constructed directly upon or above the grease trap access locations.
14. Backfill around the external grease trap shall be placed in such a manner as to prevent damage to the tank.
15. If an external grease trap (as defined in item 4) cannot be installed due to physical limitations as determined by the Superintendent of Public Works or his designee, an internal grease recovery system shall be substituted. The internal grease recovery system shall be capable of removing a minimum of 98% of free floating grease and oils and shall utilize a system which automatically transfers the grease and oil to a separate collection container. All interior grease recovery systems must be approved by the Plumbing Inspector or his designee prior to installation. The installation of such system will then be inspected and approved by the Plumbing Inspector or his designee.
An internal grease recovery system is not to be confused with an under sink grease trap.
16. External grease traps shall be inspected every month and shall be cleaned by a licensed septage hauler whenever the level of grease is 25% of the effective depth of the trap. A Grease Trap Maintenance Log shall be maintained by the establishment showing monthly inspection date, by whom, and name of licensed septage hauler if removal of grease is necessary.
17. The Norwood Board of Health shall supervise all maintenance of grease traps and/or internal grease recovery systems. They shall also supervise the inspection of Grease Trap Maintenance Logs. Failure to comply with proper maintenance shall be cause for action by the Norwood Board of Health.