

**BOSTON INSPECTIONAL SERVICES DEPARTMENT
 DIVISION OF HEALTH INSPECTIONS
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 BOSTON, MA. 02118
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FOOD ESTABLISHMENT PLAN REVIEW (105 CMR 590.011)

NAME OF ESTABLISHMENT _____ ADDRESS _____
 TYPE OF ESTABLISHMENT _____ BUSINESS OWNER _____
 NEW ___ REMODELED ___ HOME ADDRESS _____
 SEATING CAPACITY ___ EST. MEALS ___ TAKE OUT ___ TEL. NO. _____
 BREAKFAST ___ LUNCH ___ DINNER ___ DAYS & HOURS OF OPERATION _____
 CONSTRUCTION START DATE _____ BUSINESS OPENING DATE _____

STATE SANITARY CODE (105 CMR 590.) PROVIDED YES ___ NO ___ PENDING ___
 CERTIFIED FOOD MANAGER REQUIRED (590.003 B) YES ___ NO ___
 ZONING/OCCUPANCY APPROVAL (BUILDING DEPT.) YES ___ NO ___ PENDING ___
 USE ITEM 34 ___ 36A ___ 37 ___ OTHER ___
 MENU PROVIDED FC 8-201.12 YES ___ NO ___ PENDING ___ N/A ___
 CONSUMER ADVISORIES DEVELOPED FC 3-603.11 (FOR RAW AND UNDERCOOKED FOOD) YES ___ NO ___ N/A ___
 COOK & SERVE ___ COOK & HOT HOLD ___ COOK, HOT HOLD COOL, REHEAT ___ N/A ___

PHYSICAL FACILITIES

OPEN AIR CAFÉ FC 6-202.15 YES ___ NO ___ N/A ___
 ENCLOSED KITCHEN YES ___ NO ___ N/A ___
 WINDOWS & DOORS SCREENED FC 6-202.15 YES ___ NO ___ AIR CONDITIONER ___
 ARE FOOD PREP. AND WAREWASH AREAS LOCATED IN A BASEMENT (590.003) FC 3-305.12 YES ___ NO ___
 ENVIRONMENTAL ENGINEER REPORT SUBMITTED YES ___ NO ___ PENDING ___ N/A ___
 TYPE OF FINISH FLOOR MATERIAL FOOD PREP. AREA FC 6-201.11 QUARRY TILE ___ CERAMIC TILE ___ VCT TILE ___ CONCRETE ___
 TYPE OF FINISH WALL MATERIAL FOOD PREP. AREA FC 6-201.11 STAINLESS STEEL ___ CERAMIC TILE ___ FRP ___ SHEETROCK ___
 TYPE OF FINISH CEILING MATERIAL FOOD PREP. AREA FC 6-201.11 SHEETROCK ___ VINYL FACED ___ FRP ___ METAL ___
 LIGHT FIXTURES SHIELDED FOOD PREP. AREA FC 6-202.11 YES ___ NO ___ N/A ___
 EMPLOYEE TOILET FACILITIES PROVIDED FC 5-203.11 YES ___ NO ___ HOW MANY ___
 CUSTOMER TOILET FACILITIES PROVIDED FC 5-203.11 YES ___ NO ___ HOW MANY ___
 DRESSING ROOMS/LOCKERS PROVIDED FC 6-403.11 YES ___ NO ___ LOCATION _____
 LOCATION FOOD STORAGE ROOMS FC 3-305-07 BASEMENT ___ 1ST FLOOR ___ 2ND FLOOR ___ OTHER ___
 FINISHED FOOD STORAGE ROOM/ APPROVED STORAGE SHELVING PROVIDED FC 3-305-07 YES ___ NO ___
 ALL ROOMS PROPERLY VENTILATED FC 6-304.11& (BUILDING DEPT.) YES ___ NO ___

TYPE OF OUTSIDE RUBBISH AND GREASE CONTAINER(S) FC5-501.13-.17 COMPACTER ___ DUMPSTER ___ VERMIN PROOF BARRELS ___
 TYPE OF SURFACE LOCATED ON FC 5-501.115 CONCRETE ___ ASPHALT ___ OTHER _____

PLUMBING, HAND AND WARE WASH FACILITIES

SEPARATE HAND WASH SINK PROVIDED IN FOOD PREP./ WARE WASH AREA FC 5-203.11 YES ___ NO ___ HOW MANY ___ N/A ___
 FOOD PREP SINK PROVIDED FC 3-302.15 YES ___ NO ___ HOW MANY ___ N/A ___
 POT SINK PROVIDED WITH DRAIN BOARDS FC 4-301.12 (THREE (3) COMPARTMENTS REQUIRED) YES ___ NO ___ HOW MANY ___ N/A ___
 APPROVED BACKFLOW PREVENTER INSTALLED FC 5-203.14 YES ___ NO ___ N/A ___ (sink comp. size)
 NSF APPROVED SEALED-IN COLD PLATE FOR BAR SINKS FC 4-204.16 YES ___ NO ___ N/A ___
 MOP SINK PROVIDED FC 5-203.13 YES ___ NO ___ HOW MANY ___

TYPE OF COMMERCIAL DISHWASHER PROVIDED FC 4-501
MANUFACTURER _____

HIGH TEMP _____ CHEMICAL _____ N/A _____

LOW SANITIZER ALARM INSTALLED FC 4-204.117

YES _____ NO _____ N/A _____

APPROVED BACKFLOW PREVENTER INSTALLED FC 5-203.14

YES _____ NO _____ N/A _____

ADEQUATE CLEAN DISH STORAGE PROVIDED FC 4-903.11

YES _____ NO _____ N/A _____

ALL PAPER SERVICE

YES _____ NO _____ N/A _____

KITCHEN FACILITIES/EQUIPMENT

NATIONAL SANITATION FOUNDATION APPROVED FC 4-205.10 &
FC 201

YES _____ NO _____

INSTALLED SO ADJACENT AREA MAY BE CLEANED UNDER,
BEHIND AND BETWEEN EQUIPMENT FC 4-402

YES _____ NO _____ N/A _____

WALK IN REFRIGERATOR UNIT PROVIDED FC 4-301.11

VOLUME REQUIRED=#OF MEALS x .085+60%

(SIZE L x W x H) (FT 3) (HOW MANY)

(SIZE L x W x H) (FT 3)

41° F REQUIREMENT FOR NEW EQUIPMENT FC 3-501.16

YES _____ NO _____

WALK IN FREEZER UNIT PROVIDED FC 4-301.11

VOLUME REQUIRED=#OF MEALS x .085+60%

(SIZE L x W x H) (FT 3) (HOW MANY)

(SIZE L x W x H) (FT 3)

REACH IN/DOOR TYPE REFRIGERATOR UNIT PROVIDED

VOLUME REQUIRED= # OF MEALS x .085 FC4-301.11

TOTAL (FT 3) (HOW MANY)

41° F FOR NEW EQUIPMENT FC 3-501.16

YES _____ NO _____

REACH IN/DOOR TYPE FREEZER UNIT PROVIDED

TOTAL (FT 3) (HOW MANY)

BLAST CHILLER PROVIDED FC 3-501.15

(FOR COOLING PHF'S)

(FT 3) (HOW MANY)

TYPE OF COOKING EQUIPMENT PROVIDED FC 4-301.11

STOVE _____ CONVECTION OVEN _____
GRILL _____ MICROWAVE OVEN _____
FRYER _____ PIZZA OVEN _____
BROILER _____ ROTISSERIE _____
RICE COOKER _____ STEAM KETTLES _____
OTHER _____

STEAM TABLE(S) PROVIDED FC 4-301.11

YES _____ NO _____ HOW MANY _____ N/A _____
HOT FOODS _____

OTHER HOT HOLDING EQUIPMENT PROVIDED

(TYPE) (HOW MANY)

SELF-SERVE BULK FOOD PROVIDED FC 3-306

YES _____ NO _____ N/A _____

SELF-SERVE SALAD BAR PROVIDED

YES _____ NO _____ N/A _____

PROPER SIGNAGE PROVIDED/INGREDIENTS POSTED

YES _____ NO _____ N/A _____

SNEEZE GUARD PROVIDED FOR SALAD BAR(S)

YES _____ NO _____ N/A _____

APPROVED BULK FOOD CONTAINERS

YES _____ NO _____ N/A _____

STATEMENT: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES
ARE MADE TO THE PLANS OR THE ABOVE INFORMATION WITHOUT PERMISSION FROM THE DIVISION OF HEALTH
INSPECTIONS MAY NULLIFY THIS APPROVAL.

SIGNATURE: _____ TITLE: _____

FOOD ESTABLISHMENT PLAN REVIEW

PRELIMINARY REVIEW BY _____
TITLE _____

DATE _____

FINAL APPROVAL BY _____
TITLE _____

DATE _____