



Tel. (508) 580-7175
Fax (508) 584-8846

**FOOD ESTABLISHMENT
PLAN REVIEW PACKET**

Establishment Name: _____

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PLAN REVIEW – WHAT YOU NEED TO DO FIRST

1. Submit floor plans (see example on page 12).
2. Submit cut sheet for each piece of equipment (see example on page 13).
3. Submit a full menu of all food products, including beverages, that you plan to serve (see example on page 14).
4. Submit a separate check (payable to “City of Brockton”) for the appropriate Food Service Permits.
Confirm appropriate fee with the Health Agent before submitting check.
5. Applicant must submit a completed application, final plans and appropriate fees.
 - The Health Department will complete a review of plans and all other information within 30 days.
 - Food establishment plans must be approved by the Health Agent before any work or construction can begin.
6. Complete a Food Service Application (pages 15-18).
7. Please note: This plan review packet applies to Board of Health procedures only. Please check with all other applicable City Departments for their appropriate requirements.

FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: _____

Please PRINT all requested information

This Food Establishment Plan and specification review is a result of a:

- Check all that apply: New construction project
 Remodel project
 Conversion project
 New operation that is being added
-

Name of Establishment: _____

Establishment address: _____

Establishment phone number: _____

Hours of operation: Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

Months of operation: _____

Name of Owner: _____

Owner's mailing address: _____

Owner's phone number: _____

Name of Applicant: _____

Applicant's mailing address: _____

Applicant's phone number: _____

Title/Relationship to establishment (i.e.: owner, manager, et.): _____

FOOD ESTABLISHMENT INFORMATION

Meals to be served (approximate number):

Breakfast: _____

Lunch: _____

Dinner: _____

Structural / Building information:

Number of floors: _____

Square footage: _____

Customer capacity information (if applicable):

Number of seats: _____

Number of beds: _____

Please enclose the following documents:

- Site plan showing location of business in building, location of building on site, streets and location of any facility (dumpsters, well, septic system).
- Manufacturer's Specification sheets for each piece of equipment (cut sheets)
- Proposed Menu (including off-site and banquet menus)

A. Finish Schedule

Indicate type of materials to be used (i.e.: quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, durable grade of plastic)

[please write n/a if not applicable]

	<i>FLOOR</i>	<i>COVING</i>	<i>WALLS</i>	<i>CEILING</i>
Kitchen				
Bar				
Warewashing area				
Food storage				
Other Storage:	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
Storage area #1 Location: _____				
Storage area #2 Location: _____				
Storage area #3 Location: _____				
Toilet rooms				
Dressing rooms				
Inside garbage/Refuse storage				
Mop service basin area				
Walk-in refrigerators				
Walk-in freezers				
Customer areas				

B. Insect and Rodent Harborage

1. Are all outside doors self-closing with rodent and insect proof flashing?
 Yes
 No
 2. Are screen doors provided on outside doors for use in warm weather?
 Yes
 No
 Not applicable
 3. Do all operable windows have a minimum of 16 mesh to the inch screening?
 Yes
 No
 Not applicable
 4. Are all pipes, electrical conduit cases, ventilation system exhausts and intakes sealed and/or covered/protected?
 Yes
 No
 Not applicable
 5. Are air curtains used (controlled air currents)?
 Yes
Location: _____
 No
-

C. Garbage and Refuse Inside

1. What kind of refuse containers will be used inside?

2. Will refuse be stored inside?
 Yes
If yes, where? _____
 No

D. Garbage and Refuse Outside

1. Will a dumpster be used?
 Yes
Number: _____
Frequency of pick-up: _____
Contractor: _____
Is dumpster enclosed?
 No

2. Will cans be stored outside?

Yes

No

3. Describe the surface on which the dumpster/cans/compactor are to be stored?

Please note: All outside refuse storage containers must be in an enclosed area and stored on or above a smooth surface that is made of a nonabsorbent material that is in good repair.

Description: _____

E. Plumbing: please contact the plumbing inspector with regard to any and all plumbing code issues.

1. Are there grease traps provided at all warewashing and food preparation sinks?

Yes

No

F. Handwashing Stations

1. Soap dispensers (wall mounted or individual pump dispensers) location of each:

(a) _____

(d) _____

(b) _____

(e) _____

(c) _____

(f) _____

2. Hand drying facilities (paper towels or air blower) location of each:

(a) _____

(d) _____

(b) _____

(e) _____

(c) _____

(f) _____

3. Hot and cold water confirmed at each hand wash station?

Yes

No

If no, indicate location and problem: _____

G. Water Supply

1. Type of water supply:

- Public
- Private

If private, has source been approved?

- Yes: please attach copy of written approval
- No
- Pending

2. Ice production:

- purchased commercially
- on premises

If produced on premises by machine; are specifications enclosed?

- Yes
 - No
-

H. Sewage Disposal

1. Type of sewage disposal:

- municipal sewer
- private disposal system

2. Has private disposal system been approved?

- Yes
 - No
 - Pending
 - N/A
-

I. Employee restrooms and dressing rooms

1. Will employees share restrooms with customers or will employees have their own restrooms?

- Shared
- Employees only

2. Describe storage area for employees' personal belongings (coats, purses, etc.):

J. Storage and Laundry

1. Describe storage facilities that are made available for the separate storage of all toxics, chemicals and cleaning supplies:

2. Are laundry facilities located on the premises?

No

Yes

If yes, what will be laundered? _____

Is location physically separated from food preparation and warewashing areas?

Yes

No

3. Location of clean linen storage: _____

4. Location of soiled linen storage: _____

K. Exhaust Systems

1. Please list and indicate purpose of all ventilation systems, both general and smoke/grease filter type:

(a) _____

(b) _____

(c) _____

(d) _____

L. Sinks

1. Is a separate mop sink present?

Yes

No

If no, please describe facility for cleaning of mops and other cleaning equipment?

2. Is a separate food preparation sink made available?

Yes

No

3. Is a separate handwash sink present in the food preparation area?

Yes

No

M. Dishwashing Facilities

1. Is there a three (3) compartment sink (mandatory) provided for warewashing?

Yes

No

2. Three compartment sink information:

Does the largest pot/pan fit in each sink? Yes No

Are there drain boards on each end? Yes No

What type of sanitizer is used?

Chlorine/Bleach

Quaternary ammonium compound (QAC)

Iodine

Are the appropriate test strips on-hand? Yes No

3. If a Dishwasher is to be used in addition to a three compartment sink, please indicate the type of sanitizing cycle used:

High temperature final rinse

Temperature of wash water: _____

Temperature of final rinse: _____

Heat Booster provided: Yes No

Automatically dispensed chemical sanitizer

Type of chemical sanitizer used: _____

Proper test strips on-hand: Yes No

No dishwasher

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 Brockton Board of Health may nullify this approval.

Applicant's signature: _____

Applicant's printed name: _____

Date: _____

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations 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 will be necessary to determine if it complies with the local and state laws governing food service establishments.

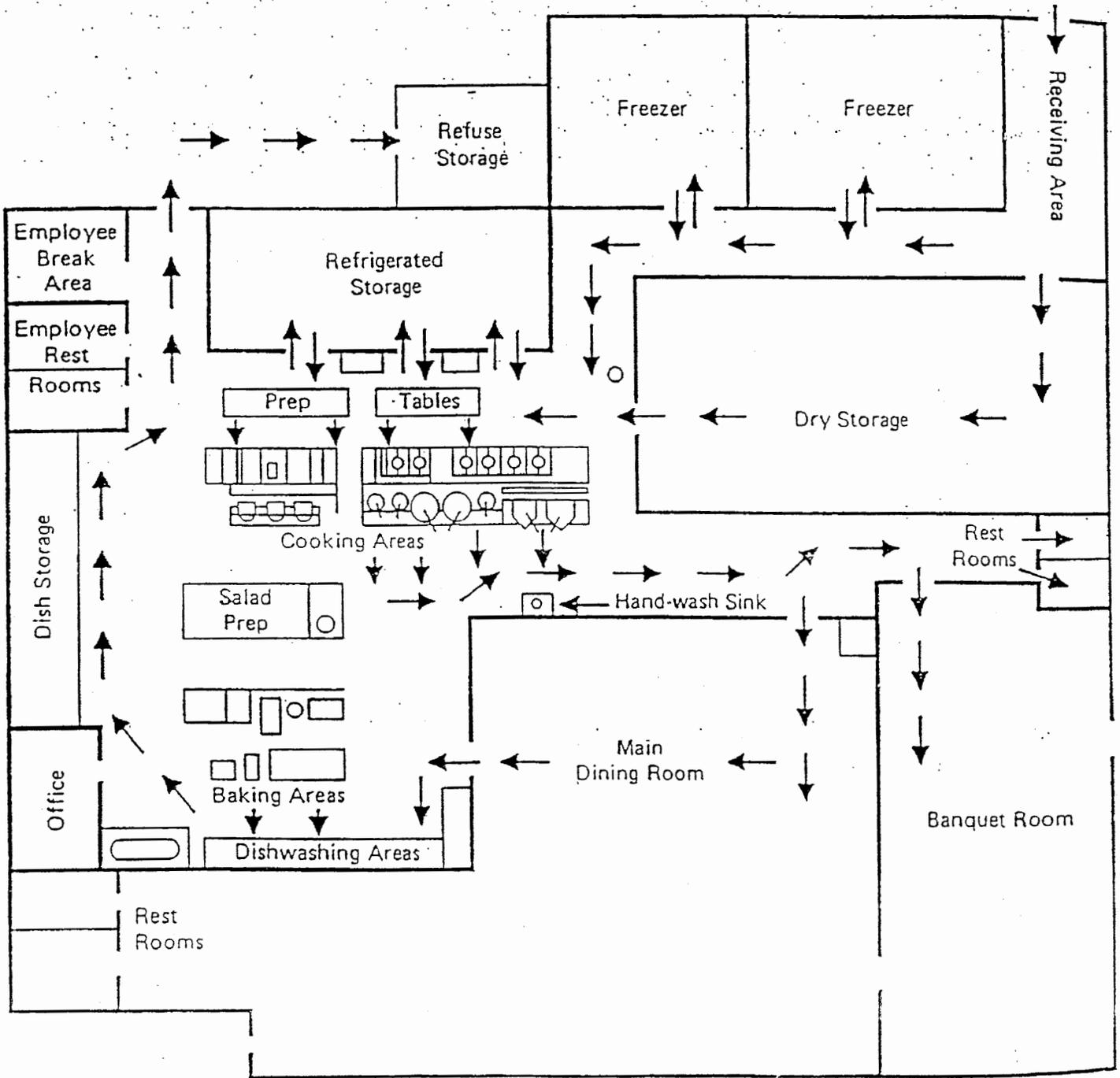
APPENDICES / EXAMPLES

- (a) Floor Plan
- (b) Manufacturer's Specification Sheets
- (c) Final Menu

- *The Brockton Board of Health does not intend to recommend or represent any company or piece of equipment shown on the following pages.*

FOOD ESTABLISHMENT FLOOR PLAN

Simplified foodservice floor plan. Arrows indicate normal work-flow patterns

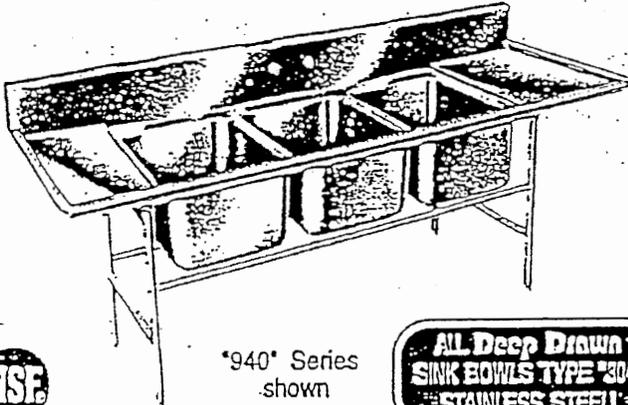


STAINLESS STEEL

SINKS

**Three Compartment
Two Drainboards**

Bowl Sizes: 16" x 20" 20" x 20"
24" x 24" 20" x 28"



940 Series shown

**ALL Deep Drawn
SINK BOWLS TYPE "304"
STAINLESS STEEL**

Choose From 3 Available Series:

SPEC-LINE

"940 Series"

14 ga. 304 S/S Bowls
14 ga. 304 Drainboards & Splash

STANDARD

"930 Series"

16 ga. 304 S/S Bowls
16 ga. 304 Drainboards & Splash

SUPER SAVER

"900 Series"

16 ga. 304 S/S Bowls
16 ga. 430 Drainboards & Splash

Extra High 10" Splash
The ONLY 14 Gauge Deep Drawn Sink!

FEATURES:

One piece Deep Drawn sink bowls with integral splash-type drainboards.

Featuring the single bowl unit design.

All sink bowls have a large liberal radii with a minimum dimension of 3".

Placement of the welded leg assembly ensures stability and furnishes direct support of the column load requirement for the entire sink unit.

CONSTRUCTION:

All TIG welded.

Welded areas blended to match adjacent surfaces and to a saun finish.

Gussets welded to a die-embossed reinforcing channel.

MECHANICAL:

Supply is 1/2" IPS hot & cold.

Faucet holes on 8" centers.

Faucets are not included (see accessories).

Waste drains are 1-1/2" IPS basket type and are included.

Item #: 10
Model #: _____
Project: _____

14 Gauge 304 S/S	16 Gauge 304 S/S	304 Bowls, 16 Ga 430 Drbds
"940" Series Qty	"930" Series Qty	"900" Series Qty
94-3-54-18RL	93-3-54-18RL	9-3-54-18RL
94-3-54-24RL	93-3-54-24RL	9-3-54-24RL
94-3-54-36RL	93-3-54-36RL	9-3-54-36RL
94-23-60-20RL	93-23-60-20RL	9-23-60-20RL
94-23-60-24RL	93-23-60-24RL	9-23-60-24RL
94-23-60-36RL	93-23-60-36RL	9-23-60-36RL
94-43-72-24RL	93-43-72-24RL	9-43-72-24RL
94-43-72-36RL	93-43-72-36RL	9-43-72-36RL
94-83-60-20RL	93-83-60-20RL	9-83-60-20RL
94-83-60-36RL	93-83-60-36RL	9-83-60-36RL

REQUIRED ACCESSORIES

	Model #	Qty
DRAINS		
FAUCETS		

MATERIAL:

BOWLS: *940* Series: 14 gauge type 304 stainless steel.
930 Series: 16 gauge type 304 stainless steel.
900 Series: 16 gauge type 304 stainless steel.

TOP: *940* Series: 14 gauge type 304 S/S.
930 Series: 16 gauge type 304 S/S.
900 Series: 16 gauge type 430 S/S.

LEGS: 1-5/8" diameter tubular stainless steel.

940 Series is supplied with extra front and rear cross brace.

Stainless steel gussets.

1" adjustable metal bullet feet

Other Available Bowl Sizes:

10' x 14' x 10' 14' x 14' x 12'
14' x 16' x 12' 12' x 20' x 12'

LUNCH

Homemade Soup of the Day	5	Crab Cakes with Cajun Mayonnaise	5.95
Bufflehead's Seafood Chowder	3.50/5.50	Steamed Mussels Marinara	6.95
Fresh Garden Salad	1.95	Caesar Salad with Chicken	2.95/3.95 6.95

SPECIALTIES

Served with French fries, cole slaw, lettuce & tomato

Hummus Sandwich with lettuce, red onion & alfalfa sprouts in pita pocket	5.50
Roast Beef on Rye with thousand island dressing, horse radish, cole slaw & swiss cheese	5.95
Smoked Turkey Sandwich with bacon, lettuce, tomato, cranberry mayonnaise	5.95
Fried Haddock Sandwich with cheddar cheese & tartar sauce	5.95
Buffle Burger 1/3 lb. charbroiled burger	4.95
	<i>with choice of toppings 50¢ each</i>
Grilled Chicken Sandwich - Chef's choice	5.95
Lobster Melt Maine lobster, sliced tomato & Swiss cheese on a toasted English Muffin	8.95
Stuffed French Bread with chicken salad, sliced cucumbers & melted swiss cheese	5.95

FROM THE SEA

Served with French fries, cole slaw, lettuce & tomato

Fried Haddock	10.95	Lobster Roll	8.95
Fried Clams	11.95	Clam Cakes	6.95
Fried Scallops	11.95	Crab Cakes	7.95
Steamed Maine Lobster	5		

SANDWICHES AND SUBS

Served with lettuce and tomato on your choice of sub or bulkie roll, white, wheat, rye or pita bread

Roast Beef	4.95	Tuna Salad	4.50
Ham & Cheese	4.95	Chicken Salad	4.50
Smoked Turkey	4.95	Veggie with cheddar cheese in pita pocket	4.50
	<i>cheese 50¢</i>		

PIZZA

10" 4.95
50¢ per topping

Bacon • Mushroom • Sausage • Green Pepper • Onion • Pepperoni • Extra Cheese
Black Olives • Ham

MORE STUFF

Hot Dog	1.95	1/2 Sandwich & Soup	5
BLT	3.95	1/2 Sandwich & Salad	4.50
Grilled Cheese	2.95	French Fries	.95
Cole Slaw	.95	Onion Rings	2.50



Telephone 580-7175

APPLICATION/FOOD PERMIT (NOT TRANSFERABLE)

***** PLEASE FILL IN ALL STARRED AREAS *****

Filing Fee \$50.00 Decal # _____

Fee _____ Vehicle Reg. # _____

Seating Capacity _____ TYPE OF BUSINESS _____ Area _____ Sq. Ft.

Date of Issue _____ Date of Exp. _____

*** Owner _____
(Corp. Name if Incorporated)

*** Address _____
(Corp. Name if Incorporated)

*** Telephone Number _____

*** DOING BUSINESS AS _____
Name

_____ Address

_____ Telephone Number

ONLY IF INCORPORATED

President _____
Name Address Tele. #

Treasurer _____
Name Address Tele. #

Clerk _____
Name Address Tele. #

CORPORATION'S MAIN OFFICE _____
Address Tele. #

*** APPLICANT'S NAME _____ TITLE _____
Print

*** APPLICANT'S SIGNATURE _____ DATE _____



Telephone 580-7175

APPLICATION/FOOD PERMIT (NOT TRANSFERABLE)

***** PLEASE FILL IN ALL STARRED AREAS *****

Filing Fee \$ 50.00 Decal # _____

Fee \$ 185.00 Vehicle Reg. # _____
2175.00

CATERER / FOOD PREP
TYPE OF BUSINESS

Seating Capacity _____ Area _____ Sq. Ft.

Date of Issue _____ Date of Exp. _____

*** Owner _____
(Corp. Name if Incorporated)

*** Address _____
(Corp. Name if Incorporated)

*** Telephone Number _____

*** DOING BUSINESS AS _____
Name

Address

Telephone Number

ONLY IF INCORPORATED

President _____
Name Address Tele. #

Treasurer _____
Name Address Tele. #

Clerk _____
Name Address Tele. #

CORPORATION'S MAIN OFFICE _____
Address Tele. #

*** APPLICANT'S NAME _____ TITLE _____
Print

*** APPLICANT'S SIGNATURE _____ DATE _____



BOARD OF HEALTH

City Hall
Brockton, Massachusetts 02301
Telephone (508) 580-7175

APPLICATION MILK LICENSE

*** Please fill in all starred areas.

Number _____ Fee \$ 15.00

Issue Date _____ Exp: Date _____

_____ Owners Name (Corporation if Incorporated)

_____ Address

_____ Telephone No.

DOING BUSINESS AS:

_____ Name of Business

_____ Address of Business

_____ Telephone No.

_____ Milk Dealer's Name and Address

_____ Applicant's Name

_____ Title

_____ Applicant's Signature

_____ Date

NON TRANSFERABLE

BOARD OF HEALTH



City Hall
Brockton, Massachusetts 02401

Tel. (508) 580-7175
Fax (508) 584-8846

APPLICATION
WOOD (METHYL) ALCOHOL

NUMBER: _____

FEE: \$20.00

DATE OF ISSUE: _____

DATE OF EXPIRATION: _____

TYPE OF BUSINESS

OWNER: _____

ADDRESS: _____

TELEPHONE: _____

D.B.A.: _____

ADDRESS: _____

TELEPHONE: _____

HOW IS ALCOHOL PURCHASED? FULL STRENGTH: _____ MIXED: _____

FROM WHOM? _____
(PRINT NAME)

(PRINT ADDRESS)

LIST OF ALCOHOL
PRODUCT'S SOLD: _____

CORPORATION'S MAIN OFFICE: _____

APPLICANT'S NAME: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

NON TRANSFERABLE

BOARD OF HEALTH



City Hall
45 School Street
Brockton, Massachusetts 02301

Telephone (508) 580-7175
Fax (508) 580-7179

APPLICATION

FOR LOCATION OF TOBACCO SALES

FEE: \$50.00

DATE OF ISSUE: _____ DATE OF EXPIRATION: _____

OWNER: _____
NAME (CORPORATION NAME IF INCORPORATED)

ADDRESS: _____
STREET CITY OR TOWN ZIP CODE

TELEPHONE: _____

DOING BUSINESS AS:

NAME

STREET CITY OR TOWN ZIP CODE

TELEPHONE: _____

APPLICANT'S NAME (PLEASE PRINT) SIGNATURE

APPLICANT'S DATE OF BIRTH APPLICANT'S SOC. SEC. #

TITLE DATE

- | | | | | | |
|--------------|-------------------|---------------|------------------------|--------------|---------|
| (CIRCLE ONE) | CONVENIENCE STORE | GAS/MINI-MART | GAS ONLY | LIQUOR STORE | CANTEEN |
| | VENDING MACHINE | PRIVATE CLUB | RETAIL/WHOLESALE STORE | OTHER | |

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I _____
(licensee/permittee)

with a principal place of business at _____
(City, State, Zip)

do hereby certify under the pains and penalties of perjury, that

I am an employer providing workers' compensation coverage for my employees working on this job.

Insurance Company

Policy Number

I am a sole proprietor and have no one working for me in any capacity.

I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Contractor

Insurance Company/Policy Number

Contractor

Insurance Company/Policy Number

Contractor

Insurance Company/Policy Number

I understand that a copy of this statement will be forwarded to the Office of Investigations of the DIA for coverage verification and that failure to secure coverage as required under Section 25A of M.G.L. 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me

Signed this _____ day of _____, 20_____

Licensee/Permittee

VERIFY COVERAGE INFORMATION CALL: 617 727-4900 x403, 404, 405, 409, 375