



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Food Establishment Plan Review Application

Date: _____

Please check one for this food establishment plan review:

☐ New (New Business/ Owner) ☐ Remodel (existing Business) ☐ Conversion

1. Type of Food Operation (check all the applicable operations)

- | | |
|---|--|
| <input type="checkbox"/> Restaurant- Take Out (no seating onsite) | <input type="checkbox"/> Restaurant- Seating (eating onsite) |
| <input type="checkbox"/> Catering Only (no restaurant/ market) | <input type="checkbox"/> Catering within a restaurant/ market |
| <input type="checkbox"/> Retail Food- No Food Preparation | <input type="checkbox"/> Retail Food- With Food Preparation |
| <input type="checkbox"/> Church- With Food Preparation | <input type="checkbox"/> Daycare with Food Preparation |
| <input type="checkbox"/> Institution (school, college) | <input type="checkbox"/> Nursing Home, Assisted Living, Hospital |
| <input type="checkbox"/> Other- Specify: _____ | |

2. Food Establishment Information:

Establishment Name: _____

Address: _____ Medway, MA 02053

Establishment Phone Number: _____

3. Owner Information:

Name of Owner(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

4. Applicant Information:

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Email: _____

5. Hours of Operation:

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

6. Operation Information:

Total square feet of facility: _____ sq ft Number of floors on which operations are conducted: _____

Will there be indoor seating? ☐ Yes ☐ No Number of seats: _____ ☐ Unknown ☐ N/A

7. Specialized Processes:

Will any of the following Special Processes be used? ☐ Yes (check all that apply) ☐ No

- ☐ Cook-Chill ☐ Curing & Smoking for Preservation ☐ Fermenting
☐ Sous Vide ☐ Live Molluscan Shellfish Tank ☐ Reduced Oxygen Packaging (ROP)
☐ Sprouted Seeds ☐ Use of Additives to Render a Food as Non- TCS (example- sushi rice)

Will a HACCP Plan be submitted? ☐ Yes- submit a copy with this application ☐ No

Will a request for a variance be requested? ☐ Yes (submit request with this application) ☐ No

Will Time as a Public Health Control be used during your operation? ☐ Yes ☐ No

8. Finish Schedule:

Indicate the materials that will be used in the following areas:

| Area/ Room | Floor | Coving | Wall | Ceiling |
|--------------------------|-------|--------|------|---------|
| Cook Line | | | | |
| Food Preparation | | | | |
| Food Storage | | | | |
| Garbage & Refuse Storage | | | | |
| Mop/ Utility Sink | | | | |
| Ware Washing | | | | |
| Toilet Room(s) | | | | |
| Bar | | | | |
| Other Storage | | | | |
| Other- Specify | | | | |

9. Plumbing Schedule:

Check the appropriate box indicating equipment drains

| Plumbing fixtures | Floor Sink | Hub Drain | Floor Drain | Direct Waste |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Manual Ware Washing Sink(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Ware Washing Machine(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bar Glass Machine(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Prep Sink(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Storage Bin(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Wash Sink (s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice Machine(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ice Bin(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dipper Well(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Steam Table(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other- Specify | | | | |

10. Water and Sewage:

Sewerage Disposal (municipal or private): _____
(If serviced by an on-site septic system, indicate design flow in GPD)

Water Source: _____

DEP Public Water Supply Number (if applicable): _____

11. Ware Washing:

Will a 3-compartment sink be provided? ☐ Yes ☐ No

3-Compartment sink: Length: _____ Width: _____ Depth: _____

Will the largest pot 7 pan fit into each compartment of the 3-compartment sink? ☐ Yes ☐ No

Food contact sanitizer that will be used: ☐ Chlorine- Name: _____ ☐ Quaternary- Name: _____

Contact time for food contact sanitizer: _____

Location for air drying clean equipment: _____

12. General:

Approximately, what is the maximum number of meals that will be served?

Breakfast: _____ Lunch: _____ Dinner: _____

Will dressing rooms/ lockers be provided? ☐ Yes ☐ No

Will linens be laundered on site? ☐ Yes ☐ No If no, explain: _____

Name of solid waste disposal company (must be licensed in Medway): _____

Name of pest control company: _____

13. Food Handling Procedures:

Describe the handling/ preparation procedures for the following categories of food. Describe the processes from receiving to service. This should include how food will arrive (frozen, fresh, package, etc.), where food will be stored, where food will be cut, marinated, breaded, cooked, etc., and where food will be handled/ prepared.

Ready to Eat Foods (salads, cold sandwiches, etc.): _____

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

I hereby attest to the accuracy of the information provided above, and fully understand that any deviation from the above without prior permission from the Medway Board of Health may nullify final approval.

Signature of Applicant: _____ Date: _____

Applications for this Food Establishment Plan Review will not be accepted unless ALL of the documents are enclosed with the application:

- Completed Food Establishment Plan Review Application
- Application fee- \$200- Make check payable to "Town of Medway"
- Proposed Menu
- Site plan showing location of business in building; location of building on site including alleys, streets, and location of any outside equipment (dumpsters, well, septic system (if applicable))
- Set of plans for the entire establishment including the basement (if applicable), drawn to scale. Show the location of all food equipment, sinks, etc. 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 (if applicable).
- One set of manufacturer equipment specification sheets for all equipment to be used in the establishment.

If applicable also submit:

- Certified Food Manager Certificate(s)
- Allergen Awareness Certificate(s)
- Choke Save Training Certificate
- HACCP Plan
- Variance Request

Before opening, a food establishment permit application must be submitted and a food permit must be issued. A pre-operational inspection must also be conducted and passed by the Board of Health.

For Official Use Only

- ☐ **Approved as submitted**
- ☐ **Approved as submitted with the following conditions:** _____
- _____
- ☐ **Disapproved as submitted- Reason(s):** _____
- _____

Date reviewed: _____

Reviewed by: _____